



# ST. JOSEPH SCHOOL

PROVIDING CATHOLIC EDUCATION SINCE 1891

## **ST. JOSEPH SCHOOL SETS Pre-K REGISTRATION for the 2019-2020 SCHOOL YEAR**

**St. Joseph School will begin registration for new Pre-K students for the 2019-2020 school year beginning March 18th through April 30th.**

**For new enrollees, parents and students are required to participate in an interview with the principal and their teacher prior to registration. Parents are also required to present the student's complete immunization record and baptismal and/or official birth certificates. No child will be completely registered unless all of these documents are included with registration.**

**For current SJS students, forms will be sent home in the folders for the parents.**

**A registration fee of \$150 per student will be required. After the deadline of April 30th, the registration fee will be \$250. We encourage all parents of new and current students to register the students before April 30th.**

**Visit [www.stj Catholicschool.com](http://www.stj Catholicschool.com) for more information.**

**St. Joseph School admits students of any religion, race, color, and national or ethnic origin.**

**ST. JOSEPH CATHOLIC SCHOOL**  
**PRE-KINDERGARTEN TUITION AND FEE STRUCTURE FOR 2019-2020**

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**FEES**

**REGISTRATION (MARCH 18, 2019-APRIL 30, 2019)**

Registration Fee (Not Refundable):	\$150.00	per Student
After April 30, 2019 for current students	\$250.00	per Student

**FACTS FEE\*** (PAID THROUGH BANK DRAFT) \$ 45.00 per Family (Grades PreK-8)

\*If a family has a child in Pre-K and children in grades K-8 at St. Joseph Catholic School, they pay only one FACTS setup fee.

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**TUITION**

All tuition is either paid in full on or before August 30th or collected through FACTS.

**Tuition Options**

- Option #1** Pay the entire annual tuition on or before Aug. 30, 2019 do not pay the FACTS setup fee of \$45.00. Family saves a total of \$45.00
  
- Option #2** Pay the FACTS setup fee of \$45.00 (through bank draft). Pay tuition in 10 payments (Aug-May).
  
- Option #3** Pay the FACTS setup fee (through bank draft) Pay tuition in 11 payments (Aug-June).

**Daily (8:00 am -3:30 pm)**

\$4,000 per year or \$400 per month (10 months), \$363.64 per month (11 months)

## ST. JOSEPH SCHOOL REGISTRATION FORM/NEW STUDENTS

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ AGE \_\_\_\_\_  
LAST FIRST MIDDLE

D.O.B. \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_  
M/D/Y

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

LANGUAGES SPOKEN AT HOME \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S RELIGION \_\_\_\_\_ CHURCH ATTENDING \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ SINGLE SEPARATED MARRIED  
DECEASED REMARRIED DIVORCED

OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

FATHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

MOTHER'S NAME \_\_\_\_\_ SINGLE SEPARATED MARRIED  
DECEASED REMARRIED DIVORCED

OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

MOTHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

GUARDIAN \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S LEGAL ADDRESS \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_ BOY(S) \_\_\_\_\_ GIRL(S) \_\_\_\_\_ SIBLING RANK \_\_\_\_\_  
STREET CITY ZIP CODE

PUBLIC SCHOOL DISTRICT TO WHICH CHILD BELONGS \_\_\_\_\_

PUBLIC SCHOOL WHICH STUDENT WOULD ATTEND \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_ TRANSFERRED FROM \_\_\_\_\_

	BAPTISM	FIRST COMMUNION	CONFIRMATION
CHURCH			
DATE			
CITY/STATE			

## ADDENDUM TO THE REGISTRATION FORM

Describe any tutoring or special education programs the child is receiving or has received.

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Describe any special needs of the child of which the school should be aware. (Educational, health, etc.)

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Name(s) of children in the family and name of school each attends.

Name _____	School _____
Name _____	School _____
Name _____	School _____
Name _____	School _____

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Parent / Guardian Signature

Please return completed form to:

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You will receive a phone call to arrange an interview.

School: \_\_\_\_\_

Dear Parent:

Each year the Office of Catholic Schools as well as each individual school is required to provide information to the National Catholic Education Association pertaining to the racial/ethnic demographics of our students. It is not the place of school officials to designate individuals. It is appropriate that parents designate the one category among those listed below that best describes their family background. Please assist us by providing the required information on this form.

Thank you for choosing to educate your child/children in a Catholic school in the Diocese of Victoria.

Sincerely,



John E. Quary  
Superintendent of Schools

- Asian:** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent: (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)
- American Indian/Native American:** identifies as one of the two classifications of native Americans
- Black/African American:** identifies as black whether from the U.S., Africa or other parts of the world
- Hispanic:** identifies as of Hispanic origin
- Native Hawaiian/Other Pacific Islander:** includes native Hawaiians living anywhere in the U.S. (but not non-Hawaiian residents of Hawaii); also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, Polynesia
- White:** Caucasian from any part of the world (including Middle East) that does not identify as one of the other groups
- Multi-racial:** person belongs to more than one racial group

Family Name: \_\_\_\_\_

Name(s) of children enrolled in this school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ST. JOSEPH CATHOLIC SCHOOL**  
**3K-4K ADDENDUM TO REGISTRATION**

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

CHURCH PARISH \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

STUDENT'S NAME	AGE	DATE OF BIRTH	INDICATE 3K OR 4K
_____	_____	_____	_____
_____	_____	_____	_____

\$150 PER CHILD REGISTRATION FEE

ATTACHED \_\_\_\_\_

**DAILY ATTENDANCE (8:00 am -3:30 pm)**

\$4,000 per year or \$400 per month (10 months), \$363.64 per month (11 months)

# TUITION PAYMENT PREFERENCE FORM

For new students

St. Joseph Catholic School

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Tuition for the 2019-2020 school year will be paid as follows:**

**Payment in full**

\_\_\_\_\_ This payment, due by August 30, 2019 is made directly to the school. You will not pay the \$ 45 FACTS fee.

**Payment through FACTS**

\_\_\_\_\_ **Automatic Bank Payments**

Payments are made over \_\_\_\_\_ 10 months Aug-May

\_\_\_\_\_ 11 months Aug-June

Payment is made through the bank account you designate (either checking or savings) on either the 5<sup>th</sup> or 20<sup>th</sup> of the month. There is a \$ 45 annual enrollment fee for this service. Families will need to electronically enroll online and when doing so the \$45 will be deducted electronically within 14 days after enrolling.

**This payment and preference form needs to be turned in with the registration fee and registration papers.**

I agree to make tuition payments for the 2019-2020 school year according to the option I have selected.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

If you have any questions, please contact the school office at 293-9000