



January 28, 2018

Dear Parents/ Guardians:

On behalf of the Assumption Community, I want to thank you for choosing Assumption School for your child's education. Assumption School is proud of providing a Catholic Education which values tradition, yet embraces the energy of innovation. Enclosed is a registration packet along with important instructions regarding forms, fees and school physicals.

A child must be five years of age before August 1<sup>st</sup> to enter Kindergarten. Please complete all forms in this packet. It is imperative that you include the following information:

- Child's Legal name
- Copy of your child's baptismal certificate (if not baptized at either Assumption or St. Barnabas parish)
- Health Immunizations (School physical due before 1<sup>st</sup> day of classes for Kdg. Students)
- Copy of student's Birth Certificate
- Public School district and school in which you reside

There is a registration fee of \$225.00 per student, which must be included with the registration packet. See the enclosed Tuition Payment Options sheet for more details. If you are in need of financial assistance, please contact the school office.

All students entering Kindergarten **must** receive a school physical prior to the first day of school. Please make your appointments soon. Often parents waiting until mid summer are unable to get an appointment before the first day of school.

Thank you for choosing a Catholic Education for your child and especially for choosing Assumption School.

God Bless,

Mrs. Laurie Zaleuke  
Principal

# APPLICATION FOR ADMISSION

## Assumption Catholic School

School Name: Assumption Catholic School Date: \_\_\_\_\_

School Year: 2018-2019 Applying for Grade: KINDERGARTEN

### Applicant Information

Family Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Sex:    
Male Female

Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

*Last First MI (Jr, III)*

Place of Birth: \_\_\_\_\_

*City State County*

Home Address: \_\_\_\_\_

*Street Address Suite #*

*City State Zip Code*

Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please provide an email address where all official school communication may be sent*

Sibling(s): \_\_\_\_\_

*Name School attending Grade*

*Name School attending Grade*

*Name School Attending Grade*

Religion: \_\_\_\_\_ Baptized:  YES  NO

Church Name: \_\_\_\_\_

Local Public School System: \_\_\_\_\_

Local Public School Child Would Attend: \_\_\_\_\_

\_\_\_\_\_ Full Day Kindergarten

The following information is optional but helpful when completing census data for grants and the National Catholic Education Association (NCEA) Data Bank. This information is not used in any way to determine admission.

Ethnicity of Student: Please check one of the following

- Native American  Asian  Black  Hispanic  Native Hawaiian/Pacific Islander  
 White  Multiracial  Unknown  Other

**Family Information**

**Mother**

**Father**

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Preferred Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ EXT ( ) \_\_\_\_\_ EXT

Religion \_\_\_\_\_

Parish/Church \_\_\_\_\_

Parents' Marital Status: *(Please check all that apply)*

- Single    Married    Separated\*    Divorced\*
- Mother Deceased    Mother Remarried    Father Deceased    Father Remarried

**Person responsible for Tuition/Fee Payments:** \_\_\_\_\_

**\*NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicants must sign this form.

Student lives with  Mother and Father    Mother Only    Father Only

\*\*\*  **Legal Guardian *(Please complete information below):***

\*\*\*

Full Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Preferred Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ EXT \_\_\_\_\_

Religion \_\_\_\_\_ Parish/Church \_\_\_\_\_

**Student Background Information**

Subject to the review and approval of the principal, students with special needs may be permitted to attend archdiocesan schools; however, parents must provide accurate and complete information regarding the applicant's needs to assist schools in determining whether reasonable accommodations can be made.

Has your child received special services from a professional (e.g. counselor, speech therapist, special education teacher)?

NO  YES, Briefly describes the type of service, length of service, and if it discontinued a reason for discontinuation:

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Does your child need accommodations to be successful in school?  NO  YES

If yes, please explain briefly (other forms will be required):

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Does your child need any particular academic enrichment in order to be successful in school?  NO  YES, Please list:

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Does your child have any diagnosed allergies?  NO  YES

If yes, please list (other forms will be required):

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Will your child require medication to be administered during the school day?  NO  YES

If yes, please explain briefly (other forms will be required):

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Medical Diagnosis: Please check all that apply:

No known medical conditions  \*Diagnosed condition (specify): \_\_\_\_\_

Physical Disability:

No Existing physical disability  \*Identified Disability (specify): \_\_\_\_\_

Learning Disorder

No Known learning disorder  \*Identified Disorder (specify): \_\_\_\_\_

\*Who/What Agency provided the diagnostic testing? \_\_\_\_\_

Please provide copies of any completed diagnostic work, evaluations or specialized plans that have been developed for your child in the past, which may include psycho-educational evaluations, speech and language evaluations, and Individualized Educational Plan (IEP), a 504 plan, testing for gifted and talented Programs or any similar documents. Although archdiocesan Catholic Schools are not required to implement public schools' special education plans, principals may determine the school is able provide reasonable accommodations in some circumstances.

