חמום עברבואבת			1101				
Fee Received: Cash	Chock No		Enrollment Application		Withdraw Date:		
Signed Handbook Agreement		z	St. Joseph Catholic School		School Transferred To:		
Transcripts Received:	> >	zz	Father Richard F. Cristler				
Immunization Record Received:	<b>-</b> >-	2 2	Joanne Myers, Principal		i i		
Photo Release:	>	z	323 N. Virginia	CITY:			
Baptism Record Received:	> :	z	Muskogee, OK 74403	State / Zip:	Zip:		
Physical 1", 3", 5",, 6", 7", 8"	>	z	Student Data	Referred By:	ed By:		
First Name:		Age:		Sibling	Sibling Name/Social Security	Grade	Birth Date
Middle Name:		Grade Enterin	ng:				
Last Name:		Birthday:		#SS#			
Student Address:		Birthplace:					
City / State / Zip:		Gender:	Σ	#SS#			
Social Security No.:		Enroll Date:					
School Transferred From:		_					
City / State / Zip:							
FOR REPORTING PURPOSES ONLY:	ONLY:						
Race (Circle one):	Native American/Alaskan	Asian	Black	Native Hawaiian/Pacific Islander	White	Two or More Races	aces
Ethnicity (Circle one):	Hispanic	Non-Hispanic					
Religion:		Church	Attending:		City:		
MEDICAL INFORMATION:	Family Doctor		Phone No.		Insurance		
	Family Dentist		Phone No.		Insurance		
If you and the physician of yo indicated, I hereby authorize	If you and the physician of your choice, as indicated above, cannot be reached in an emergency and, if in the judgment of the scho indicated, I hereby authorize the school authorities to send my child (properly accompanied) to an available hospital or physician.	, cannot be reached in d my child (properly a	n an emergency and, if in the ccompanied) to an available l	an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is companied) to an available hospital or physician.	ties immediate medical and	//or hospital atten	ntion is
Parent / Legal Guardian Signature	ature						
List those persons authorized to pick up your child:	d to pick up your child:						
Name			Phone (w)	(h)	Cell	=	
Name			Phone (w)	(h)	Cell		
Name			Phone (w)	(h)	Cell		
Name			Phone(w)	(h)	Cell	=	
Name			Phone(w)	(h)	Cell		
Parents (circle one):	Married	Separated	Divorced	Deceased	Mother / Father		
Primary Custody:	Mother	Father	Other		SO . The stand		2

мотнек:			
Name:		Home Phone:	
Address:		Cell Phone:	
City (Center / 71:2)		Work Phone:	
City / state / Zlp:		Occupation:	
		Employer:	
FATHER:		Home Phone:	
Name:		Cell Phone:	
		Work Phone:	
Address:		Email:	
City / State / Zip:		Occupation:	
		Employer:	
OTHER GUARDIAN: Relationship:		Home Phone:	
Name.		Cell Phone:	
		Work Phone:	
Address:		Email:	
City / State / Zip:		Occupation:	
		Employer:	
RECORD OF SACRAMENTS:	Church	City / State	_
Baptism:			
Holy Eucharist:			
First Reconciliation:		1	
Confirmation:			
PHOTO RELEASE: Your signature below gives permission for the Diocese of Tulsa to use photographs of your child. Your signature must be in ink.	ise photographs of your child. Your si	gnature must be in ink.	
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 m 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 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.	n my child appears and/or audio record th photographs, films and recordings, a h use of said photographs as they desir	in which my child appears and/or audio recordings made of my child's voice may be used by the Diocese of Tulsa and any such photographs, films and recordings, and the plates and/or tapes from which they are made shall be their ther such use of said photographs as they desire without any claim on my part.	
Parent / Guardian Signature		Date	

### St. Joseph Catholic School

#### 2020-2021 Registration Fees

First Payment of Tuition (10 month pay) is due July 10th. Tuition is due on the 10th of each month (July 2020-April 2021). First Payment of Tuition (12 month pay) is due June 10th. Tuition is due on the 10th of each month (June 2020-May 2021).

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

<sup>\*</sup>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 is available for tuition, lunch, aftercare and registration. 2020-2021 Tuition Rates (K thru 8th)

Per Year	St. Joseph Catholic Church Parishioner	Non-Catholic
1 Child	\$4,662	\$5,893
2 Children	\$7,262	\$9,974
3 Children	\$9,685	\$14,085
4 Children	\$12,471	\$18,397

2020-2021 Tuition Rates (Preschool)

Per Year	3 year olds	4 year olds
Mon. thru Friday 8:00-11:30	\$2,598	\$2,598
Optional extended day 11:30-3:00	\$16.50 per day	\$16.50 per day
Optional extended day 3:00-5:15	\$4.50 per hour	\$4.50 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 \$5.00 double lunch w/ milk. Prices are subject to change

Guide to Immunization Requirements in Oklahoma

	Gui	ue to illilliulization	Requirements in Or	Manonia	
EXTENDED CARE	PRE-SCHOOL	KDG thru 3rd	4 <sup>th</sup> & 5th	6 <sup>th</sup>	7 <sup>th</sup> /8 <sup>th</sup>
4 DTP/DTaP/Td	4 DTP/DTaP/Td	5 DTP/DTaP/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	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 4<sup>th</sup> dose of DTP/DTaP and/or 3<sup>rd</sup> dose of Polio are administered on or after the child's 4<sup>th</sup> birthday, then the 5<sup>th</sup> dose of DTP/DTaP and/or 4<sup>th</sup> dose of Polio are 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.

