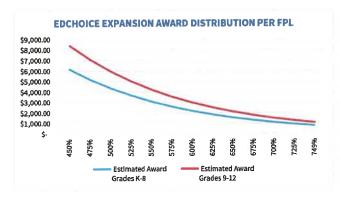
Dear Prospective Families,

Thank you for considering SJS for the 2025-2026 school year! Our open enrollment period begins on January 26th. We look forward to being part of your child's elementary education.

The full tuition rate for 2025-2026 is \$6600. St. Joseph Parish is committed to providing a Catholic education to all who desire it and we know that our families contribute to the best of their abilities. Below are some of the financial aid options we have in place to help families with tuition costs.

#### **State Scholarship Options:**

- EdChoice This is a state scholarship that is based on your school district of residency. Most students living in the Lorain City School district or the Elyria City School district are eligible. The application period opens on 2/1/25. Applications can be obtained from the school office or the Ohio EdChoice website..
- EdChoice Expansion Scholarship- This is a state scholarship that is based on family income. ALL STUDENTS that aren't already receiving the traditional scholarship listed above may apply for an EC Expansion scholarship. Maximum amount scholarships are awarded for income up to 450% of the federal poverty guidelines (approx. \$135,000 for a family of 4). After that, scholarships are awarded on a sliding scale. EVERYONE who applies will get something, with the lowest award amount being about \$616. The application period opens on 2/1/25. Applications can be obtained from the school office or the Ohio EdChoice website.



- Saint Joseph School Angel Scholarship Fund Must complete a simple application requesting to be
  considered for ASF. All applications must be completed by March 15th for consideration. Awards from the
  Angel Scholarship Fund will be made no later than June 1, 2025. Applications are available in the school office.
- Parish Life Scholarship Award Amount up to \$2000: Based upon the remaining tuition balance This
  scholarship is available to those families who are registered at Saint Joseph Parish, Nativity of the Blessed
  Virgin Mary Parish, or any area Catholic parish that is not already associated with a Catholic school and who
  regularly participate in the life of the Parish.
- School Funded Tuition Assistance- Must complete a simple application to indicate your interest in school funded tuition assistance. All applications must be completed by March 15th for consideration. Awards for needs-based financial assistance will be made no later than June 1, 2025.
- DTA (Diocesan Tuition Assistance) Separate needs-based assistance may be available through the Diocese
  of Cleveland through the Diocese of Cleveland application process. Please fill out a Grant & Aid application
  through the FACTS Management system to indicate your interest in Diocesan Tuition Assistance. Families
  applying by March 15th of the current year will receive priority.

In order to apply for the 25/26 school year, please:

- complete the attached registration form
- fill in the blank tuition agreement form with pertinent information at the top
- Mark on the form if you will be applying for a Traditional EdChoice Scholarship (Lorain or Elyria schools) or an EdChoice Expansion Scholarship (everyone else)
- Check any additional forms of assistance for which you would like to be considered- if you mark none of the additional options we will assume that you will be paying out of pocket for any additional tuition due after EdChoice scholarships are applied. WE HIGHLY ENCOURAGE ALL FAMILIES TO APPLY FOR FINANCIAL AID. WE HAVE MONEY EARMARKED FOR THIS AND WANT TO HELP EACH FAMILY AS MUCH AS POSSIBLE.

Return the registration form, preliminary tuition agreement, and \$100 registration fee to the school/school office. Only registrations with a paid registration fee will be accepted.

If you have any questions, I am happy to help you! You can contact me via email at <u>amv.makruski@sjs-amherst.org</u>, via phone at 440-988-4244 x215, or just stop by the office and see me!

