

January 29, 2017

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:

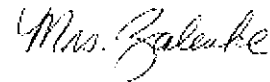
- Child's Legal name
- Copy of your child's baptismal certificate (if not baptized at either Assumption or St. Barnabas parish)
- Health Immunizations (School physical due before 1st day of classes for Kdg. Students)
- Copy of student's Birth Certificate
- Public School district and school in which you 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: 2017-2018 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*

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.



One Call Now is a system which alerts are sent simultaneously to all families at Assumption. Each family is asked to provide only ONE phone number.

Family Name: _____

Preferred number to contact: _____

**** Please only fill out if we need to make a change to the one we have on file****

**AssumptionGrade School
2017-2018 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	\$4527	-\$113	\$4414
Two Children	\$6830	-\$171	\$6659
Three or more Children	\$7725	-\$193	\$7532

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	\$4527	\$40	\$4567	\$456.70
Two Children	\$6830	\$40	\$6870	\$687.00
Three or more Children	\$7725	\$40	\$7765	\$776.50

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 2017-2018 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, 2017

_____ FACTS monthly payment program(10 payments July 2017 – April 2018)

_____ Parishioner - Option 1 - Single Payment due July 15, 2017 (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 2017.

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 2017-2018 school year according to the option selected above.

Parent's Signature

Date

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