

<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received _____ Fee Received Cash _____ Check No. _____ Signed Handbook Agreement Y N Transcripts Received Y N Birth Certificate Received Y N Immunization Record Received Y N Photo Release Y N Baptism Record Received Y N Physical 1, 3, 5, 6, 7, 8 Y N</p>	<p>Enrollment Application St. Joseph Catholic School Father Richard F. Cristler Joanne Myers, Principal 323 N. Virginia Muskogee, OK 74403 Student Data</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Withdraw Date _____ School Transferred To _____ Address _____ City _____ State/Zip _____ Referred By _____</p>
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First Name: _____ Age: _____ Sibling Name/SSN _____
 Middle Name: _____ Grade Entering: _____
 Last Name: _____ Birthday: _____
 Student Address: _____ Birthplace: _____ Grade _____ DOB _____
 City/State/Zip: _____ Gender M F
 Social Security No. _____ Enroll Date: _____
 School Transferred From: _____
 City/State/Zip: _____

FOR REPORTING PURPOSES ONLY

Race

_____ Native American/Alaskan _____ Black
 _____ Asian _____ White
 _____ Native Hawaiian/Pacific Islander _____ Two or more races

Ethnicity

_____ Hispanic _____ Non-Hispanic

Religion: _____ Church Attending: _____ City: _____

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____ Insurance: _____
 Family Dentist: _____ Phone: _____ Insurance: _____

If you and the physician of your choice, as indicated above, cannot be reached in an emergency, and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, I hereby authorize the school authorities to send my child (properly accompanied) to an available hospital or physician.

Parent/Legal Guardian: _____ Date: _____

List those persons authorized 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 _____

Parents (select one): _____ Married _____ Separated _____ Divorced _____ Deceased _____ Mother _____ Father

Primary Custody: _____ Mother _____ Father Other _____ Custody Order on File ____ Y ____ N

MOTHER

Name: _____

Home Phone _____

Address: _____

Cell Phone _____

City/State/Zip: _____

Work Phone _____

Email _____

Occupation _____

Employer _____

FATHER

Name: _____

Home Phone _____

Address: _____

Cell Phone _____

City/State/Zip: _____

Work Phone _____

Email _____

Occupation _____

Employer _____

OTHER GUARDIAN: Relationship: _____

Name: _____

Home Phone _____

Address: _____

Cell Phone _____

City/State/Zip: _____

Work Phone _____

Email _____

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.

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.

Parent/Guardian Signature: _____

Date _____

Academic Year _____ Registration Fees and Tuition Rates

ST. JOSEPH CATHOLIC SCHOOL

Enrollment Agreement

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: _____

With 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 1 0 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

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

- What is the dominant language **most often** spoken by the student? _____
- What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
- What language was **first** learned by the student? _____
- Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
- Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
- 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

Information for use by school districts and other authorized personnel only. Do not release this information to the public.

- 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
	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