

Current Student Enrollment for 2024-2025

*If any students are new to St Joseph, please complete the full application.

Family Last Name: _____

Student First Name(s) and Grade for 2024-2025:

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Mailing Address:

Mother: _____

Father: _____

Guardian(s): _____

Email: _____

Email: _____

List those persons authorized to pick up your student(s):

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Family Doctor: _____

Phone: _____

Please remember the following requirements:

1. Registration Fees due to complete enrollment
2. Physicals required for grades 1,3, and middle school
3. Medical Health Records Form and updated shot records
4. Enrollment Agreement

Any additional information we need to know: _____

Parent/Guardian Signature: _____ Date: _____

I hereby consent that the photographs, videotapes, and/or motion picture film in which my child appears and/or audio recordings made of my child's voice may be used by the Diocese of Tulsa and its assigns in whatever way they may desire, including television; I consent that any such photographs, films and recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate and reproduce and make other such use of said photographs as they desire without any claim on my part.

ST. JOSEPH CATHOLIC SCHOOL

Enrollment Agreement

2024-2025

Please check one:

10 Month Tuition Payments _____

One Time Payment of Reg. Book Fee _____

12 Month Tuition Payments _____

Three Time Payments of Reg. Book Fee _____

*Tuition is due the 10th of each month. Tuition paid after the 20th of each month will be charged \$25 late fee

Student: _____

Grade: _____

Student: _____

Grade: _____

Student: _____

Grade: _____

Student: _____

Grade: _____

In consideration of the mutual promises and covenant herein contained, the parties agree as follows:

- 1) **ACCEPTANCE OF STUDENT:** St. Joseph Catholic School agrees to accept the above named individual(s) in the grade(s) specified during this school year, provided that the required registration fee and an executed copy of this agreement are delivered to the School upon enrollment for the new year.
- 2) **RESPONSIBILITIES OF PARENT OR GUARDIAN AND STUDENTS(S);** the undersigned parents or guardians and students(s) agree to:
 - A. Accept their joint education responsibility as outlined in the Parent/Student Handbook;
 - B. Practice their faith;
 - C. Maintain academic standards;
 - D. Accept and comply with all rules and regulations of St. Joseph Catholic School;
 - E. Fulfill the Time and Talent Volunteer commitment;
 - F. Submit to the discipline policies of St. Joseph Catholic School;
 - G. Conduct themselves at school and away from school in a manner that models their religious values;
 - H. Be supportive members of the community and model the faith and values that are being taught to the children
 - I. Have students at school at 8:00 a.m. Classroom instruction begins promptly to 8:15 a.m.
 - J. Comply with the school uniform regulations.
- 3) **TUITION FEES AND CHARGES:** Tuition fees and charges for the year shall be specified in the Tuition Fees and Charges Schedule for such year. No reduction or allowance shall be made for absence. To qualify for the year Catholic rate, the parent(s) must attend Mass regularly and contribute to the financial support of the parish.
- 4) **PAYMENT PLAN:** Tuition fees shall be paid in accordance with the following plan:

Tuition Fees 10 Month Plan	Tuition Fees 12 Month Plan	Registration/Book Fee 1 st payment/all payment
July 1- April 10 th After 20 th Late Fee \$25	June 10 th - May 1 st After 20 th Late Fee \$25	Installment due upon Enrollment

Tuition is due on the 10th of each month in the school office. There is a "grace" period of ten days. A late fee will be charged on the 20th of each month in the amount of \$25.00 if tuition is unpaid. It is critical that tuition is paid in a timely manner. If a situation arises that would prohibit payment, please contact the principal immediately. Accounts past due longer than 90 days may be sent to Small Claims Court incurring additional charges.

- 5) **NON-LIABILITY:** This agreement is made upon the express condition that St. Joseph Catholic Church, St. Joseph Catholic School and the agents, employees, servants, officers and advisory board members of St. Joseph Catholic Church and St. Joseph Catholic School shall be free from all liabilities and claims for damages and/or suits or by reason of any injury or injuries to the person or property or the Parent/Guardian and advisory board members. Parent/Guardian and Student(s) covenant and agree to indemnify and save harmless St. Joseph Catholic Church, St. Joseph Catholic School and their agents, employees, servants officers and advisory board member from all liabilities, charges, expenses (including counsel fees) and costs on account of or by reason of any such injury and injuries, liabilities, claims suit or losses however occurring or damages growing out of same.
- 6) We understand that by executing this document we become liable both jointly and severally for any financial obligations arising hereunder.

Signature of Father

Date

Signature of Mother

Date

Signature of Student

Date


Signature of Student

Date

2024-2025 St. Joseph Catholic School

First Payment of Tuition (10 month pay) is due July 10th. Tuition is due on the 10th of each month (July 2024-April 2025).

First Payment of Tuition (12 month pay) is due June 10th. Tuition is due on the 10th of each month (June 2024-May 2025).

