

NEW STUDENT
ST. JOSEPH CATHOLIC SCHOOL GRADES K - 12
Admissions Procedure for the 2010-11 School Year

YOUR APPLICATION IS COMPLETE WHEN WE HAVE THE FOLLOWING:

- A completed Application Form; **Deadline Date:** _____
- An accompanying registration fee payable to St. Joseph Catholic School
Fees are non-refundable
- A signed Enrollment Agreement
- Tuition Payment Form
- A copy of the applicant's birth certificate, please do NOT send the original. (Note: All children entering the Kindergarten applicants must be at least 5 years old on or before September 1, 2010. First Grade applicants must be 6 years old on or before September 1, 2010.)
- A copy of the applicant's immunization and health records. Note: An applicant may be required to obtain immunizations in order to comply with the Diocese of Austin policy
- Transcripts from all schools previously attended
- Records Release Form
- For all Catholics: a copy of the applicant's Baptismal, First Confession, First Holy Communion, and Confirmation records as applicable
- For all Catholics: a signed copy of the Parish Investment & Affiliation Form (a new one is required each year)
- Student Questionnaire – students in grades 6-12
- Completed Admissions test for grades 6-12 (if applicable)
- Two School Recommendation Forms for grades 6-12
- Interview with the Principal, all students and parents
(this will be scheduled only after all materials are complete and in our files)
- Special Needs Survey
- TAPPS Forms for all students in grades 6 – 12. If planning to participate in extracurricular activities or competition, please request and complete these forms.

PLEASE SEND ALL OF THE ABOVE TO:
St. Joseph Catholic School
Attn: Admissions
600 S. Coulter
Bryan, Texas 77803



ST. JOSEPH CATHOLIC SCHOOL FAMILY SURVEY

Please complete and return this survey. It is used to provide information for various grants and programs.

A). Find your family size (all adults and children living with you) and the annual gross income level listed beside it on the chart printed below.

<u>Family size</u>	<u>Annual Income</u>	
One*	\$ 18,889	*This may be a foster child who is your responsibility, or a special education child over age 18
Two	\$ 25,327	
Three	\$ 31,765	
Four	\$ 38,203	
Five	\$ 44,641	
Six	\$ 51,079	
Seven	\$ 57,517	
Eight	\$ 63,955	

For each additional family member (i.e. more than eight), add \$6,438.

Revised 8/2007

Note: If you are paid on a weekly or monthly basis, multiply that amount into an annual figure for comparison to the above chart based on the weeks or months you actually work each year.

Check (✓) Yes or No as it applies to your family:

Is your annual income less than the given amount for the number of people in your family? ___ Yes ___ No

Is your family eligible for food stamps? ___ Yes ___ No

B). Are you receiving assistance under the Aid to Families with Dependent Children Program (A.F.D.C.)? ___ Yes ___ No

C). Are any of your children eligible to receive medical assistance under the Medicaid program? ___ Yes ___ No

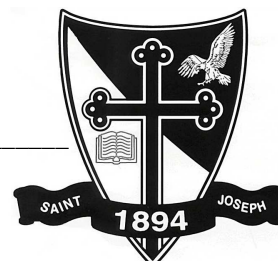
D). We have not checked any of the above because we do not wish to share this information in writing. _____

Family Name: _____

Address: _____

Public school district in which you reside: _____

List names and grade level of your children in our school: _____



PARISH INVESTMENT & AFFILIATION FORM

**for ST. JOSEPH CATHOLIC SCHOOL K – 12TH GRADE
BRYAN, TEXAS
2010-11 SCHOOL YEAR**

Please complete this form and return it to the school after your pastor has signed it.

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Mother's Work #: _____
Father's Work #: _____

Children registering for St. Joseph Catholic School

Name _____ Grade child will be entering _____

Name _____ Grade child will be entering _____

Name _____ Grade child will be entering _____

Name _____ Grade child will be entering _____

In what parish are you a member? _____

How long have you been registered to that parish? _____

(Definition of a parishioner: please see the reverse side of this form)

_____ Our parish **will invest** in the child/children's education listed above at St. Joseph Catholic School for the 2010-11 school year.

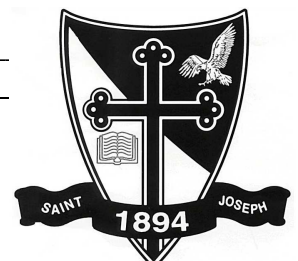
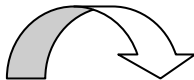
_____ Our parish **will not** invest in the child/children's education listed above, the non-parishioner rate should be applied in this case.

