Date Received				2021-2022			
Fee Received: Cash	Check No			Enrollment Application	uo	Withdraw Date:	
Signed Handbook Agreement		Z		4000104+00400001+0	: -0		
Transcripts Received:		zz		st. Joseph Catholic School	100	School Transferred To:	
Birth Certificate Received:	>	z		raulei Nicilaiu F. Crisuel	<u>.</u>	Address:	
Immunization Record Received:		z		Joanne Myers, Principal	al	City	
Photo Release:	>	z		323 N. Virginia		City:	
Baptism Record Received:	> ;	Z ;		Muskogee, OK 74403	с	State / Zip:	
Physical 1", 3", 5",, 6", 7", 8"		z		Student Data		Referred By:	
First Name:			Age:			Sibling Name/Social Security	Grade Rirth Date
Middle Name.			Grade Entering.				
			כומתב בוונבווונג				
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:	ES ONLY:						
					: :		
Race (Circle one):	Native American/Alaskan	_	Asian	Black Nativ	Native Hawaiian/Pacific Islander	nder White	Two or More Races
Ethnicity (Circle one):	Hispanic		Non-Hispanic				
Religion:			_ Church A	Attending:		City:	
MEDICAL INEORMATION:	Family Doctor			o d d			
				- FIIOII PIOC		ווואחן פווכע -	
	Family Dentist			Phone No.		Insurance	
If you and the physician o indicated, I hereby author	If you and the physician of your choice, as indicated above, cannot be reached in indicated, I hereby authorize the school authorities to send my child (properly ac	ove, car send my		an emergency and, if in the judgment of the scho companied) to an available hospital or physician.	iudgment of the school ospital or physician.	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.	and/or hospital attention is
Parent / Legal Guardian Signature	ignature		0000		v 1900 to	Date:	
List those persons author	List those persons authorized to pick up your child:						
Name	800F 00			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	Sep	Separated	Divorced	Deceased	Mother / Father	
Primary Custody:	NAC+bor	Lothor		t-bor		5 C	:

мотнек:	
· · · · · · · · · · · · · · · · · · ·	Home Phone:
Name:	Cell Phone:
Address:	Work Phone:
	Email:
Lity / State / Lip:	Occupation:
	Employer:
FATHER	Home Phone:
	Cell Phone:
Name:	Work Phone:
Address:	Email:
City / State / Zip:	Occupation:
OTHER GUARDIAN: Relationship:	Home Phone:
Name:	Work Phone:
Address:	Email:
City / State / Zip:	Occupation: Employer:
RECORD OF SACRAMENTS: Date Church	City / State
Baptism:	
Holy Eucharist:	
First Reconciliation: 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.	ır signature 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 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.	cordings made of my child's voice may be used by the Diocese of Tulsa and 5s, and the plates and/or tapes from which they are made shall be their lesire without any claim on my part.
Parent / Guardian Signature	Date

2021-2022 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.

	Phone
Student's name	Grade
 Is this student allergic to any insect. If yes, what insect? Are there any other health-related. 	problems that we should be aware? Yes No
Please answer these questions: (Please ca	ircle one)
Any hearing loss or repeated ear infection	s?Yes/No
Any severe or repeated skin infections?	Yes/No
Any blindness, color blindness, double/bli	urred vision, glasses, contacts?Yes/No
	usual shortness of breath?Yes/No
Any chest pain or chest discomfort?	Yes/No
Any history of irregular or unusually fast	
passing out, heart murmur, turning blue, r	heumatic fever?Yes/No
Any kidney infections, kidney stones, or r	repeated bladder infections?Yes/No
Any swelling, pain, or stiffness in joints?.	Yes/No
Any hernia or rupture?	Ves/No
	Yes/No
	Yes/No
Any history or abnormally high or low blo	
	Yes/No
Any back or neck pain?	Yes/No
Has he/she ever induced vomiting, partici	ipated in binge eating or purging?Yes/No
Any menstrual irregularities? (Females)	Yes/No
	UARDIAN SIGNATURE REQUIRED
My signature confirms that I have review necessary. (I have initiated and dated all o	red this questionnaire and have made corrections/updates as changes and additions made to this form.)
Signature	Date

