

# NEW STUDENT REGISTRATION PACKET

## K – 8<sup>th</sup> Grade

### 2018 – 2019 SCHOOL YEAR

#### Registration Packet Checklist for Admission to St. Francis School 2018-19

Please use the checklist below 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 – ALL KINDERGARTEN AND NEW 1-8<sup>th</sup> Grade Students (pg.5-6)

\_\_\_\_\_ **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.

\_\_\_\_\_ **Tuition Assistance Form/Information received (Staff initials \_\_\_\_\_)**

**By signing below,** I acknowledge that I have completed my child(ren)'s registration and included all necessary documentation (shot records for all grades, academic records from previous school for grades 1-8, birth certificate for Kindergarten).

**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 2018-19

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 based on 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 – 8<sup>th</sup> grade for the 2018-2019 school year is as follows:

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

**\*\*Supporting Parishes include: Our Lady of the Lakes Parishes, St. Joseph in Crosby and Deerwood, St. Andrew’s, St. Mathias, St. Francis, All Saints, St. Thomas of the Pines, McGregor, St. James in Aitkin, Immaculate Heart and St. Emily as well as all parishes in the Brainerd Lakes Deanery. \*\***

***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 2018 – 2019 school year for each **FAMILY** for PreK – 8<sup>th</sup> grade is as follows:

Type of Fee	Fee Amount
Administrative Fee	\$43

This fee will be paid through SMART Tuition and will be due August 15, 2018 online.

All families are required to pay tuition through SMART tuition. Moving forward you will be able to pay online through SMART tuition for items including, but not limited to; Kaleidoscope Club, Bus Fees, Band, Spanish, Field Trip Fees, etc.

### TUITION ASSISTANCE

Tuition assistance is available through **SMART Aid for K -8<sup>th</sup> grade families**. Applications must be completed through **SMART Aid by March 1, 2018 or a \$50 Late Fee** will be assessed to the family after this date (fee will not be waived through tuition assistance). 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 OBLIGATIONS

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 2018-2019 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 \$6,000 per year. In order to meet our budget for the coming year, the \$6,000 needs to be covered by your tuition, donations and fundraisers, and parish assistance.***

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**Section A: Acknowledgment Form – Please complete**

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**TUITION POLICY**

Please indicate how you plan to pay for the 2018-2019 school year:

- \_\_\_\_\_ Full payment by 8/15 (paid through **SMART Tuition**)
- \_\_\_\_\_ 2 payments 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**)

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**TUITION ASSISTANCE**

Please indicate if you plan to apply for tuition assistance for the 2018-2019 school year:

- \_\_\_\_\_ Our family will **NOT** be applying for tuition assistance
- \_\_\_\_\_ Our family **WILL** be applying for tuition assistance
  - **SMART Aid** applications will be provided to a family at the time of registration.
  - Applications must be completed through **SMART Aid** by March 1, 2018, or a **\$50 Late Fee** will be assessed to the family after this date (fee will not be waived through tuition assistance).

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**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.

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**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 May 5, 2019, the end of the 2018- 2019 school year.

Family Name (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

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**SECTION B: Family Information – Please complete**

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**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Section C: ALL KINDERGARTEN STUDENTS AND NEW 1<sup>st</sup>-8<sup>th</sup> GRADE STUDENTS**

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**K – 8<sup>th</sup> grade Requirements**

- When enrolling a new student, please provide a copy of your child(ren)'s birth certificate (for Kindergarten only) and immunization records to the school office. Students will not be allowed to start class without up-to-date health records. If enrolling a 1<sup>st</sup>-8<sup>th</sup> grade student, please provide academic records from their previous school, or submit a request to obtain those through our office.

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**Student #1 Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Grade for 18/19:** \_\_\_\_\_

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.***

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**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)

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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).

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**Student #2 Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Grade for 18/19:** \_\_\_\_\_

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 C. Thank you.