Pastor's Signature: _____ Date _____

Parish: _____

Address: _____

OVER



PARISH INVESTMENT & AFFILIATION FORM INSTRUCTIONS

Please fill out the Parish Investment & Affiliation Form, one per family, and take to your parish priest for approval. **Each parish has their own specific guidelines they use to define a parishioner.**

Each parish may impose their own guidelines and stipulations in making the decision whether or not to invest in the child's education. The parish is asked to help pay part of your tuition in order for you to receive the discounted parishioner rate. In doing so, each parish asks for your support of their parish through their own policies and requirements.

These requirements include, but may not be limited to:

1. Parents are active, registered members in the parish.
2. The family's annual contribution to the parish is a minimum of \$300.00 regardless of the number of children in the school. (In cases of financial hardship, the parents should contact their pastor to come to an agreement regarding their stewardship.)
3. The contributions are made using the envelope system or some other verifiable method for the sake of record keeping.

If you have particular questions about your parish policy and requirements, please call your parish office.

All forms must be signed as approved before June 1 or the first month your tuition payments are due otherwise you will be charged the non-parishioner rate until approval is received.

ST. JOSEPH CATHOLIC SCHOOL
STUDENT QUESTIONNAIRE GRADES 6-12
(Handwritten by applicant in ink.)

1. My reasons for wanting to attend St. Joseph are the following: _____

2. How many hours a night do you spend on required homework? _____

3. About how much time a week do you read for pure pleasure? _____

4. Name three books you have enjoyed reading during the past year:

1. _____ Author _____

2. _____ Author _____

3. _____ Author _____

5. Name one person whom you admire and tell why.

6. In the areas below, please state your accomplishments or involvement where appropriate. Be as specific as possible.

a). Church and religious activities _____

b). Dance/Drama/Speech _____

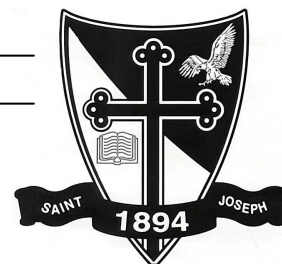
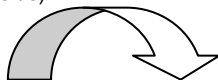
c). Music _____

d). Athletics _____

e). Scouts/Community Activities _____

(Continued on other side)

OVER



SCHOOL RECOMMENDATION

GRADES 6-12

(Confidential)

Name of Applicant _____ Grade _____

(To be completed by qualified school officials: English and Math teacher encouraged. Copies of this form may be made by the school to allow other teachers to recommend the applicant.)

Name of school _____

Estimated ranking in class: top _____ of _____ students

Regarding the student named above, please check the appropriate box for each item below.

ACADEMIC CHARACTERISTICS

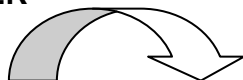
	Truly Outstanding	Excellent (more than required)	Average (what is required)	Below Average (needs improving)	Poor (needs prodding)
CREATIVITY					
USE OF TIME					
REACTION TO SETBACK					
MOTIVATION					
CURIOSITY					
SELF-CONFIDENCE					
WORKS TO POTENTIAL					
CLASS PARTICIPATION					
READING HABITS					
ORAL EXPRESSION					
WRITTEN EXPRESSION					
WORK IN ON TIME					

If your grading system differs from the usual A, B, C, D, F, please provide an interpretation: _____

If this student is in any advanced sections or programs in your school, please explain: _____

(continued on other side)

OVER



PERSONAL CHARACTERISTICS

	OUTSTANDING	COMMENDABLE	ACCEPTABLE	UNACCEPTABLE
Leadership Potential				
Cooperation				
Personal Initiative				
Concern for Peers				
Respect by Faculty				
Acceptance by Peers				
Reaction to Criticism				
Reaction to Setback				
Dependability				
Personal Appearance				
Sense of Humor				
Honesty				
Self-confidence				
Warmth of Personality				
Independence				
Participation in extra-curricular activities				

1). In which area(s) is this student likely to be successful? _____

2). In which area(s) do you feel this student needs improvement? _____

3). Has the student been recognized for any outstanding academic, athletic, and/or artistic performance? Please describe:

4). Are there any personal or family problems this student has experienced or is experiencing? Please explain:

St. Joseph appreciates your assistance in our evaluation of this student for admission. Address this and other related correspondence to: ADMISSIONS OFFICE

ST. JOSEPH CATHOLIC SCHOOL
600 S. COULTER
BRYAN, TX. 77803
979-822-6641

Person completing recommendation _____ Subject area or title _____

Years of acquaintance with student _____ Years you have taught this student _____

**ST. JOSEPH CATHOLIC SCHOOL
NEW STUDENT APPLICATION FORM
Grades K - 12
(please type or print clearly)**

Date form returned: _____
Check # _____ Amount \$ _____

Date: _____

Grade Applying For: _____

Families with multiple children complete all but line one; make copies and then complete line one for each student.

