



REGISTRATION PACKET

K – 8th Grade

2017 – 2018 SCHOOL YEAR

Registration Packet Checklist for Admission to St. Francis School 2017-18

We have separated out the registration packet in different sections and provided a checklist to ensure all items are returned on time.

_____ **Included**

Section A: Acknowledgment Form (pg. 3) – one completed and signed per family

_____ **Included**

Section B: Family Information (pg. 4) – one completed and signed per family

_____ **Included**

Section C: Student Section – Returning Students (pg. 6)

_____ **Included (if applicable)**

Section D: Student Section – NEW Students (pg. 7/8)

_____ **Included**

A non-refundable registration fee of \$150.00 per child (\$300 maximum family registration) is due upon registration for K - 8th grade. The registration fee is applied directly to next year's tuition.

_____ **Requested and received**

Tuition Assistance Form/Information received

By signing below, I acknowledge that I have completed my child(ren) registration and included all necessary documentation for registration.

Parent signature: _____ **Date:** ____/____/____

Please return the completed forms acknowledged above to the school office

**817 Juniper Street
Brainerd, MN 56401
Phone: 218-829-2344
Fax: 218-828-4157**

Office Use Only:

Date Forms Returned: _____

Time Returned: _____

Deposit Enclosed: Yes: _____ No: _____

Check # _____ Cash _____ CC _____



Registration Information for Admission to St. Francis School 2017-18

Thank you for supporting our Catholic School by entrusting us with the most precious of gifts, your child. St. Francis of the Lakes Catholic School provides many opportunities for each student to flourish in a Christ-centered atmosphere. St. Francis of the Lakes Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic, or other school-administered programs.

A non-refundable registration fee of \$150.00 per child (\$300 maximum family registration) is due upon registration for K- 8th grade. The application fee must be enclosed for your child to be considered enrolled. The registration fee is applied directly to next year's tuition.

TUITION POLICY

The tuition scale for K – 8th grade for the 2017-2018 school year is as follows:

Supporting Parish Families	Non-supporting Parish Families	Number of Students
\$2,700	\$3,250	1 st Child
\$2,700	\$3,250	2 nd Child
\$1,350	\$1,625	3 rd Child
\$675	\$812.50	4 th Child +

If a student does not complete the school year, a negotiated, pro-rated amount for tuition will be set between the parents, pastor and principal. Balance is due upon agreement.

Ancillary fees for the 2017 – 2018 school year for each **FAMILY** for PreK – 8th grade is as follows:

Type of Fee	Fee Amount
Administrative Fee	\$20

This fee will be paid through SMART Tuition and will be due August 15, 2017 online.

We will be moving towards more electronic payment with SMART tuition and encourage families to participate in this service for ease of tracking in multiple systems. Moving forward you will be able to pay online through SMART tuition for items including but not limited to; Kaleidoscope Club, Band, Spanish, Field Trip Fee's etc.

TUITION ASSISTANCE

Tuition assistance is available through **SMART Tuition for K -8th grade families**. Families have the opportunity to apply for financial assistance. All applications will be completed by **April 1, 2017** and families will be informed of the amount they will receive by April 20th. Families that wish to send a child to a Catholic school will not be denied because of financial hardship, within the parameters of the funds available. In the event a family needs to discuss their difficulty in meeting their tuition and fundraising obligations, please contact the business manager at 218-822-4040.

FUNDRAISING OPPORTUNITIES

All families are required to participate in fundraising efforts. 20% of the St. Francis of the Lakes Catholic School Budget comes from fundraising and donations. Fundraising dollars do not have to come from your own pocket! We encourage you to engage others in the financial success of our school. **Total fundraising for each family must be greater than or equal to \$800 for the 2017-2018 school year.**

St. Francis Parish is fiscally responsible for the operation of St. Francis of the Lakes Catholic School. The actual cost of educating each child at St. Francis of the Lakes Catholic School is \$5,800 per year. In order to meet our budget for the coming year, the \$5,800 needs to be covered by your tuition, donations and fundraisers, and parish assistance.

Section A: Acknowledgment Form – Please complete

TUITION POLICY

Please indicate how you plan to pay for the 2017-2018 school year:

- _____ Full payment to the school office by 8/15 (paid through **SMART Tuition**)
- _____ 2 payments to the school office by 8/15 and 2/16 (paid through **SMART Tuition**)
- _____ 10 monthly payments (August – May, by automatic debit through **SMART Tuition**)
- _____ 10 monthly payments (July – April, by automatic debit through **SMART Tuition**)

TUITION ASSISTANCE

Please indicate if you plan to apply for tuition assistance for the 2017-2018 school year:

- _____ Our family will **NOT** be applying for tuition assistance
- _____ Our family **WILL** be applying for tuition assistance
 - **SMART Tuition** applications will be provided to a family at the time of registration
 - Applications must be completed through **SMART Tuition** by April 1, 2017 or a **\$50 Late Fee** will be assessed to the family after this date (fee will not be waived through tuition assistance)

FUNDRAISING COMMITMENT

MARATHON: The St. Francis of the Lakes Catholic School Marathon is held in October. Students are given pledge sheets at the beginning of the school year and are provided incentives to encourage pledge/ donations. Our marathon store offers one dollar in “marathon bucks” for each “real” dollar pledged. On marathon day students and staff will spend the afternoon walking and biking near the school. Middle school students will participate in a longer run/walk away from school grounds. 100% of marathon pledges go toward the annual budget.

Our family will raise \$_____ toward the St. Francis of the Lakes Catholic School Marathon.

RAFFLE: St. Francis of the Lakes Catholic School families participate in the *Catholic United Raffle* each year. Thousands of dollars in cash and prizes are awarded to the winners. Families will be provided tickets to sell for the raffle, and monies will be turned in the school office.

