

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

New Families \$300 Per Student
 Returning Families \$275 Per Student *prior to March 31, 2017*
 \$300 Per Student *after March 31, 2017*
 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 \$ 4,240.00
 Two Children \$ 6,500.00
 Three Children \$ 8,240.00
 Four Children \$ 8,460.00

Non – Parish Tuition Per Child \$ 5,260.00

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: \$ 1,530.00
 4 year old: \$ 2,550.00

ACTUAL, "TRUE," COST TO EDUCATE:

\$6,465 per student (K-8th grade) \$3,720 per PreK (4 year olds) \$1,655 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 31 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 31, 2017 Paper Application Deadline is March 17, 2017

ALUMNI CONNECTION:

Please indicate if parent(s) / guardian(s) are alumni of St. Joseph School.

Name(s): _____ Graduation Year: _____

Faith • Knowledge • Virtue
St. JOSEPH
 CATHOLIC SCHOOL



373 Winter Street NE
 Salem, OR 97301
 503.581.2147 phone
 503.581.7271 fax
 www.stjosephchurch.com/school

Application received ___/___/___
 Request Financial Aid yes no
 FACTS ___/___/___
 Registration received ___/___/___
 Amount _____ Check# _____
 Cash _____ Receipt# _____

APPLICATION FOR ADMISSION 2017-2018

STUDENT INFORMATION: Grade in Fall of 2017-2018: 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
------	---------	----------------

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.)

Father / Stepfather / Guardian (circle one)

Full Name _____
 Religion _____
 Occupation _____
 Employer _____
 Work Address _____
 Work Phone _____
 Cell Phone _____
 Email Address: _____

Mother / Stepmother / Guardian (circle one)

Full Name _____
 Religion _____
 Occupation _____
 Employer _____
 Work Address _____
 Work Phone _____
 Cell Phone _____
 Email Address: _____

List siblings who are currently attending St. Joseph School:

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

PARTNERS IN EDUCATION (PIE):

The calendar year for the PIE program is July 1 to June 30. Two-parent families (K-8th Grade) are required to have **30 hours**; one-parent families are required to have **15 hours**; and pre-school families are required to have **10 hours** of service that can be fulfilled in many ways. For volunteer opportunities please contact the school office. Parents/guardians are responsible for signing up and working volunteer hours. PIE hours may be purchased at a rate of \$15.00 per (PIE) hour.

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

Parent/Guardian Signature

Date

ST. JOSEPH SCHOOL DIRECTORY INFORMATION:

St. Joseph School has designated the following as directory information which the school may disclose without specific consent: the student's name, address, telephone listing, grade and parents/guardians.

A parent/guardian is entitled to refuse to let the school designate any or all of these items about the student as directory information. Notice from a parent that he or she does not want any or all of these types of information about the student designated as directory information must be made in writing to the school office promptly.

PLEASE OMIT FROM THE DIRECTORY: Address Email Address
 Phone number Other (please be specific): _____

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/Classroom Projects | <input type="checkbox"/> Salem Police Department [D.A.R.E. program] |
| <input type="checkbox"/> Bulletin Boards on school campus | <input type="checkbox"/> School Newsletter |
| <input type="checkbox"/> Composite Class Pictures as part of the school picture package | <input type="checkbox"/> Church Bulletin |
| <input type="checkbox"/> Classroom Auction Projects | <input type="checkbox"/> "Good News" Salem Catholic Schools Foundation Newsletter |
| <input type="checkbox"/> Gala Projects | <input type="checkbox"/> <i>Catholic Sentinel</i> |
| <input type="checkbox"/> School Calendar | <input type="checkbox"/> <i>Statesman Journal</i> |
| <input type="checkbox"/> School Social Media (Twitter, Facebook, etc.) | <input type="checkbox"/> Please do not use my child's name or photo |

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: _____ Sex 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