Sincerely,

Amy Makruski Principal



APPLICATION FOR REGISTRATION &
ENROLLMENT AGREEMENT
Required for K - 8th Grade

#### **APPLICANT (STUDENT) INFORMATION**

Full Name :	First Name	M	iddle Name	Last	Name	
Address:						
	City:		State:	Zip Co	ode:	
Date of Birth :	1	1		Vith whom does the tudent primarily	Mother	Father
Gender:	Male	Female		eside:	Legal Guardian	Other
Grade Level			F	lace/Ethnicity:	African American/Black	Asian
Student's Religion:	Catho	lic No	on-Catholic		Caucasian/White	Hispanic/Latino
	1				Native American	Pacific Islander
Public School Dist	rict:					
Public School Build	ding:				Multiracial	Other
FAMILY INFO	ORMATION					
MOTHER:						
Full Name :					Mrs. Ms.	Dr.
	First Name		Last Name			
Address:		and the same and t				
	City:		State:	Zip C	ode:	
Phone Number:			Email:			
Occupation: FATHER:	_	Title:		Emp	oloyer:	
Full Name :					Mrs. Ms.	Dr.
rut Name.	First Name		Last Name			
Address:						
	City:		State:	Zip Co	de:	
Phone Number:	-	į	Email:			
Occupation:		Title:		Empl	oyer:	4
PARENTS ARE: (Check all that apply)				Living Together Mother is Rem		cree must be provided. is Remarried
GUARDIAN: (if	applicable)					
ull Name :	First Name		Last Name	The server	Mrs. Ms.	Dr.
Address:			CARGE ITEMES			punculando de 1990 de
City:		State:	Zip Code:	5	Phone:	

	PARISHIC (PLEASE SELEC	ONER STATU	S					
	ACTIVE PARISHIONER OF SAINT JOSEPH PARISH							
<u> </u>	Registering with the parish is the first step to becoming an active and participating parishioner of Saint Joseph Parish. Being active includes worshipping at Sunday Mass and a healthy participation in parish and parish school activities.							
				tny participation in parish T JOSEPH PARISH	ana parisi	h school a	Ctivities.	
	,,,,,,	Willer Fution.	VITER OF SAILT	IJOSEFIFARISII				
	ACTIV	E PARISHIONER	OF ANOTHER	CATHOLIC PARISH	NAME:			
	NON-F	PARISHIONER						
	As a non- your chil school.	-active parishioner, <sub>l</sub> d Christian values a	parishioner of anoth nd the importance o	ner parish, or as a non-par of belonging to a Christian	ishioner, y communit	ou are agr y. You also	eeing to support the agree to be active	school by teaching in the parish/parish
7	<b>TUITION</b>							
	Class	Days/Time	es	Tuition Rate		Scholai	rship/Tuition Opportunitie	
			\$6600	per student				
			Payable	in:				
				ents (July through May)				
	Grades	Monday - Friday	2 payme	nts between July and Ap		cholarshi		
	K-8	7:30 am - 2:15 pm	n	nt by July 31st		nformation ffice.	n is available in	the school
			***ALL TUI	ITION PAYMENTS ARE				
				THROUGH AN E PAYMENT SYSTEM CA	LLED			
				MANAGEMENT.				
			REFUNDABLE	REGISTRATION FE	E PER S	STUDEN	NT DUE AT TH	E TIME OF
	REGISTRA	ATION.						
ve ap	ION-DISCRIMINATION POLICY- Admission to St. Joseph School in Amherst is in accordance with the laws of Ohio as vell as the Cleveland Catholic Diocese. A student will be admitted to our school as determined by the age of the child, a ppropriate evaluation, screening, and availability of space in the classroom, as well as the discretion of the principal. Io discrimination is made due to race, religion, or nationality.							
	rent/Guardi gnature:	ian 			Date:		/	1
				OFFICE USE ONLY	· · · · · · · · · · · · · · · · · · ·			
ſ				r				
		FEES	DUE	AMOUNT RECEIVED	CHE	CK #	CASH	OTHER
	Regis	tration Fee	\$100					

SAINT JOSEPH PARISH SCHOOL 175 St. Joseph Drive Amherst, OH 44001 440-988-4244 (p) 440-988-5249 (f)

www.sjsamherst.org

### **EdChoice Request Form 2025-2026**

### STUDENT INFORMATION

This application is for (sel Traditional EdChoic		e Expansion Sch	olarship (income b	ased)
*Student data MUST match	h birth certificate.			
NAME:(First)	(Middle)		(Last)	
DATE OF BIRTH:	LAST FOUR DIGIT	S OF SSN:	GENDER:	FEMALE MALE
MOTHER'S MAIDEN NAME	·	NATIVE LANG	UAGE:	
ETHNICITY:	CITY	OF BIRTH:		
GRADE LEVEL FOR 2024-20	025: GRADE LEVE	L FOR 2025-2026	6:	
IS THE STUDENT AN INCO	MING KINDERGARTNER?	YES	NO	
IS THE STUDENT AN INCO	MING HIGHSCHOOLER?	YES	NO	
HAS THE STUDENT EVER	ATTENDED ANY OHIO PUBLIC	SCHOOL?	YES NO	
IF YES, WHERE?				
DISTRICT:	Building:		Year:	
y	DIAN INFORMATION IN SIGNING CHECKS, I AM THE			
	Residential Parent Adop		Student who is at	least 18 vears old
	dent applying for scholarship		-	
PRIMARY PARENT/O	GUARDIAN			
NAME:				
(First)	(Middle)	(Last)		
DATE OF BIRTH:	LAST	FOUR DIGITS OF	SSN:	



