



REENROLLMENT APPLICATION FOR ADMISSION 2022-2023

Please return registration packet with registration payment to the school office.

Application Date: _____ Registration Fee Paid: Cash Chk#: _____

Office Use Only:			
Date Received:	_____	Initial:	_____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

STUDENTS			
Student Name: _____	DOB: _____	M/F	Grade: _____
Student Name: _____	DOB: _____	M/F	Grade: _____
Student Name: _____	DOB: _____	M/F	Grade: _____
Student Name: _____	DOB: _____	M/F	Grade: _____
Student Name: _____	DOB: _____	M/F	Grade: _____

PRIMARY ADDRESS:	_____		
PRIME PH#	_____	PRIME EMAIL:	_____

STUDENT(S) LIVE WITH:

Both Parents Mother Only Father Only Mother & Stepfather Father & Stepmother
Other (Please specify): _____

If applicable, Custodial Adults: Please provide a copy of the court custodial/parenting plan documents for our records.

EMERGENCY & PICK UP CONTACTS (must be other than parents)

1. _____ Emergency Pick Up
2. _____ Emergency Pick Up
3. _____ Emergency Pick Up

I give permission for any person above to be contacted and for my child(ren) to be released to those listed as pick up.

I give permission for my contact phone number and/or email to be shared with other St. Rose School parent/family. Yes No

Parent/Legal Guardian Signature: _____ Date: _____

POLICY OF NON-DISCRIMINATION: ST. ROSE SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONALITY TO ALL RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE AT SCHOOL. ST. ROSE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR OR NATIONALITY IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES AND SCHOOL-ADMINISTERED PROGRAMS.



PROMISSORY NOTE

2022-2023

I understand that I have a moral and legal obligation to fulfill my responsibilities under this promissory note. I further understand that failure to comply with the elected payment schedule or failure to complete my volunteer hours for 2022-2023 school year will result in:

- A. Withholding of school records and /or report card(s)
- B. Loss of eligibility for scholarship assistance resulting in full cost tuition the following school year.
- C. The student will be involuntarily released from school.

I understand that all tuition payments will be made through FACTS Management company. I agree to pay \$_____ for tuition & \$_____ registration fee for the 2022-2023 calendar school year.

I AGREE TO: (Circle one): A. Pay my tuition in full by: **June 15, 2022**

B. Register & set up monthly installments on FACTS (www.factsmgt.com).

To be completed by Principal:

This family has received \$_____ in Fr. Kerr Scholarship to go towards the above tuition costs.

\$_____ in CWCF Scholarship funds to go towards the above tuition costs.

Fundraising offsets the total cost to educate a child, therefore, I have declared to be an active participant as a volunteer in the school's fundraising programs; Auction and any other fundraisers throughout the year which need parent/guardian volunteers. Fundraisers are subject to change without prior notice.

The following minimum requirements must be met:

K - 6 Families –Volunteer Hours Required (Preschool is not subject to volunteer hours it is optional)

- 20 hours per family for the Auction
- 10 hours of additional volunteering
- \$500 minimum per family from our wreath sale, Candy sale, Coconut Crawl, or Golf Tournament

Pre-School Only Families- Fundraising is required

- \$ 500 per family from our wreath sale or candy sale, or the coconut crawl.

Your help is appreciated with the following events:

- Catholic Schools Week
- Book Fair
- Wreath Sale (organize)
- Coconut Crawl (set up, clean up)
- Candy Sales (organize, pick-up)
- Classroom (one on one reading or math facts)
- Golf Tournament (set up, clean up)

Failure to work the required hours for fundraising events is not acceptable and will result in a penalty assessment of the designated value of **\$25.00 per hour, per family**. Non-participation or returning of unsold fundraising merchandise is not acceptable. Any shortfall between activity participation and the assigned value will be collected in addition to tuition the next billing cycle. Payment of regular tuition, plus all additional fees must be up to date on all accounts before you can register your child(ren) for the following school year. Any outstanding balance is subject to collection action. These policies along with the fundraising and volunteer requirements are stated and can be found in the Student Handbook. In signing this promissory note, I am stating that I agree to all the terms and conditions. Students will not be enrolled unless this form is complete.

Mother/Guardian signature

Printed name

Date

Father/Guardian signature

Printed name

Date



STUDENT HEALTH FORM

2022-2023

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Saint Rose of Lima Catholic School, unless you request otherwise in writing.

Student Name: _____

Grade: _____ Date of Birth: _____ Male Female

Life Threatening Medical Conditions: WA State law ([per RCW.28A.210.320](#)) requires a medication/treatment order from a Healthcare Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the school with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE-THREATENING CONDITION**? NO YES

If yes, please specify the condition: _____

NO YES Severe allergic reaction to bee sting? Please describe reaction: _____

Anaphylactic? No Yes

NO YES Severe allergic reaction to **food** or **nuts**? Type: _____

Anaphylactic? No Yes

NO YES Mild allergic reaction to **food** or **nuts** or **other**? Type: _____

Please describe reaction: _____

NO YES Asthma? Will your child require asthma management during school hours? No Yes

NO YES Diabetes? Type: _____ Self Manage: No Yes Pump? No Yes

NO YES Heart Condition? Diagnosis: _____

NO YES Bleeding Disorder? Diagnosis: _____

NO YES Seizure/Neurological Disorder? Please describe: _____

NO YES GI/Feeding Condition? Please describe: _____

NO YES Bowel/Bladder Condition? Please describe: _____

NO YES Other Health Concerns: _____

NO YES Does your child have any other condition that would affect classroom performance or PE activities? Please describe: _____

NO YES Behavioral/Emotional Concerns: _____

NO YES Visual Impairment? Glasses Contacts Date of last eye exam: _____

NO YES Hearing Impairment? Hearing Aids Yes Date of last hearing exam: _____

Primary Care Provider: _____ Date of Last Exam: _____

Dentist: _____ Last Dental Exam: _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before any medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

Parent/Guardian Contact Phone Numbers: Please order from 1-3 priority calling order.

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Parent/Guardian (Printed Name): _____

Parent/Guardian (Signature): _____ Date: _____



SAINT ROSE OF LIMA CATHOLIC SCHOOL 2022-2023 TUITION SCHEDULE

PreK through 6th Grade	Tuition Amount	5% Discount if prepaid in full by 6/15/22	11 Equal Monthly Payments
One Child	\$5531	\$5254	\$502.82
Each Additional Sibling	\$5199	\$4939	\$472.64
Preschool 4 (M, W, F)	\$1650	N/A	150.00
Preschool 3 (T, TH)	\$1250	N/A	\$113.64

Registration Fee Per Student	If paid PRIOR to May 1st	If paid AFTER May 1st:
Preschool thru 6 th	\$100	\$125

St Rose strives to make it possible for any child to attend our school. We offer scholarship opportunities through Central Washing Catholic Foundation and Father Kerr Scholarship. If interested, you must apply at <https://online.factsmgt.com/aid>. Please be prepared to create an account and upload tax documents.

Please take advantage of our early registration fees. Your early registration also helps our school prepare for the upcoming year as curriculum is purchased by of June. Most of our teachers work through the summer to prepare for the number of students enrolled.