



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 1st 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 1st 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:

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

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

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

Does your child have any diagnosed allergies? NO YES

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

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

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

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