

REGISTRATION FEE: **Amount** **REGISTRATION FEE MUST ACCOMPANY REGISTRATION FORM**
 New Families **\$300** Per Student
 Returning Families **\$275** Per Student *prior to March 29, 2019*

3 yr. old Pre-School Registration **\$100** Per Student
 4 yr. old Pre-School Registration **\$200** Per Student **ALL REGISTRATION FEES ARE NON-REFUNDABLE**

TUITION FOR 2019-2020 SCHOOL YEAR, GRADES K-8: **Amount**

In Parish Tuition One Child **\$ 4,395.00**
 Two Children **\$ 6,800.00**
 Three Children **\$ 8,620.00**
 Four Children **\$ 8,930.00**
Non – Parish Tuition Per Child **\$ 5,400.00**

In order to qualify for the *In Parish* rate, you/your family MUST be 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)

Half Day 3 year old: **\$ 1,950.00**
 Full Day 4 year old: **\$ 3,400.00**

ACTUAL, "TRUE," COST TO EDUCATE:

\$6,772.00 per student (K-8th grade) **\$5,227.00** per PreK (4 year old) **\$2,340.00** per PreK (3 year old)
 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 29 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 29, 2019 Paper Application Deadline is March 15, 2019

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 2019-2020

STUDENT INFORMATION: Grade in Fall of 2019-2020: 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

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	2019-2020 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: _____

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: _____



If you have any questions or for additional information, please contact the school office at (503) 581-2147

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:

No names will be connected with any photos.

- | | |
|---|--|
| <input type="checkbox"/> School Development Projects/Events | <input type="checkbox"/> School Newsletter |
| <input type="checkbox"/> School Social Media | <input type="checkbox"/> Newspapers or other public publications |

_____ Parent/Guardian Signature _____ Date

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

- | | |
|--|---|
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Prefer to Not Answer |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Unknown |

PARTNERS IN EDUCATION (PIE):

The calendar year for the PIE program is July 1 to June 30. Two-parent families (Pk-8th Grade) are required to have **20 hours**; one-parent families are required to have **15 hours**. For volunteer opportunities please contact the school office. Parents/guardians are responsible for signing up and working volunteer hours.

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

ALUMNI CONNECTION:

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

Name(s): _____ Graduation Year: _____