STUDENT'S NAME: _____
(Last) (First) (Middle)

PREFERRED NAME: _____ SOCIAL SECURITY NUMBER: _____

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Place of Birth: _____ Sex: _____

Ethnic Background: _____ Language spoken at home: _____

Religious Preference: _____ Parish or Church: _____

Does Student live with: Both Parents Mother Father Guardian

Father's Name: _____ Home Phone: _____

Home Address (if different from above): _____ Cell #: _____

Place of Work: _____ Work Phone: _____ E-mail: _____

Religious Preference: _____ Education (Highest): _____

Mother's Name: _____ Home Phone: _____

Home Address (if different from above): _____ Cell #: _____

Place of Work: _____ Work Phone: _____ E-mail: _____

Religious Preference: _____ Education (Highest): _____

Guardian's Name: _____ Home Phone: _____

Home Address (if different from above): _____ Cell #: _____

Place of Work: _____ Work Phone: _____ E-mail: _____

Religious Preference: _____ Education (Highest): _____

OF THE ABOVE WHO SHOULD BE THE FIRST CONTACT PERSON?: _____

Do you want your name, address, and phone number in the school directory? Yes No

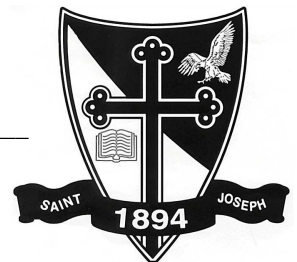
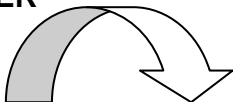
May we use photographs of your child on our website or promotional material? Yes No

Who will be responsible for paying the tuition? THIS PERSON WILL ALSO RECEIVE ALL MAILINGS.

Name: _____

Address: _____ Phone: _____

OVER



Has Student previously attended any other schools: ___ Yes ___ No If yes, list when and which school(s) they last attended: _____

Name of public school student would attend: _____

Emergency Information (if parents cannot be reached):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Family Doctor: _____ Phone: _____

In case of an accident or emergency (when I cannot be reached by phone), I authorize a representative of St. Joseph Catholic School to refer my child to the named family doctor.

MEDICAL HISTORY:

Has your child had any of the following, please state the approximate age at which they had them:

___ Measles (Rubcola-red-10days) ___ Measles (Rubella-German-3days) ___ Mumps ___ TB
___ Chicken Pox ___ Scarlet Fever ___ Polio

Does your child have any of the following? Answer Yes or No

___ Asthma ___ Allergies: ___ Type 1-general dust mold or ___ Type 2 Medications _____
___ Diabetes ___ Heart Disease ___ Convulsions ___ Kidney or Bladder Problems ___ ADD / ADHD
___ Frequent Nose Bleeds ___ Other (please specify) _____

IS THE STUDENT ON ANY MEDICATIONS? ___ YES ___ NO IF YES, PLEASE STATE:

Name of Medication: _____ Dosage: _____ When Taken: _____

STUDENT RELIGIOUS INFORMATION:

	BAPTISM	1 ST RECONCILIATION	1 ST COMMUNION	CONFIRMATION
DATE				
CHURCH				
CITY & STATE				

Did your child attend instruction classes in the Catholic faith last year? ___ No or Yes: ___ RE ___ Catholic School

OTHER INFORMATION:

Please list the names of specific people to whom your child is **NOT** to be released and any additional information

Please list and attach any court documents relating to child custody/visitation rights (if applicable):

Parent Signature: _____ **Date:** _____

Interview by Principal: _____ Date: _____ Initial _____
Principal's Decision: Accepted _____ Accepted on Probation _____ Denied _____
Principal's Signature: _____ Date: _____



St. Joseph Catholic School
NEW STUDENT ENROLLMENT AGREEMENT FOR THE SCHOOL YEAR 2010-2011 ONLY
 ONE FORM PER FAMILY

Person Responsible for Payments: _____

Billing Address: _____ City: _____ Zip: _____

Please list names of all children enrolling in School:

Name	grade	Name	grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. CONDITIONS OF ENROLLMENT:

Signing this form indicates understanding of and agreement with the philosophy and mission of St. Joseph Education System and indicates acceptance of the rules, regulations, payments and policies. Teacher assignment is at the discretion of the school.