CITY:	STATE:	_ ZIPCODE:	COUNTY;
PHONE NUMBER:		EMAIL ADDRESS:	
RELATIONSHIP TO S	TUDENT:		
SECONDARY PA	RENT/GUARDIAN		
NAME:			
(First)	(Middle)		(Last)
DATE OF BIRTH:		LAST FOUR DIG	GITS OF SSN:
PHYSICAL ADDRESS:			
			COUNTY:
PHONE NUMBER:		EMAIL ADDRESS:	
RELATIONSHIP TO S	TUDENT:		
SCHOOL INI	FORMATION		
*Information must be	e completed to determir	ne eligibility.	
My student is curren	tly attending (check on	ly <u>one</u> box):	
Attending a	public school	Attendin	g a charter/community school
Attending a	private school	Homesc	hooled (Never attended an Ohio School)
New to Ohio		Attendin	g Pre-school
Other:			
Name of school the	student is currently atte	ending:	
Name of public scho	ool district you live in: _		
			2025-26 school year:

#### **INCOME VERIFICATION**

Income verification is required for new Expansion Scholarship applicants. Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice Scholarship. To complete the Income Verification process,



parents may submit online using the <u>secure Income Verification system</u> or complete and mail the paper form. Emailing documents is not permitted.

#### ADDRESS VERIFICATION

Proof of residency is required of all renewal applicants and must be submitted to the school with the application.

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) <u>or</u> lease/rental agreement (signed by lessee and lessor) <u>and</u> a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address. Additional information can be found on the <u>scholarship webpage</u>.

#### 2025-2026 EDCHOICE PARENT AGREEMENT

1		AGREE TO THE FOLLOWING:
	(Parent Name)	

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I
  understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying
  the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education and Workforce (DEW) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform DEW and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated



building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.

- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate Scholarship Program through the O By signing below, I agree to the abo	* *		
SIGNATURE OF PARENT/GUARDIAN	THAT WILL BE SIGNING CHECK	DATE	

Return to the private school with a copy of current utility bill showing <u>matching</u> service and mailing addresses.

The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of education and Workforce is an equal opportunity employer and provider of ADA services. The Department's Notice of Non-Discrimination applies to all programs and activities.

View the Department's <u>Disability Discrimination Policy</u> and <u>Discrimination Policy Grievance Procedure</u>. For further information on notice of non-discrimination, visit <u>ocrcas.ed.gov/contact-ocr</u> for the address and phone number of the office that serves your area, or call 1-800-421-3481.



## St. Joseph Parish School

PRESCHOOL & K-8

## WELCOME TO SJS!



The mission of Saint Joseph Parish School is to provide a Christ-centered environment where dignity, leadership, excellence, and collaboration guide us to become the best versions of ourselves.



#### CATHOLIC IDENTITY

-Daily religion class

aint Joseph School

-Weekly Mass and group worship

WOISHIII

-Sacramental preparation

Focus on Catholic morals and values

-Service Learning

#### **ACADEMICS**

- -Standards-based learning
- -Rigorous curriculum
- -MAP tests to measure student growth and drive instruction
- -Inquiry-based experiences
- -Fully Accredited through OCSAA
- -Blend of traditional academics with 21st century skills

#### STEM PROGRAM

-Problem and Project-based Learning -Design Cycle Thinking -Student-centered environment -Focus on "soft skills" -Career exposure

#### **FAMILY ATMOSPHERE**

-K-8 in one building -Older/Younger Buddy Program
-Strong student/teacher rapport -Family Events -Social/Emotional Focus

175 St. Joseph Drive Amherst, OH 44001

440-988-4244

www.sjsamherst.org

(a)			

