



SAINT JOSEPH SCHOOL

Principal

Admission Procedures

St. Joseph School is operated under the auspices of the Catholic Bishop of Chicago, a corporation sole, in the Archdiocese of Chicago.

St. Joseph School does not discriminate on the basis of sex, race, color, or national origin in administration of education policies, admission policies, athletics or other school administered programs or employment.

St. Joseph School admits students in accordance with stated Admission Policies and reserves the right to limit class sizes to numbers conducive to effective education. However, it is to be noted that those parameters will be carefully considered by the administration in individual circumstances, particularly in a situation that would refuse one child of a family while admitting a brother or sister.

The professional judgment of the administration, through interviews with parents and consultation of staff, will determine admittance of students. St. Joseph School will refer children whose educational needs cannot be met to a school that has the necessary programs.

Age of Admission

- To be admitted to pre-school, a child must be three (3) years of age or four (4) years of age on or before September 1st.
- To be admitted to Kindergarten, a child must be five (5) years of age on or before September 1st.
- To be admitted to First Grade, a child must be six (6) years of age on or before September 1st.

Admission of New Students

For the admission of a Pre-K-Eighth Grade student, parent/guardian shall present:

- An official copy of the child's birth certificate.
- A copy of the baptismal record (if applicable).
- All records of compliance with local and State of Illinois health/eye/dental requirements.
- New students are accepted on a probationary period.

When there are more applications from St. Joseph parishioners for grades Kindergarten-8th than spaces available, the Principal will use the following guidelines in determining enrollment priority.

1. Parishioners with children presently in St. Joseph School or children who have graduated from St. Joseph School.
2. Parishioners from St. Joseph and the number of years as a parishioner.
3. Current non-parish students.
4. Parishioners from neighboring Catholic parishes.

St. Joseph School will not discriminate on the basis of race, ethnic origin, or religious beliefs.



ST. JOSEPH SCHOOL K – 8 PARENT TUITION AGREEMENT 2019-2020

Parents' Last Name Father's First Name Mother's First Name

Address (street, city, state, ZIP Code) Telephone (area code & #)

Email Address

Table with 3 columns: NAMES OF CHILDREN ENROLLED K-8, SOCIAL SECURITY #, GRADE IN 2019 – 2020

DIRECTIONS: READ AND COMPLETE AND FULL EACH OF THE SECTIONS I-V BELOW.

PART I: I/We agreed to pay the balance or tuition, plus fees from the list below. Any scholarships will be credited directly to your FACTS account. All fees are added directly to your FACTS account. A non-refundable registration fee will be added to your FACTS account and collected at the end of July.

Table with 5 columns: TUITION, TUITION, FAMILY FEE, BOOK FEE, TECHNOLOGY FEE. Rows for 1 Child, 2 Child, 3+ Child.

PART II: It is also agreed that I/we shall perform fully the terms and conditions provided in Plan A or B hereafter described. Check one of the following:

- A. Twenty-six hour plan - 26 hours of parent involvement through volunteer work or participation in parent programs shall be required per school year. Work on must be an approved school/parish activity. Any incomplete hours will be billed at the rate of \$15 per hour.
B. In lieu of volunteer hours, I/we will pay \$260 per year payable along with the balance of fees owed in August 2020. (This sum is totally separate from tuition.)

PART III: It is further agreed that I/we are responsible for selling twenty \$10 St. Joseph raffle tickets during the 2019 – 2020 school year. Payment in full for the unpaid tickets is due one month after the raffle drawing.

PART IV: it is also agreed that I/we shall perform fully the terms and conditions provided in plan C or D hereafter described. Check one of the following:

- C. It is also agreed that I/we will work two bingo sessions per child per school year. (A Bingo fee of \$100 per unworked session will be applied to my account in May.)
D. In lieu of working two Bingo sessions per child, I/we agree to pay \$_____ = \$200 x _____ children enrolled in K-8. This must be paid in full by August 15, 2019. (This sum is totally separate from tuition and other fees.)

PART V: It is to be understood that failure to pay all outstanding 2018 – 2019 tuition and fees, renders this contract null and void effective August 1, 2019 and that we will abide by all other tuition policies of St. Joseph school.

Parent/Guardian Signatures Date



ST. JOSEPH SCHOOL NEW FAMILY REGISTRATION FORM

Date of registration: _____

Child's Complete Legal Name: First _____ Middle _____ Last _____

Entering grade (circle one) Pre-3 Pre-4 K 1 2 3 4 5 6 7 8

Birthdate: Month _____ Day _____ Year _____ Child's Social Security # _____

Address _____ City _____ State/Zip _____ Phone _____

School Last Attended (Name & Location) _____

Does your child have and IEP or 504 Plan? ___ Yes ___ No

If yes, please explain: _____

If your child previously attend St. Joseph School, has an IEP/504, or was in a special program where he/she last attended, then your registration is not complete until you have talked with the School Principal.

Do you live in the St. Joseph Parish? ___ Yes ___ No Are you registered in the St. Joseph Parish? ___ Yes ___ No

If you answered NO, do you plan on registering to be a member of St. Joseph Parish? ___ Yes ___ No

A copy of the child's legal birth certificate must accompany this form.

___ Not Baptized ___ Baptized: Baptismal Date _____ Baptismal Church _____

___ Catholic Baptism ___ Non-Catholic Baptism Child's Religion if not Catholic _____

Address of the Baptismal Church (Street, City, State, Zip) _____

A copy of the child's baptismal certificate must accompany this form.