20	- 20
/ ()	- 40

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



Question 3: Reference WAVE code 1038

0 20	TIOME	AITOOAO	. L J J I I I	FOR FRE-R-12			W	CHAMPION EXCELLENCE
			STU	DENT INFORM	ATION			
						C	Grade:	
Name of Student: Last Na	ame		First Name	Mic	dle Name			
Edotiii						Condor: M	lale Fe	male
Date of Birth: MM/DD	S	chool:		Student ID #		_ Gender. W	lale 1 c	maio
s the student of Hispanic o	or Latino culture	e or origin?	Yes	No				
Select one or more of the f	ollowing races:		VPO av		•	Asian		
African American/E Native Hawaiian/P	Black	0	American	Indian/Alaskan Nat	ive	Asian		
Native Hawaiian/P	acific Islander	-	Caucasiai	// vviiite				
I. What is the dominant	language mos	t often spoke	en by the stud	ent?				
2. What is the language	routinely snok	en in the hor	ne, regardles	s of the language s	ooken by the stud	dent?		
				0 0	eguertos recurres de la Properto de Tendra d			
What language was f								
4. Does the parent/guar	dian need inte i	rpretation se	ervices? Yes _	No	If so, what langua	age?		
 Does the parent/guar 								
6. What was the date th	e student first e	enrolled in a s	school in the U	Jnited States?	MM/YYYY			
					IVIIVI/YYYY			
								W. T. C.
Date	(MM/DD/YYYY)				Parent	/ Guardian Sign	ature
			SCH	OOL USE ONLY				
Please	have test sco	re documer	ntation avail	lable for the Reg	onal Accredita	tion Officer	to review.	
☐ Other language than Eng	lish indicated TW	O OR MORE tin	nes on question	s 1 – 3 above. The stud	lent is classified as "r	nore often" and a	automatically qualifie	es as bilingual on
the accreditation rep Other language than Eng	oort.	LV ONCE an ev	estions 1 2 at	nove. The student is cla	ssified as "less often"	and only qualifie	es as bilingual on th	e accreditation
Other language than Eng	lish indicated ON meets one of the f	LY ONCE on qu following (any s	election below R	EQUIRES appropriate of	ocumentation):	0.000.00 C		
□ 4 Designated E	nalich Loarner on o	one of the Oklah	oma English lang	uage proficiency asses	ments: ACCESS for	ELLs 2.0, Alterna	ate ACCESS for EL	Ls,
WIDA Screener,	WIDA MODEL, K-	WAPT, W-APT	or Oklanoma Pre	-N Language Screening	1001 (1101).			
☐ 2. Scored Basic	or Below Basic in I	ELA on the Okla entile (or equiva	homa State Test lent) composite re	ing Program (OSTP). eading score from <u>sprin</u>	of the previous scho	ool year on a stat	te approved norm-re	ferenced test (NRT)
☐ 5. Scoled at or t				RESULT FOR STUDEN				
					Date of WIDA		Score(s) on V	/IDA Screener or
Date(s) of Kindergarten ACCESS for ELLs 2	ACCESS,	Scor	e(s) on Kinderga ACCESS for EL		K-WAPT/	NAPT or	K-WAP	T/WAPT or
Alternate ACCESS	Test		Alternate AC	CESS	WIDA N	IODEL		MODEL / Overall Score
		1.	Composite / Ove	erali Score			1.	
		1.						
		1.						Score on Pre-K
Date(s) of ELA OSTP	P. L Da	COM COM	core(s) on ELA	OSTP Proficient	Advanced	Date of the	Oklahoma Pre-K Screening Tool	Language
	Below Bas		Basic	Proficient	Advanced	Language	Corconning 1001	Screening Tool
	Below Ba		Basic	Proficient	Advanced			%
					leventile Conve/e)			
Date(s) Norm Reference Test	(NRT)	Name of the	NRT	Composite / F	ercentile Score(s)		# 4 P f	MANE and 4026
						Que	stion 1: Reference estion 2: Reference	WAVE COUR 1030