	Reg./Book Fee Price on/before May 8th	After May 8 th
1 Child	*\$350	*\$375
2 Children	*\$500	*\$525
3 Children	*\$650	*\$675
Each additional child	*\$175	*\$200

*All fees are non-refundable. Registration Fee includes but is not limited to:

Textbooks, consumables, Home & School dues, Religion material and testing material.

If tuition is paid after the 20th of each month, a \$25 late fee will be charged.

Automatic withdraw and most credit cards are available for tuition, lunch, aftercare and registration.

2024-2025 Tuition Rates Pre-K4 thru 8th Grade

Per Child/Per Year	St. Joseph Catholic Church Parishioner	Non-Catholic
Pre-K4—8 th	\$5,050	\$6,355

2024-2025 Tuition Rates Preschool 3 year olds

Per Year	3 year olds
Mon. thru Friday 8:00-11:30	\$2,862
Extended day 11:30-3:00	\$5,050
After-Care 3:00-5:15	\$5.00 per hour

Hot Lunch — Pre-Paid Hot Lunch Accounts due at the beginning of the month.

Hot Lunch Cost per day \$3.50 single lunch w/ milk. Cost per day of milk, \$0.75 Prices are subject to change.

Guide to Immunization Requirements in Oklahoma

EXTENDED CARE	PRE-SCHOOL	KDG thru 3rd	4 th & 5 th	6 th	7 th & 8 th
4 DTP/DTaP/Td	4 DTP/DTaP/Td	5 DTPDTaP/Td	5 DTP/DTaP/Td	5 DTP/Td	6 Tdap
3 Polio	3 Polio	4 polio	4 Polio	4 polio	4 polio
1 MMR	1 MMR	2 MMR	2 MMR	2 MMR	2 MMR
1-4 Hib					
3 Hep B	3 Hep B	3 Hep B			
2 Hep A	2 Hep A				
Varicella	Varicella	Varicella	Varicella	Varicella	Varicella

- Children must be up-to-date for their age for the vaccines listed
- All Measles, mumps and rubella and varicella vaccine doses must have been administered on or after the child's first birthday
- If the 4th dose of DTP/DTaP and/or 3rd dose of Polio are administered on or after the child's 4th birthday, then the 5th dose of DTP/DTaP and/or 4th dose of Polio is not required
- A parental history of a child having varicella disease is acceptable in lieu of varicella vaccine
- Hib vaccine is not required for students in pre-kindergarten/kindergarten through grade twelve, but is required for children in day care.
- Longer than recommended time periods between doses of multi-dose vaccines do not diminish the effectiveness of these vaccines. It is not necessary to restart the series of any vaccine due to extended time periods between doses.
- Children may be allowed to attend school if they have received the first dose in the series of any multi-dose vaccine but must complete the series on schedule.

For further immunization information please call the Immunization Division, Oklahoma State Department of Health. 405-271 4073

2024-2025

ST. JOSEPH CATHOLIC SCHOOL MEDICAL HEALTH RECORDS

Please answer all of the following questions YES or NO. If yes, please write any additional information you may have.

Physician's Name _____

Phone _____

Student Name _____

Grade _____

1. Is this student allergic to any insect bites and/or stings? Yes _____ No _____
 - If yes, what insect: _____
2. Are there any other health-related problems that we should be aware? Yes _____ No _____
 - If yes, please describe: _____

Please answer these questions: (Please check one)

- Yes _____ No _____ Any hearing loss or repeated ear infections?
- Yes _____ No _____ Any severe or repeated skin infections?
- Yes _____ No _____ Any blindness, color blindness, double/blurred vision, glasses, contacts? .
- Yes _____ No _____ Any asthma, wheezing, chronic cough, unusual shortness of breath?
- Yes _____ No _____ Any chest pain or chest discomfort?
- Yes _____ No _____ Any history of irregular or unusually fast heart rate, high blood pressure, passing out, heart murmur, turning blue, rheumatic fever?
- Yes _____ No _____ Any kidney infections, kidney stones, or repeated bladder infections?
- Yes _____ No _____ Any swelling, pain, or stiffness in joints?
- Yes _____ No _____ Any hernia or rupture?
- Yes _____ No _____ Any anemia or unusual bleeding?
- Yes _____ No _____ Any history or abnormally high or low blood sugar, diabetes, thyroid problem, or other endocrine or gland problems?
- Yes _____ No _____ Any back or neck pain?
- Yes _____ No _____ Has he/she ever induced vomiting, participated in binge eating or purging?
- Yes _____ No _____ Any menstrual irregularities? (Female)

PARENT OR GUARDIAN SIGNATURE REQUIRED

My signature confirms that I have reviewed this questionnaire and have made corrections/updates as necessary.
(I have initiated and dated all changes and additions made to this form.)

Parent/Guardian Signature _____ Date: _____

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name
 Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

Date (MM/DD/YYYY)

Parent / Guardian Signature

SCHOOL USE ONLY

Please do not have this section of the form available for the local district or school district to see.

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
 - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038