**AssumptionGrade School  
2018-2019 Tuition  
Payment Options-Assumption Parishioners**

**OPTION ONE - FULL PAYMENT OF TUITION**

Tuition paid directly to the parish office by July 15 with a 2.5% discount. (No discount after July 15). Payment in full due prior to the start of school. Additional fee assessed on unpaid balance each month beginning in August.

	<u>*TUITION</u>	<u>-2.5% DISCOUNT</u>	<u>DISCOUNTED TUITION</u>
One Child	\$4700	-\$118	\$4582
Two Children	\$7170	-\$179	\$6991
Three or more Children	\$8100	-\$203	\$7897

**OPTION TWO - *FACTS* MONTHLY PAYMENT PLAN**

Tuition paid with automatic monthly payments through the F.A.C.T.S. Tuition Payment Plan. *FACTS* is 10 payments made July through April. If you sign up later than July, the number of payments will be reduced, as all payments must be completed by April. This will result in a higher monthly payment. An additional \$40.00 added to tuition.

	<u>*TUITION</u>	<u>FACTS FEE</u>	<u>TUITION TOTAL</u>	<u>MONTHLY PAYMENT</u>
One Child	\$4700	\$40	\$4740	\$474.00
Two Children	\$7170	\$40	\$7210	\$721.00
Three or more Children	\$8100	\$40	\$8140	\$814.00

If you are new to *FACTS*, please sign up at <http://fastdir.com/assumption> to start the process. Select "Click here to manage tuition payments".

\*Your payment may be different if you receive grants/subsidies.

**OUT OF PARISH – Please inquire in School Office**

TUITION PAYMENT PREFERENCE FORM

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT(S) NAME \_\_\_\_\_ GRADE(S) \_\_\_\_\_

Please choose one of the following options. Tuition for the 2018-2019 school year will be paid by:

\_\_\_\_\_ St. Barnabas Parishioner/Tuition paid to St. Barnabas

\_\_\_\_\_ Out of Parish Rate – please indicate your method of payment

\_\_\_\_\_ Single payment due July 15, 2018

\_\_\_\_\_ FACTS monthly payment program(10 payments July 2018 – April 2019)

\_\_\_\_\_ Parishioner - Option 1 - Single Payment due July 15, 2018 (2.5% discount and no \$40.00 FACTS Fee)

If you would like to pay by credit card, you may do so through FACTS. Sign up at <http://fastdir.com/assumption>.

You will be assessed a 2.5% fee by FACTS for this option.

*No discount after due date.*

\_\_\_\_\_ Parishioner - Option 2 - FACTS monthly payment plan - ten payments beginning in July 2018.

Payments can be made on either the 5th or 20th of the month. FACTS fee of \$40.00 is added to total tuition. If you were on the FACTS program the previous school year, it is an automatically renewable contract. Your signature on the bottom of this form indicates that you accept the terms & conditions of your original FACTS agreement and authorizes FACTS to set up automatic payments as show on *Payment Options*.

**NEW FAMILIES** will sign up for an actively managed plan from the school's website. You will have the opportunity to schedule budgeted monthly payments. Please sign up at <http://fastdir.com/assumption> to start the process, select "Click here to manage tuition payments". You have the option to pay with a checking account, savings account or credit card. **Your child/ren are not considered registered until you have set up the payments on line.**

I agree to make tuition payments for the 2018-2019 school year according to the option selected above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Return to: Assumption School  
203 W. Third St.  
O'Fallon, MO 63366

## Parental Witness Statement, 2018-2019

With awareness of the Catholic Church's vision on my vocation as a parent, I ask to have my child enrolled at Assumption School. In doing so, I acknowledge and accept my responsibility to be the primary religious educator of my children. I understand the Catholic School is a way in which my Church seeks to assist me in my vocation. However, I know that no matter how clearly and effectively the Catholic School communicates the truths of our faith, unless my children see these truths take root in our family, then there is little hope that the faith will take root in their hearts. I believe that the Catholic School can deepen, enrich, and reinforce a faith that my children experience in their home. I understand that the school supports me as the primary educator, and I in turn support the school.

