

**NEW STUDENT**  
**ST. JOSEPH CATHOLIC SCHOOL GRADES 4K - 12**  
Admissions Procedure for the 2009-10 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 School PK (4) program must be at least 4 years old on or before September 1, 2009. Kindergarten applicants must be at least 5 years old on or before September 1, 2009. First Grade applicants must be 6 years old on or before September 1, 2009.)
- 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 4K – 12<sup>TH</sup> GRADE  
BRYAN, TEXAS  
2009-10 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 2009-10 school year.

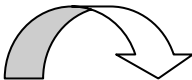
\_\_\_\_\_ Our parish **will not** invest in the child/children's education listed above, the non-parishioner rate should be applied in this case.

Pastor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_

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## **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 \_\_\_\_\_  
\_\_\_\_\_

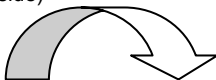
c). Music \_\_\_\_\_  
\_\_\_\_\_

d). Athletics \_\_\_\_\_  
\_\_\_\_\_

e). Scouts/Community Activities \_\_\_\_\_  
\_\_\_\_\_

(Continued on other side)

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# 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: \_\_\_\_\_

\_\_\_\_\_

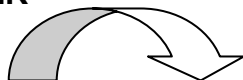
If this student is in any advanced sections or programs in your school, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continued on other side)

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# 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 4K - 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

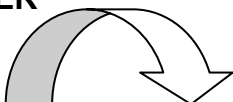
May we use photographs of your child on our website or promotional material?  Yes  No

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

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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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 <sup>ST</sup> RECONCILIATION | 1 <sup>ST</sup> 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 2009-2010 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 Catholic School 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 20<sup>th</sup> day of each month and is considered delinquent on the 25<sup>th</sup> day. Payments received after the 25<sup>th</sup> will be assessed a \$25.00 late fee. Payments returned as insufficient will be charged a \$25.00 processing fee.

I understand that St. Joseph Catholic School 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 # \_\_\_\_\_

**OR** \$125.00 per child non-parishioner rate X # \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**B. Other fees per student due June 20<sup>th</sup>. These fees are non-refundable and non-transferable.**

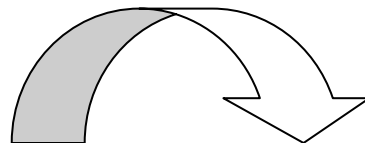
|                            | Elementary        | Middle School      | High School        |
|----------------------------|-------------------|--------------------|--------------------|
| Activity & Technology fee: | \$50.00 X # _____ | \$175.00 X # _____ | \$200.00 X # _____ |
| Material & Book fee:       | \$75.00 X # _____ | \$250.00 X # _____ | \$350.00 X # _____ |

**ACTIVITY & TECHNOLOGY FEE TOTAL \$** \_\_\_\_\_

**MATERIAL & BOOK FEE TOTAL \$** \_\_\_\_\_

\_\_\_\_\_  
parent initials

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C. Tuition is due in one annual payment July 20<sup>th</sup>; two semesters payments July 20<sup>th</sup> and December 20<sup>th</sup>; OR 10 monthly installments beginning on **July 20<sup>th</sup>**. TUITION PAYMENT FORM MUST BE ATTACHED TO COMPLETE ENROLLMENT.

| Non-Parishioner | Annual    | Semester  | 10 Mo. |
|-----------------|-----------|-----------|--------|
| Grades 4K-5     | \$5710.00 | \$2855.00 | \$571  |
| Grades 6-8      | \$6280.00 | \$3140.00 | \$628  |
| Grades 9-12     | \$6880.00 | \$3440.00 | \$688  |

| Approved Parishioner | Annual    | Semester  | 10 mo. |
|----------------------|-----------|-----------|--------|
| Grades 4K-5          | \$3940.00 | \$1970.00 | \$394  |
| Grades 6-8           | \$4240.00 | \$2120.00 | \$424  |
| Grades 9-12          | \$5080.00 | \$2540.00 | \$508  |

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

D. **Multiple children discount:** 5% tuition discount for each child after the eldest. Please list all children enrolled in the Eagle's Nest (to be included in the multiple children discount calculation). The Eagle's Nest requires a separate form for enrollment.

| Name: | age   | Name: | age   |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If you have more than 4 children attending the nursery, early learning center or school please contact the office for the special discounts.

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

- E. Other:
1. Lunch, drink & ice cream cards are available for purchase in the campus office. Balances are monitored by PowerLunch & PowerSchool. Payments must be kept up to date.
  2. After School Care (ASC) for students 4K-8 requires separate registration & payment to the school.
  3. Summer Care for students 4K-8 requires separate registration & payment. **Charges must be paid by the week directly to the school.**

- F. For Middle School and High School Students wishing to participate in TAPPS extracurricular activities the following forms will be needed:
- Acknowledgement of Rules, Fine Arts Form
  - Acknowledgement of Rules, Athletic Form
  - Physical Evaluation
  - Previous Athletic Participation Transfer Form
  - Parent & Student Notification Steroid Use Agreement Form

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

\_\_\_\_\_  
Signature of financially responsible parent or guardian      date

| OFFICE USE ONLY:                | Date & Notes:           | Initials: | Registration Amt. \$                              | Ck#   | Initials: |
|---------------------------------|-------------------------|-----------|---|-------|-----------|
| Application received:           | _____                   | _____     | _____   | _____ | _____     |
| Parish Investment Form:         | _____                   | _____     | Tuition Payment 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 parent(s) or guardian(s), 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, the school 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 2009-10**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Tuition for the 2009-10 school year will be paid by—choose one option:

\_\_\_\_\_ **Payment in full.** This payment, due July 20, 2009, may be made directly to St. Joseph Catholic School or by EFT (electronic funds transfer).

\_\_\_\_\_ **Payment by semester.** The first payment is due July 20, 2009, the second payment is due December 20, 2009. Payments may be made directly to St. Joseph Catholic School or by EFT.

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

\_\_\_\_\_ **payment in 10 months.** Please continue using my current EFT and bank account for tuition payments (please turn page over and fill in as shown).

on the 3<sup>rd</sup> of each month beginning August 3, 2009 and ending May 3, 2010

OR

on the 20<sup>th</sup> of each month beginning July 20, 2009 and ending April 20, 2010

\_\_\_\_\_ **payment in 12 months.** Please continue using my current EFT and bank account for tuition payments (please turn page over and fill in information as shown)

on the 3<sup>rd</sup> of each month beginning June 3, 2009 and ending May 3, 2010

OR

on the 20<sup>th</sup> of the each month beginning May 20, 2009 and ending April 20, 2010

Please return this payment form to the school office with your other enrollment forms. If you are not currently using the EFT or wish to change your information please fill in the reverse side of this form. **ALL MONTHLY PAYMENTS MUST BE MADE USING ELECTRONIC FUNDS TRANSFER.** If you need help with the above options please contact the System Business Office.

I agree to make tuition payments for the 2009-10 school year according to the option I have selected above.

\_\_\_\_\_  
parent's signature

\_\_\_\_\_  
date

**PLEASE TURN OVER**