If your child is entering Grade 3 or higher and is baptized Catholic, please answer the following questions:

Has your child received the Sacrament of Reconciliation? ___ Yes ___ No ___ No, but I would like more details

If YES, Date, Name of Church & Address _____

Has your child mad his/her First Communion? ___ Yes ___ No ___ No, but I would like more information

If YES, Date, Name of Church & Address _____

Has your child made his/her Confirmation? ___ Yes ___ No

If YES, Date, Name of Church & Address _____

Have you completed the back side to this form? ___ Yes ___ No



Father's Legal Name (First, Middle, Last) _____

Birthplace _____ Religion _____ Occupation _____ Years of Schooling _____

Mother's Legal Name (First, Middle, Last) _____

Mother's Maiden Name _____

Birthplace _____ Religion _____ Occupation _____ Years of Schooling _____

Child Resides With: ___ Parents ___ Mother ___ Father ___ Other(Explain) _____

Parental Status: ___ Married ___ Separated ___ Other(Explain) _____

___ Divorced (Bring a copy of the Divorce Decree to the School Office)

Complete the following section if Legal Parents are NOT CURRENTLY Married;

Father is: ___ Remarried (Wife's Name _____) ___ Single ___ Deceased

Mother is: ___ Remarried (Wife's Name _____) ___ Single ___ Deceased

Student Request for Loan of Textbooks

I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975. I understand that his request will remain valid so long as my son/daughter is enrolled in St. Joseph School. I may withdraw this request at any time.

Parent/Guardian Signature

Date



ST. JOSEPH SCHOOL FAMILY FORM

Please Print Clearly. Be sure to complete all parts of this form.

If you have a question, please contact the School Office.

2019-2020 School Year

Family Name (Last Name) _____

Phone Number (Area Code & #) Father: _____ Mother: _____

Home Address: _____ City/State/Zip Code: _____

Email Address: _____

Name (First & Last) Father's: _____ Mother's: _____

Our Family is (Check One) _____ New to St. Joseph School _____ Had children enrolled at St. Joseph last year

Name of the Public School your child would attend _____ in District # _____

Please list all of the children in your family who will be attending St. Joseph School (Preschool-8) for 2019-2020.

	<u>First & Last Name of Child in School</u>	<u>Date of Birth</u>	<u>Grade in 2019-2020</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please list all of the children in your family who reside at home, but who will NOT be attending St. Joseph School in 2019-2020.

1.	_____	_____	_____
2.	_____	_____	_____

Parent Status (Check One) _____ Married _____ Separated _____ Divorced _____ Other (Explain)

Child/children live with (Check One) _____ Parents _____ Father _____ Mother _____ Guardian

Are you Catholic? _____ Yes _____ No If NO, what is your family religion? _____

I/We are a registered member of _____ Parish.

What will be your child/children's usual mode of transportation to & from school? (choose one)

_____ bus _____ car/carpool _____ walk _____ other (explain) _____

To what ethnic group do your children belong? (Choose one) _____ Hispanic _____ Non-Hispanic

What is the child/children's race:

_____ White _____ Asian _____ African American _____ Two or more
_____ Native Hawaiian/Pacific Islander _____ Am. Indian/Alaska Native

New Families Only: I/We were referred to St. Joseph School By _____

TO BE COMPLETE BY SCHOOL STAFF:

Date _____ Amount paid with form _____ Receipt # _____



ST. JOSEPH SCHOOL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION FORM

Parents assume the responsibility of notifying the School in writing of any changes in the following information.

List students enrolled at St. Joseph School (oldest first), their grade in school, any medical conditions, and allergies.

Student Name	Grade	Medical Conditions?	Allergies?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Phone: _____ Cell: Mother's: _____ Father's: _____

Home Address _____ City _____ Zip Code _____

Father's Name _____ Place of Employment _____ Phone _____ Ext. _____

Mother's Name _____ Place of Employment _____ Phone _____ Ext. _____

If there are any circumstances, other than in an emergency, that either parent should not be called at work, please explain:

Local Physician _____ Phone _____ Local Dentist _____ Phone _____

On a regular basis, who are the people to whom your child/children may be released from School? Please list them and their relationship to the child/children.

In case of an emergency involving these students, please contact: Be sure to notify your emergency contacts that you have listed them with the School.

Parent	Daytime Phone	Other Phone	
Other Emergency contact	Relationship to Students	Daytime Phone	Other Phone
Other Emergency contact	Relationship to Students	Daytime Phone	Other Phone

MEDICAL RELEASE:

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the school principal or authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel will obtain for my/our child such medical services as are deemed necessary. I/we agree to assume the financial responsibility for any diagnosis/treatment and/or medication deemed necessary.

X _____ Date _____ X _____ Date _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Have you completed the back side to this form?

____ Yes ____ No



Medications may be administered in school in accordance with the school medication procedures. No medications may be administered in school unless both the student's physician and parent/guardian have completed, signed, and returned the following to the school principal or designee:

- Medical Authorization Form available in the School Office
- Unsupervised Self – Administration form (if the student is to carry and use medication on his/her own during the school hours or during the school activities) available in the School Office
- Medication in the original labeled container as dispensed (prescription medication) or the manufacturers labeled container (nonprescription medication). The medication label shall contain the student's name, name of medication, direction for use, and date

I hereby acknowledge that I have received and read the above School Medical Medication Procedures. I understand that I am primarily responsible for all the medical decisions regarding my child and that under the School Medication Procedures, and that the administration or self-administration of medication to my child will not be allowed unless I have complied with the requirements of the School Medication Procedures.

Date

Signature of Parent/Guardian

Please use the space below to give any additional information pertinent to EMERGENCY CARE of your child/children including special conditions or any factor which affects healthcare. Also, please state your specific wishes regarding emergency care.