Practically, I understand the above to mean:

1. To acknowledge and accept my responsibility to be the primary religious educator of my children.
2. To participate actively each week in the Sunday Eucharist.
3. To speak to my children about the things of God, and to make prayer an integral and important part of the environment of our home.
4. To do my fair share in supporting the Catholic School financially; by my service; and through relating in a Christ-like manner to the other members of the community.
5. To teach my children by work and example to have a love and concern for the need of others, especially the poor.

I, \_\_\_\_\_, understand and accept that my  
(please **PRINT** name)  
child's continued acceptance in Assumption School is dependant upon my continuing to live these values.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

# RELEASE FORM

August, 2018

# Assumption School

203 West Third Street O'Fallon, MO 63366  
Phone: 636-240-4474 Fax: 636-240-5795

Name of Student(s)...

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

## RELEASE FOR PUBLICATIONS:

In appreciation of the valuable educational services rendered to my child and in a desire to further the work of Assumption School, a non-profit educational corporation, I hereby give the school full and complete permission to use any still photographs, movies, tapes, interviews or other forms of pictorial or vocal representations of my son/daughter, a minor, for furthering the purpose of the school in advertising or instructional brochures, pamphlets, books, catalogs, TV or radio programs or in any other media. Still photographs used in Assumption publications may identify the student by name. However, it is the policy of Assumption School not to release the names of students for broadcast.

- \_\_\_\_\_ I give permission for the school to use pictorial/vocal representations of my child.
- \_\_\_\_\_ I **do not** give permission for the school to use pictorial/vocal representations of my child.

## RELEASE FOR INTERNET USE:

Attached you will find Assumption School's Internet Acceptable Use Policy. Please read it carefully and then sign below to indicate your permission for your child to use the Internet at school. Internet access is designed for educational purposes and the school allows student Internet use only with adult supervision. However, it is impossible to restrict access to all controversial materials and Assumption School will not be held responsible for materials acquired by your child through the Internet.

- \_\_\_\_\_ I give permission for my son/daughter to use the Internet at school.
- \_\_\_\_\_ I **do not** give permission for my son/daughter to use the Internet at school.

## RELEASE FOR PHOTOS ON SCHOOL WEB SITE:

From time to time we would like to allow you to view some of the activities that are happening at school through photos on the web site. However, having a presence on the World Wide Web also presents us with a challenge to respect and protect the privacy of our students. Therefore, we'd like to inform you that our policy is to never display the first or last name, or any other private information of a student or alum. Please indicate your permission below to allow us to post your child's picture on the Assumption School web site.

- \_\_\_\_\_ I give permission for Assumption School to display photos of my child on the school web site.
- \_\_\_\_\_ I **do not** give permission for Assumption School to display photos of my child on the school web site.

_____	_____
Parent Signature	Date



# Economic Deprivation Survey for Federal Programs

(Completed by Parent or Guardian of Nonpublic Student; One per Family)

This does not determine qualification for financial aid. It is only for reporting to federal agencies.

As a nonpublic school, Assumption is required to furnish certain information about our student population to local public schools. The purpose of this survey is to gather this information to determine the amount of federal program services available to this school. **Only the statistical data will be shared with the public schools or federal agencies. No names, addresses, or related income information will be shared with the public school or federal agencies. This information will be kept strictly confidential at Assumption.**

## Section 1: Student Information

Number of children in household that attend Assumption: \_\_\_\_\_ Current grade level for each child: \_\_\_\_\_

Specific public school(s) child(ren) would attend (ex. J.L. Mudd, FZNM): \_\_\_\_\_

## Section 2: Eligibility of Household (check one or more boxes)

Household is receiving food stamps or AFDC for one or more students at Assumption

At least one student is a foster child in the household.

Household is eligible based on income (see chart below)

Household is not eligible; none of the above applies.

### Maximum Income to be Eligible -- 7/1/2017-6/30/2018

Use the following chart to determine if the household is eligible based on income. If the total amount of income of all household members (before taxes or anything else is taken out) exceeds the amount on this chart for your household size, the household is not eligible. Please count every person that lives in your household, not just children.

Household Size	Annual	Monthl y	Weekl y
1	\$22,311	\$1,860	\$430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For each additional member add	+7,733	+645	+149

## Section 3: Signature

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of Federal Funds and Federal information requirements and will be kept confidential at Assumption.

Signature of Adult Household Member

Date

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

If you have any questions concerning the completion of this form, call Assumption at 636-240-4474