



Application received \_\_\_/\_\_\_/\_\_\_  
 Request Financial Aid  yes  no  
 FACTS \_\_\_/\_\_\_/\_\_\_  
 Registration received \_\_\_/\_\_\_/\_\_\_  
 Amount \_\_\_\_\_ Check# \_\_\_\_\_  
 Cash \_\_\_\_\_ Receipt# \_\_\_\_\_

**APPLICATION FOR ADMISSION 2018-19**

**REGISTRATION FEE:** **Amount** **REGISTRATION FEE MUST ACCOMPANY REGISTRATION FORM**

New Families	\$300 Per Student
Returning Families	\$275 Per Student <i>prior to March 30, 2018</i>
	\$300 Per Student <i>after March 30, 2018</i>
Pre-School Registration	\$100 Per Student

**ALL REGISTRATION FEES ARE NON-REFUNDABLE**

**TUITION FOR 2017-2018 SCHOOL YEAR, GRADES K-8:** **Amount**

In Parish Tuition	One Child	\$ 4,295.00
	Two Children	\$ 6,600.00
	Three Children	\$ 8,320.00
	Four Children	\$ 8,530.00
Non – Parish Tuition Per Child		\$ 5,300.00

**In order to qualify for the *In Parish* rate, you/your family MUST be a registered and practicing Catholic(s) and an identifiable contributing member(s) of St. Joseph Parish (this is easiest to confirm by use of parish offertory envelopes, or by use of checks for offertory tithings) OR you/your family must be registered and a contributing member(s) of a Catholic parish (which does not have a school). An *Out of Parish Form* is available in the school office and must be signed by the pastor from the other Catholic parish prior to tuition rates being determined.**

- Our family is a contributing member of a Catholic Parish. Name of Parish: \_\_\_\_\_
- Our family is not Catholic.

**TUITION FOR PRE-SCHOOL: (Tuition Assistance is Not Available for Preschool)**

3 year old:	\$ 1,560.00
4 year old:	\$ 2,590.00

**ACTUAL, "TRUE," COST TO EDUCATE:**  
 \$6,659 per student (K-8th grade)      \$3,795 per PreK (4 year olds)      \$1,688 per PreK (3 year olds)

Our family is interested in paying the full cost to educate (the difference in cost to educate and tuition is considered a donation).

**PAYMENT:** St. Joseph School requires payment to be made through **FACTS Tuition Management Program**. The program offers payment options including annual, semi-annual, quarterly, 10-month and 12-month plans. FACTS forms must be completed before your child enters school in the fall.

**FINANCIAL ASSISTANCE:** Archdiocesan tuition assistance (March 30 deadline) and St. Joseph School tuition assistance is based on **FACTS Grant & Aid Assessment** information. The school has a limited amount of money available for financial assistance. All are encouraged to apply for Archdiocesan assistance.

I wish to apply for financial assistance  
 FACTS Grant & Aid Assessment applications can be picked up in the office.

**Online Application Deadline is March 30, 2018      Paper Application Deadline is March 16, 2018**

**STUDENT INFORMATION:** Grade in Fall of 2018-2019 Pre-School: 3yrs 4yrs Elementary K—1—2—3—4—5—6—7—8  
(circle one)

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If applicable, list name and address of school previously attended:

NAME	ADDRESS	DATES ATTENDED
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**REQUIRED ITEMS (MUST BE SUBMITTED WITH NEW ADMISSION):**  
**COPY OF BIRTH CERTIFICATE; COPY OF IMMUNIZATION RECORDS; REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS** (Transfer of Educational Records form available in school office)

**FAMILY INFORMATION:**

Student lives with:  Both Parents     Father Only     Mother Only     Guardian  
 Father & Stepmother     Mother & Stepfather     Father Deceased     Mother Deceased

If divorced, who is the custodial parent?     Shared Custody     Father     Mother

**(Copy of custodial paperwork must be on file in school office.)**

<p><b>Father / Stepfather / Guardian (circle one)</b></p> <p>Full Name _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work Address _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>Email Address: _____</p> <p>St. Joseph Alumni? <input type="checkbox"/> Yes Graduation Year _____</p>	<p><b>Mother / Stepmother / Guardian (circle one)</b></p> <p>Full Name _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work Address _____</p> <p>Work Phone _____</p> <p>Cell Phone _____</p> <p>Email Address: _____</p> <p>St. Joseph Alumni? <input type="checkbox"/> Yes Graduation Year _____</p>
<p><input type="checkbox"/> Check here if information below is the same for each child.</p>	

**SACRAMENTAL INFORMATION:**

Religion: \_\_\_\_\_ Parish or Place of Worship: \_\_\_\_\_

Registered in Parish?  Yes  No How long? \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Place of First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION:** (As collected by the National Catholic Educational Association)

**Ethnicity:**  Hispanic / Latino  Not Hispanic / Latino  Prefer to Not Answer

**Race:**  Native American  Asian  
 Black  Native Hawaiian / Pacific Islander  
 White  Two or More Races  
 Unknown  Prefer to Not Answer

**STUDENT LEARNING & HEALTH INFORMATION:**

Is there anything we should know about your child's physical or psychological health, or about any learning difficulties?

\_\_\_\_\_  
\_\_\_\_\_

Please list all medications your child is prescribed: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? No \_\_\_ Yes \_\_\_ If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

**PARTNERS IN EDUCATION (PIE):**

The calendar year for the PIE program is July 1 to June 30.

- Each K-8 family is responsible for twenty PIE hours total, at least five of which are specifically for Development .
- Each Pre-K family is responsible for ten PIE hours total, at least five of which are specifically for Development.
- PIE hours are worth \$20 each.
- Each family is responsible for selling at least three \$20 raffle tickets for the Auction.
- Each family has the option for fulfilling the above, or buying out their obligations.

**All volunteers must have completed a Background Check and the required "Call to Protect Training" before they can participate in any duties involving students. Please contact the school office for the necessary information.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION:**

I hereby give permission to St. Joseph School to release personally identifiable information (limited to student's name and/or photograph) for my child(ren) for the sole purpose of use in all the following:

**Please check areas where permission is given:**

- |  |  |
|--|--|
| <input type="checkbox"/> School Development Projects | <input type="checkbox"/> School Newsletter                                 |
| <input type="checkbox"/> School Social Media         | <input type="checkbox"/> Newspapers or other public publications           |
|  | <input type="checkbox"/> <b>Please do not use my child's name or photo</b> |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ST. JOSEPH SCHOOL PERMISSION FORM FOR OFF-CAMPUS ACTIVITES:**

**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent / Legal Guardian) (Student's Name)

to take part in an off-premises event which may require transportation and supervision by Archdiocesan employees and volunteers. This includes, but is not limited to... walking trips to the state capital, state capital park lawn, Willamette University, etc.

- I agree to allow my child to participate in this event.
- I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese of Portland.
- I also authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

*I hereby release and save harmless St. Joseph School, the Archdioceses of Portland in Oregon, and its agents from any and all liability for any and all injuries that may occur during, or as a result of, this activity.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Allergies (foods, drugs, insects, etc.): \_\_\_\_\_

Medications (name, dosage, reason): \_\_\_\_\_

Other information (injuries, etc.): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number(s): \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date