The tuition is due on the 3rd day of each month for monthly installments and is considered delinquent on the 10th day. Payments received after the 10th will be assessed a \$25.00 late fee. Payments returned as insufficient will be charged a \$25.00 processing fee. (Annual and Semester payments are due on the 20th of the month indicated. Late payments will not receive the payment discount and will be billed a \$25.00 late fee. Payments returned as insufficient will be charged a \$25.00 processing fee.)

I understand that St. Joseph Education System has the right to refuse admittance to classes, activities, examinations, withhold grade reports, and refuse graduation and the transfer of any credits for any student whose account is delinquent.

2. PAYMENTS:

A. Registration fee is due at the time of registration. This fee is non-refundable and non-transferable.

\$100.00 per child parishioner rate X # _____ \$125.00 per child non-parishioner rate X # _____

REGISTRATION FEE TOTAL \$ _____

B. Multiple children discount: 5% tuition discount for each child after the eldest. If you have more than 4 children attending the nursery, early learning center or school please contact the office for the special discounts. Discounts are deducted from tuition only.

Discount Calculation: _____ **DISCOUNT TOTAL \$ _____**

I will also have _____ children enrolled in the Eagle's Nest. Please list: _____

(this is not the registration for the Eagle's Nest, this list is for use in calculating multiple children discounts)

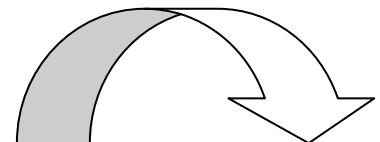
C. Payment Discounts:

Any payments made for the annual amount or the semester amount will receive a discount of 1% upon payment. Amount paid \$ _____ **DISCOUNT TOTAL \$ _____**

D. Other:

- Lunch, drink & ice cream cards are available for purchase in each campus office. Balances are monitored with Power Lunch & Power School. Payments must be kept up to date.
- After school care (ASC) for students in grades K-6 requires separate registration & payment. Payments will be made directly to the school on a monthly basis. Drop-in use of ASC requires payment as the service is rendered.**
- Summer care for students in grades K-6 requires separate registration & payment. Charges must be paid by the week directly to the school.**

PLEASE TURN OVER



E. Tuition is due in one annual payment July 20th; two semester payments July 20th and December 20th; OR monthly installments of 12, 11, or 10 months beginning on June 3, 2010. TUITION PAYMENT PREFERENCE FORM MUST BE ATTACHED TO COMPLETE ENROLLMENT INDICATING PAYMENT OPTION CHOSEN.

Non-Parishioner	Annual	Semester	Installment payments available:		
			12 months	11 months	10 months
Grades K-6	\$5880.00	\$2940.00	\$490.00	\$534.54	\$588.00
Activity, Technology & Book Fee	<u>\$125.00</u>	<u>\$62.50</u>	<u>\$10.41</u>	<u>\$11.36</u>	<u>\$12.50</u>
Total per category	\$6005.00	\$3002.50	\$500.41	\$545.90	\$600.50
Grades 7-8	\$6470.00	\$3235.00	\$539.16	\$588.18	\$647.00
Activity, Technology & Book Fee	<u>\$425.00</u>	<u>\$212.50</u>	<u>\$35.41</u>	<u>\$38.63</u>	<u>\$42.50</u>
Total per category	\$6895.00	\$3447.50	\$574.57	\$626.81	\$689.50
Grades 9-12	\$7090.00	\$3545.00	\$590.83	\$644.54	\$709.00
Activity, Technology & Book Fee	<u>\$550.00</u>	<u>\$275.00</u>	<u>\$45.83</u>	<u>\$50.00</u>	<u>\$55.00</u>
Total per category	\$7640.00	\$3820.00	\$636.66	\$694.54	\$764.00

Approved Parishioner	Annual	Semester	Installment payments available:		
			12 months	11 months	10 months
Grades K-6	\$4060.00	\$2030.00	\$338.33	\$369.09	\$406.00
Activity, Technology & Book Fee	<u>\$125.00</u>	<u>\$62.50</u>	<u>\$10.41</u>	<u>\$11.36</u>	<u>\$12.50</u>
Total per category	\$4185.00	\$2092.50	\$348.74	\$380.45	\$418.50
Grades 7-8	\$4370.00	\$2185.00	\$364.16	\$397.27	\$437.00
Activity, Technology & Book Fee	<u>\$425.00</u>	<u>\$212.50</u>	<u>\$35.41</u>	<u>\$38.63</u>	<u>\$42.50</u>
Total per category	\$4795.00	\$2397.50	\$399.57	\$435.90	\$479.50
Grades 9-12	\$5230.00	\$2615.00	\$435.83	\$475.45	\$523.00
Activity, Technology & Book Fee	<u>\$550.00</u>	<u>\$275.00</u>	<u>\$45.83</u>	<u>\$50.00</u>	<u>\$55.00</u>
Total per category	\$5780.00	\$2890.00	\$481.66	\$525.45	\$578.00

A signed Parish Investment & Affiliation Form must be returned to receive the approved parishioner rate.