Enrollment Agreement

		Agreemeni	
Please check one: 10 Month Tuition Payments 12 Month Tuition Payments	2021	-2022 One Time paym Three Time paym	nent of Reg. /Book Fee ments of Reg. /Book Fee
Tuition due 10th of each	month. Tuition paid afte	er the 21st of each month	will be charged \$25
<u>late fee.</u>			
		Grade	V
Student		Cuardo	
Student		Crado	
Student		Crado	
Student		0 1	
Student	I and covenant h	erein contained, the parties as	aree as follows:
A. Accept their joint educe B. Practice their faith; C. Maintain academic sta D. Accept and comply w E. Fulfill the Time and Talei F. Submit to the discipline G. Conduct themselves at H. Be supportive members I. Have students at schoo J. Comply with the school 3. TUITION FEES AND CHARGES: Tui year. No reduction or allowand	cation responsibility as outlined in the indards; ith all rules and regulations of St. Joint Volunteer commitment; policies of St. Joseph Catholic Schoschool and away from school in a sof the community and model the lat 8:00 a.m. Classroom instruction uniform regulations.	seph Catholic School; ool; manner that models their religious valu faith and values that are being taugh;	ues; t to the children; and, and Charges Schedule for such
	upport of the parish.	ollowing plan:	
Tuition Fees	support of the parish. Il be paid in accordance with the finance of the paid in accordance with the finance of the paid in accordance with the finance of the paid in the parish. Tuition Fees 12 Month Plan	Registration/Book Fee 1st payment/all payment	Registration Fees Due
	support of the parish. Il be paid in accordance with the finance of the paid in accordance with the finance of the parish the finance of the parish the finance of the parish the parish the parish.	Registration/Book Fee	Registration Fees
Tuition Fees 10 Month Plan July 10th - April 10th After 21st Late Fee \$25 Tuition is due on the 10th of each on the 21st of each month in the that would prohibit payment, p. Claims Court incurring addition 5. NON-LIABILITY: This agreement agents, employees, servants, of free from all liabilities and claim Parent/Guardian and advisory Joseph Catholic Church, \$1. Joseph Catholic Church, \$1. Joseph Catholic Church, \$2. Joseph Catholic Church, \$2. Joseph Catholic Church, \$3. Joseph Catholic Church, \$2. Joseph Catholic Church, \$3. Joseph Catholic Church, \$4.	Tuition Fees 12 Month Plan June 11th - May 11th After 21st Late Fee \$25 a month in the school office. There is amount of \$25.00 if tuition is unpaid lease contact the principal immedial charges. It is made upon the express condition is for damages and/or suits for or by board members. Parent/Guardian seph Catholic School and their age cluding counsel fees) and costs on a or damages growing out of same	Registration/Book Fee 1st payment/all payment 1st Installment due upon Enrollment s a "grace" period of ten days. A late d. It is critical that tuition is paid in a til iately. Accounts past due longer than In that St. Joseph Catholic Church, St. s of St. Joseph Catholic Church and St. reason of any injury or injuries to the and Student(s) covenant and agree ents, employees, servants officers and account of or by reason of any such is the both jointly and severally for any fin	Registration Fees Due May 11th, June 11th, July 10th, After 21st of each month \$25 Fee will be charged mely manner. If a situation arises 90 days may be sent to Small Joseph Catholic School and the t. Joseph Catholic School shall be person or property or the to indemnify and save harmless S advisory board member from all injury and injuries, liabilities, claims ancial obligations arising
Tuition Fees 10 Month Plan July 10th - April 10th After 21st Late Fee \$25 Tuition is due on the 10th of each on the 21st of each month in the that would prohibit payment, p Claims Court incurring addition 5. NON-LIABILITY: This agreement agents, employees, servants, o free from all liabilities and claim Parent/Guardian and advisory Joseph Catholic Church, St. J	Tuition Fees 12 Month Plan June 11th - May 11th After 21st Late Fee \$25 a month in the school office. There is amount of \$25.00 if tuition is unpaid lease contact the principal immedial charges. It is made upon the express condition is for damages and/or suits for or by board members. Parent/Guardian seph Catholic School and their age cluding counsel fees) and costs on a or damages growing out of same	Registration/Book Fee 1st payment/all payment 1st Installment due upon Enrollment s a "grace" period of ten days. A late d. It is critical that tuition is paid in a finitiately. Accounts past due longer than in that St. Joseph Catholic Church, St. s of St. Joseph Catholic Church and St. reason of any injury or injuries to the and Student(s) covenant and agree ents, employees, servants officers and account of or by reason of any such in	Registration Fees Due May 11th, June 11th, July 10th, After 21st of each month \$25 Fee will be charged mely manner. If a situation arises 90 days may be sent to Small Joseph Catholic School and the t. Joseph Catholic School shall be person or property or the to indemnify and save harmless S advisory board member from all injury and injuries, liabilities, claims

Signature of Student

Signature of Student

Signature of Student

Signature of Student

St. Joseph Catholic School **2021-2022 Registration Fees**

First Payment of Tuition (10 month pay) is due July 10th. Tuition is due on the 10th of each month (July 2021-April 2022). First Payment of Tuition (12 month pay) is due June 10th. Tuition is due on the 10th of each month (June 2021-May 2022).

	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

*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.

	2021-2022 Tuition Rates (K thru 8th)	
Per Year	St. Joseph Catholic Church Parishioner	Non-Catholic
1 Child	\$4,762	\$5,993
2 Children	\$7,462	\$10,174
3 Children	\$9,985	\$14,385
4 Children	\$12,871	\$18,797

 2021-2022 Tuition Rates (Preschool)

 Per Year
 3 year olds
 4 year olds

 Mon. thru Friday 8:00-11:30
 \$2,698
 \$2,698

 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

EVENIDED CADE	PRE-SCHOOL	KDG thru 3rd	4 th & 5th	6 th	7 th /8 th
EXTENDED CARE			- United To 2007		
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 Нер В	3 Нер В	3 Нер В			
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 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 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.