#### Saint Joseph Parish School Preliminary Tuition Agreement

#### 2025-2026 School Year

Parent/Guardian 1:		Parent/Guardian 2:
Phone		Email:
Address		
Student Name (1):		Student Name (3):
Student Name (2):		Student Name (4):
	l Tuition Rate: \$6,600 dditional Fees	
Registration	(\$ 100.00) per student, due at the ti	me of registration
STATE SCHOLARS	HIP OPTIONS	
Our family will be applyi	ng for an EdChoice Scholarship- applicat	tions available from the school office or on the ODE website
Our family will be applyir	ng for an EdChoice Expansion Scholarshi	p- applications available from the school office or on the ODE website
TUITION ASSISTAN Saint Joseph Parish Scho upon various eligibilities in front of the appropriate	ol ENCOURAGES ALL FAMILIES to apply (listed below). Please indicate which sch	y for tuition assistance provided by the school/diocese. These awards are based nolarships and/or financial aid options you are applying for by placing a checkmark
Parish Life Scholarship	Nativity of the Blessed Virgin Mary Pari	es who are registered at Saint Joseph Parish, sh, or any area Catholic parish that is not
School Funded Tuition Assistance	the Parish.  Award amounts based on funds availal by the school, All applications must be	bol and who regularly participate in the life of ble. Must fill out a simple application provided completed by March 15th for consideration. stance will be made to eligible families no later
Angel Scholarship Fund	by the school. All applications must be	ble. Must fill out a simple application provided completed by March 15th for consideration. nd will be made no later than June 1, 2025.
Diocesan Tuition Assistance	through the Diocese of Cleveland appli-	be available through the Diocese of Cleveland cation process. Please fill out a Grant & Aid ment system to indicate your interest in applying by March 15th of the current year will

Please note final scholarship and financial aid award announcements will be made by June 1, 2025and your financial aid / tuition package will be communicated to you. At this time you will receive a final tuition agreement and that is the amount that will be entered in FACTS Mgt (if any) to be paid for the 2025-2026 school year.

# EdChoice Renewal Form 2025-2026 STUDENT INFORMATION

\*Student data MUST match birth certificate. NAME: \_\_\_ (Middle) (Last) (First) FEMALE MALE GENDER: DATE OF BIRTH: GRADE STUDENT WAS IN ON JANUARY 1, 2025: \_\_\_\_\_ SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_\_ WHAT SCHOOL DISTRICT DO YOU LIVE IN? \_\_\_\_\_ PARENT/GUARDIAN INFORMATION FOR THE PARENT/GUARDIAN SIGNING CHECKS, I AM THE (CHECK ONE): Natural Parent | Residential Parent | Adoptive Parent | Student who is at least 18 years old Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility are required) PRIMARY PARENT/GUARDIAN NAME: \_\_\_ (Last) (First) (Middle) DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_ PHYSICAL ADDRESS: CITY: \_\_\_\_\_STATE: \_\_\_\_ZIPCODE: \_\_\_\_COUNTY: \_\_\_\_ PHONE NUMBER: EMAIL ADDRESS: RELATIONSHIP TO STUDENT: SECONDARY PARENT/GUARDIAN NAME: (Middle) (Last) (First) DATE OF BIRTH: \_\_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_



PHYSICAL ADDRESS: _				
CITY:	STATE:	ZIPCODE:	COUNTY:	
PHONE NUMBER:	S	EMAIL ADDRESS:		
RELATIONSHIP TO STU	JDENT:			

#### **INCOME VERIFICATION**

Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice Scholarship. To complete the Income Verification process, parents may submit online using the <a href="mailto:secure Income Verification system">secure Income Verification system</a> or complete and mail the paper form. Emailing documents is not permitted.

#### ADDRESS VERIFICATION

Proof of residency is required of all renewal applicants and must be submitted to the school with the application.

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) <u>or</u> lease/rental agreement (signed by lessee and lessor) <u>and</u> a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address. Additional information can be found on the <u>scholarship</u> <u>webpage</u>.



#### 2025-2026 EDCHOICE PARENT AGREEMENT

l		AGREE TO THE FOLLOWING:
	(Parent Name)	

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will
  notify the school of my intent to withdraw and I will return to the original school to
  sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education and Workforce (DEW) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform DEW and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.



I designate	(Private School Nar	ne) to submit an application on m	าง
behalf for the Scholarship I	Program through the Ohio De	epartment of Education and	
Workforce's electronic app	lication system. By signing b	elow, I agree to the above statem	ents.
• •			
SIGNATURE OF PARENT/GUARDIAN	THAT WILL BE SIGNING CHECK	DATE	
			_
Daturn to the private sch	iool with a convot current i	itility hill showing matching ser	VICA

Return to the private school with a copy of current utility bill showing <u>matching</u> service and mailing addresses.

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View the Department's <u>Disability Discrimination Policy and Discrimination Policy Grievance Procedure.</u>
For further information on notice of non-discrimination, visit <u>ocrcas.ed.gov/contact-ocr</u> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