F. Registration will be processed and Principal's interview appointment will be set when all forms are are completed and returned.

Signature of financially responsible parent or guardian date

OFFICE USE ONLY: Date & Notes: _____	Initials: _____	Registration Amt. \$ _____	Ck# _____	Initials: _____
Application received: _____		Tuition Payment Form: _____		
Parish Investment Form: _____	(Payment plan selected)	Birth Certificate, Baptismal, Confirmation Forms: _____		
Signed Enrollment Form received _____		Student Questionnaire: _____		
Shot Records: _____		Records Release Form: _____		
Two Student Recommendations: _____		Special Needs Survey: _____		
Transcripts: _____		Interview with Principal: _____		
Admission Test (if needed): _____				

At St. Joseph Catholic School we believe we are in a partnership with parents or guardians, to provide the best education for their child, our student. Any information that assists us in this task ultimately benefits your son or daughter. The following information is requested to ensure that each student's individual learning needs are met to the best of our ability. Failure to provide this information may inhibit the staff's ability to meet the individual needs of your child, and consequently, St. Joseph reserves the right to forego acceptance or continuation of the child in our school if such information is not provided.

PLEASE NOTE THAT ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE.

1. Has your child been tested for any special concerns – academic, behavioral or other?
___ yes ___ no

If yes, please explain. _____

2. Has your child ever been on medication for educational/behavioral purposes?
___ yes ___ no

If yes, please explain. _____

3. Has your child ever been referred for special educational services? ___ yes ___ no
If yes, what type, by whom and with what results. _____

4. Has your child had special educational services provided? ___ yes ___ no
If yes, please explain. _____

5. Has your child ever been under the care of a professional counselor, psychologist, or psychiatrist?
___ yes ___ no

If yes, please explain. _____

6. Are you willing to share all previous and future special education information/tests with the Principal of St. Joseph Catholic School? ___ yes ___ no

7. Would you allow a copy of the special education information/tests to be placed in a confidential student file(s) at St. Joseph Catholic School? ___ yes ___ no

8. Are you willing to sign a release to allow the Principal to speak with the person(s) who conducted any of these services or tests or prepared any information? ___ yes ___ no

Parent/Guardian Signature

Date: _____



**ST. JOSEPH CATHOLIC SCHOOL
TUITION PAYMENT FORM 2010-11**

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student(s) Name: _____

Tuition for the 2010-11 school year will be paid by—**choose one option**:

_____ **Payment in full.** This payment, due July 20, 2010, may be made directly to St. Joseph Catholic School or by EFT (electronic funds transfer).
I wish to use EFT _____ OR pay by check _____.

_____ **Payment by semester.** The first payment is due July 20, 2010, the second payment is due December 20, 2010. Payments may be made directly to St. Joseph Catholic School or by EFT.
I wish to use EFT _____ OR pay by check _____.

_____ **Payment by the month. These payments are due in monthly installments and are made by EFT (electronic funds transfer) only.**

_____ **payment in 10 months.** Please use my EFT and bank account information as shown on the reverse side for tuition payments (please turn page over and fill in as shown).

on the 3rd of each month beginning August 3, 2010 and ending May 3, 2011

_____ **payment in 11 months.** Please use my EFT and bank account information as shown on the reverse side for tuition payments (please turn page over and fill in as shown).

on the 3rd of each month beginning July 3, 2010 and ending May 3, 2011

_____ **payment in 12 months.** Please use my EFT and bank account information as shown on the reverse side for tuition payments (please turn page over and fill in as shown).

on the 3rd of each month beginning June 3, 2010 and ending May 3, 2011

Please return this payment form to the school office with your other enrollment forms. **ALL MONTHLY PAYMENTS MUST BE MADE USING ELECTRONIC FUNDS TRANSFER.** Complete the reverse side, indicating your bank account information.

If you need help with the above options please contact the System Business Office.

PLEASE TURN OVER