## Enrollment Agreement 2020-2021

Please check one:	
10 Month Tuition Payments	
12 Month Tuition Payments	

One Time payment of Reg. /Book Fee	
Three Time payments of Reg. /Book Fee_	

<u>Tuition due 10th of each month.</u>	Tuition paid after the 21st of each month will be c	haraed \$25
late fee.		margea ÇZO

Student	Grade
Student	Grade

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

- 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; and,
  - 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	Tuition Fees	Registration/Book Fee	Registration Fees
10 Month Plan	12 Month Plan	1st payment/all payment	Due
July 10 <sup>th</sup> - April 10 <sup>th</sup> After 21 <sup>st</sup> Late Fee \$25	June 11th - May 11th After 21st Late Fee \$25	1st Installment due upon Enrollment	May 11th, June 11th, July 10th, After 21st of each month \$25

Tuition is due on the 10<sup>th</sup> of each month in the school office. There is a "grace" period of ten days. A late fee will be charged on the 21<sup>st</sup> 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 for 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 suits 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		Signature of Student	
Signature of Student		Signature of Student	

### 2020-2021 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				
	Grade				
<ol> <li>Is this student allergic to any insect to a student insect?</li> <li>Are there any other health-related presented in the student insect?</li> </ol>	oblems that we should be aware? YesNo				
Please answer these questions: (Please circu					
Any hearing loss or repeated ear infections?.	Yes/No				
Any severe or repeated skin infections?	Yes/No				
Any blindness, color blindness, double/blurre	ed vision, glasses, contacts?Yes/No				
Any asthma, wheezing, chronic cough, unusu	al shortness of breath?Yes/No				
Any chest pain or chest discomfort?	Yes/No				
Any history of irregular or unusually fast hea	rt rate, high blood pressure,				
passing out, heart murmur, turning blue, rheu	matic fever?Yes/No				
Any kidney infections, kidney stones, or repe	ated 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, participate	ed in binge eating or purging?Yes/No				
Any menstrual irregularities? (Females)	Yes/No				
PARENT OR GUAI	RDIAN SIGNATURE REQUIRED				
My signature confirms that I have reviewed the necessary. (I have initiated and dated all chan	nis questionnaire and have made corrections/updates as ges and additions made to this form.)				
Signature	Date				

### HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



		5	STUDENT INFO	RMATION						
					AND RESIDENCE TO A STATE OF THE PARTY OF THE					
Name of Student: Last Nam		Circt Nam	_	Middle Name	_	Grade:				
Date of Birth:MM/DD/Y	School	ıl:	Student ID #		Gender:	Male	Female			
Is the student of Hispanic or L	atino culture or c	origin? Yes	No	_						
Select one or more of the follo African American/Blac Native Hawaiian/Pacit	ck	America	an Indian/Alaskan sian/White	Native	Asian					
1. What is the dominant land	What is the dominant language most often spoken by the student?									
2. What is the language rou	ıtinely spoken in	the home, regardle	ess of the languaç	je spoken by the stu	udent?					
3. What language was <b>first</b>	3. What language was <b>first</b> learned by the student?									
4. Does the parent/guardian	need interpreta	ation services? Yes	s No	_ If so, what langu	ıage?					
5. Does the parent/guardian	need translate	d materials? Yes _	No	If so, what language	e?					
6. What was the date the str	udent first enrolle	ed in a school in the	△ United States?							
	100111	of in a const.	y office cials.	MM/YYYY						
Date (MM	I/DD/YYYY)				Paren	t / Guardian Sig	onature			
		SO	CHOOL USE ON	I.V.			grade. c			
Please hav	e test score do	cumentation avo	ailable for the R	egional Accreditat	tion Officer	to review.				
☐ Other language than English in	ndicated TWO OR N	MORE times on questic	ons 1 – 3 above. The	student is classified as "n	more often" and	automatically qua	lifies as <b>bilingual</b> on			
the accreditation report.  Other language than English in	ndicated ONLY ONC	CE on questions 1 – 3 a	above. The student is	classified as "less often"						
report <u>if</u> he or she meets										
<ul> <li>1. Designated English</li> <li>WIDA Screener, WIDA</li> </ul>	Learner on one of th	ne Oklahoma English lan W-APT or Oklahoma Pr	nguage proficiency ass re-K Language Screen	essments: ACCESS for F	ELLs 2.0, Altern	ate ACCESS for F	ELLs,			
2. Scored Basic or Bel	low Basic in ELA on t	the Oklahoma State Tes	sting Program (OSTP).				(4.57)			
□ 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).										
	DOCUME	ENTATION OF A TEST	RESULT FOR STUDE	ENTS MARKED LESS OF	FTEN					
Date(s) of Kindergarten ACCE ACCESS for ELLs 2.0, or		Score(s) on Kinderg ACCESS for E		Date of WIDA S	AND PROPERTY OF STREET		WIDA Screener or PT/WAPT or			
Alternate ACCESS Test		Alternate A	CCESS	WIDA MO		WID	DA MODEL			
	1.	Composite / Ov	erall Score			Composite	e / Overall Score			
	1.					1.				
	1.						<u> </u>			
Date(s) of ELA OSTP	Below Basic	Score(s) on ELA Basic	OSTP	A SA A SA		Oklahoma Pre-K	Score on Pre-K Language			
	Below Basic	Basic	Proficient	Advanced	Language	Screening Tool	Screening Tool			
	Below Basic	Basic	Proficient	Advanced			%			
Date(s) Norm Reference Test (NRT)	Name	of the NRT	Composite	/ Percentile Score(s)						
Date(o) North Notes once 1991 ()		of the first	O III POOLI	Tercentile coore(s)		-tien de Deference	e WAVE code 1036			
					Ques	stion 2: Reference	e WAVE code 1037			
					Ques	tion 3: Reference	e WAVE code 1038			