Our family will raise \$_____ through raffle ticket sales.

CASH OPTION: Families who do not wish to participate in the fundraising events have the option of paying cash for their fundraising commitment.

Our family will pay \$_____ instead of participating in fundraising events.

By signing below, I acknowledge that I have read and accept the tuition policy, tuition assistance and fundraising commitment policies. If my fundraising commitment is not fulfilled as indicated above, I agree to pay the difference by the end of the 2017- 2018 school year.

Family Name (please print) _____

Signature of Parent/Guardian _____ Date _____

Signature of Principal _____ Date _____

SECTION B: Family Information – Please complete

Family Contact Information

Parent #1/ Legal Guardian's name: _____ Primary phone: _____

Address: _____

Relationship to Student(s): _____ Preferred email: _____

Place of Employment: _____ Work phone number: _____

Parent #2/ Legal Guardian's name: _____ Primary phone: _____

Address (if different from above): _____

Relationship to Student(s): _____ Preferred email: _____

Place of Employment: _____ Work phone number: _____

Is there anyone who cannot have contact with your child(ren) during school hours? If there is a court order against the person named below, please provide a copy to the school office. A copy of the court order must be provided to the school to enforce the order.

Name: _____ Relationship to the child(ren): _____

Who can be contacted and has permission to pick up your child(ren) in case of emergency (List name, phone, and relationship to student)?

1. _____
2. _____
3. _____

Religious Information

Religious affiliation: _____ Parish (if applicable): _____

Permission Release

1. I give permission to include my child(ren)s contact information in the All School Directory. Yes: _____ No: _____
2. I give permission for photographs to be taken of my child(ren) for public relations purposes. Yes: _____ No: _____
(newspaper, displays, newsletter, etc.)
3. I give permission for my child(ren) to go on mini field trips around the school. Yes: _____ No: _____
4. _____

Family Health Information

*If your child will be taking any prescription/over-the-counter medications during school hours, additional paperwork must be filled out in the school office **PRIOR** to receiving the medication at school and/or the start of the school year. All medication **MUST** be brought in and picked up by an adult.*

Family Physician's Name and Facility: _____

Address and Phone: _____

Family Dentist's Name and Facility: _____

Address and Phone: _____

Hospital where child should be taken if parent or physician is unavailable: _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever actions are deemed appropriate.

Parent signature: _____ Date: ____/____/____

Section C: Student Section - Returning Students - Please complete
If you are registering a NEW student(s), please complete Section D

Student #1 Name: _____ **Birthdate:** ____/____/____

Health Information

Has anything changed with this student's health history from previous year's registration?
(allergies, diabetes, autism, ADHD, recurring illness, psychological or social limitations, other)

Yes: No:

Please explain:

Student #2 Name: _____ **Birthdate:** ____/____/____

Health Information

Has anything changed with this student's health history from previous year's registration?
(allergies, diabetes, autism, ADHD, recurring illness, psychological or social limitations, other)

Yes: No:

Please explain:

Student #3 Name: _____ **Birthdate:** ____/____/____

Health Information

Has anything changed with this student's health history from previous year's registration?
(allergies, diabetes, autism, ADHD, recurring illness, psychological or social limitations, other)

Yes: No:

Please explain:

Student #4 Name: _____ **Birthdate:** ____/____/____

Health Information

Has anything changed with this student's health history from previous year's registration?
(allergies, diabetes, autism, ADHD, recurring illness, psychological or social limitations, other)

Yes: No:

Please explain:

Student #5 Name: _____ **Birthdate:** ____/____/____

Health Information

Has anything changed with this student's health history from previous year's registration?
(allergies, diabetes, autism, ADHD, recurring illness, psychological or social limitations, other)

Yes: No:

Please explain:

Section D: Student Section – NEW Student(s) – Please complete (if applicable)

K – 8th grade Requirements

- While enrolling a new student, please provide a copy of your child(ren)s birth certificate and immunization records to the school office.

Student #1 Name: _____

Birthdate: ____/____/____

Grade for 17/18: _____

Name and phone of previous school (if applicable): _____

Was your child receiving any special programming due to behavioral or emotional issues? Please explain below. ***If there is a current or past IEP in place, please provide a copy to the school office.***

Religious Information

Has your child receive the following Sacraments;

Baptism – Date: ____/____/____

Church: _____ Church address: _____

First Communion - Date: ____/____/____

Church: _____ Church address: _____

Health Information

Does your child have any allergies? _____

What are your child's symptoms, if exposed? _____

Does your child have an Epipen? Yes: No:

Does your child have any other health concerns we should be aware of? (diabetes, autism, ADHD, recurring illness, other)

Are there any psychological or social limitations in your child's life that could be a barrier to his/her academic or social success that the school should be aware of? (Awareness of these factors will help us best serve your child).

Student #2 Name: _____

Birthdate: ____/____/____

Grade for 17/18: _____

Name and phone of previous school (if applicable): _____

Was your child receiving any special programming due to behavioral or emotional issues? Please explain below. ***If there is a current or past IEP in place, please provide a copy to the school office.***

Religious Information

Has your child receive the following Sacraments;

Baptism – Date: ____/____/____

Church: _____ Church address: _____

First Communion - Date: ____/____/____

Church: _____ Church address: _____

Health Information

Does your child have any allergies? _____

What are your child's symptoms, if exposed? _____

Does your child have an Epipen? Yes: _____ No: _____

Does your child have any other health concerns we should be aware of? (diabetes, autism, ADHD, recurring illness, other)

Are there any psychological or social limitations in your child's life that could be a barrier to his/her academic or social success that the school should be aware of? (Awareness of these factors will help us best serve your child).

**If there are more than 2 children being enrolled, please reuse Section D. Thank you.