



St. Joseph School of All Saints Parish  
**New Students Grades 1-8 Registration**

2016-2017 School Year  
Website: [www.sjshav.com](http://www.sjshav.com)

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Family Last Name if different from child's: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Date of First Communion \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Father's Name \_\_\_\_\_ Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_  
(Please include first name)

\_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Religion of Parents: \_\_\_\_\_

\_\_\_\_\_ Mother \_\_\_\_\_ Father

Guardian of Child: \_\_\_\_\_

Person Responsible for paying tuition bill: \_\_\_\_\_

Are you a contributing member of All Saints Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

Registration Fee: \$100.00 per family

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Family Requirements

- **Mandatory Fund-raisers:**

**Autumn Raffle:** Families are required to **sell a minimum of \$200.00** worth of raffle tickets. If you do not participate in the raffle, the \$200.00 will be added to your yearly tuition bill.

**Spring Raffle:** Families are required to **sell a minimum of \$200.00** worth of raffle tickets. If you do not participate in the raffle, the \$200.00 will be added to your yearly tuition bill.

- **Parishioner/Non Parishioner Status**

To be considered for a parishioner status in regards to tuition rates, families who are contributing a minimum of \$300.00 to All Saints Parish (from January to December of the prior year) are considered as parishioners and therefore receive parishioner status.

This is checked periodically in the fall and winter during the school year and at the time of registration. Families must keep up-to-date by using All Saints Parish weekly budget envelopes, or their tuition will be changed to Non-Parishioner status and put on an entire school year probationary period. If you do not have church envelopes and would like to obtain some, please contact the All Saints Parish rectory at 978-372-7721, and the parish secretary or bookkeeper would be glad to provide you with some.

- **Twenty (20) Hours of Service:**

Each family is required to volunteer 20 hours of service per child (up to 40 hours) in the school. There are numerous ways in which to obtain your hours, which are usually posted in the weekly notice.

**Those who are unable to fulfill the hours will be billed \$400.00 at the end of the school year.**

**If a family's tuition is paid in full before the beginning of the school year, that family is neither obligated to work the 20 hours nor will they be billed for \$400.00 at the end of the school year.**

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I have read and understand the requirements above.

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Was either parent or guardian a St. Joseph School graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian Grad. Year: \_\_\_\_\_

**St. Joseph School of All Saints Parish**  
**Haverhill, MA**  
**Tuition Agreement & Registration Policies 2016-2017**

The Pastor, Principal, and the School Board Finance Committee have adopted the following regarding tuition and registration policies:

**1. Parishioner/Non Parishioner Status**

To be considered for parishioner status in regards to tuition rates, families must contribute a minimum of \$300.00 to All Saints Parish (from January – December of the prior year). This is easily done by regular Mass attendance.

This is checked periodically in the fall and winter during the school year and at the time of registration. Families must keep up-to-date by using All Saints Parish weekly budget envelopes, or deposit a check in the offertory; otherwise their tuition will be changed to Non-Parishioner status. If you do not have church envelopes and would like to obtain some, please contact the All Saints Parish rectory at 978-372-7721, and the parish secretary or bookkeeper would be glad to provide you with some.

**2. Tuition Payments**

All families are required to sign up with FACTS Tuition Payment program, unless you plan to pay your Tuition in full by September 1, 2016.

**Returned Checks:** There is a \$25.00 fee for each check that is returned to us. **We cannot re-deposit your check.** You will receive a notice that needs to be returned with a replacement check including the fee.

**Tuition Aid:** The Archdiocese of Boston in conjunction with the Catholic Schools Foundation is requiring that tuition aid be handled by the FACTS Management Company. It is highly confidential. Forms for tuition aid will be provided upon your request.

The forms are far more detailed, requiring monthly income and expenses as well as tax information. You may fill out a paper application or apply online. There is a fee for this application, payable to FACTS.

**3. Mandatory Fundraisers**

**The annual cost of an education at St. Joseph School of All Saints Parish is over \$5,000.00 per student, which is significantly more than the cost of tuition. Each family is expected to participate in other fundraising efforts in order to offset the actual cost of education for your child/ren.** In this way, each family is able to garner support from relatives, neighbors, and work colleagues to help keep costs down for families.

**Fall Fundraiser:** Families are required to **sell a minimum of \$200.00** worth of raffle tickets.

**Spring Raffle:** Families are required to **sell a minimum of \$200.00** worth of raffle tickets.

**Remember the two raffles (Fall and Spring) are mandatory.**

**Families who choose not to participate in the raffles will receive a bill for \$200 each.** The school budget depends upon these funds to offset costs, and these are obligations of each family in addition to tuition. Your obligation to the school is not considered current until these obligations are met.

**Other fundraisers:** The annual Christmas Carnival and the annual Auction also obligate each family to contribute. These amounts are smaller and vary each year, but each family should be aware of them. There are also smaller events sponsored by the P.T.O. like the annual bake sale, , Family Nights, etc.

During the year, there are expenses like field trips, the eighth grade trip (if held), and graduation fees, as well as the **\$400** in lieu of twenty hours' volunteerism.

The most important activity your family should participate in is the weekly Mass. All Catholic families should attend Mass on the weekend. Families that consider themselves parishioners must contribute \$300 yearly in the parish offertory.

#### **4. Twenty (20) Hours of Service**

Each family is required to volunteer 20 hours of service per child up to 40 hours in the school. There are numerous ways in which to obtain your hours, which are usually posted in the weekly notice.

**If you do not participate in volunteering you will be billed at the end of the school year in the amount of \$400.00.**

#### **Bonus:**

**If a family's tuition is paid in full before the beginning of the school year, that family is not obligated to work the 20 hours.**

#### **5. Extended Daycare**

St. Joseph School and the Early Childhood Center offer a before and after school daycare program. This program usually starts the first full day of school. The price per hour at the main building is \$6.00 from 7-8 A.M. and 2:30-5 P.M. and the price per hour at the early childhood center is \$6.00 from 7-8 A.M. and 2:00-5:00 P.M. There are fees for picking up a child late or after hours.

#### **6. Nursery and Pre-K Programs**

If you are considering your child for our full day nursery program, your child will be placed on a two week trial period. This will give our teachers the time to evaluate whether your child is ready for a full day program. Your child must turn 3 years of age before August 31<sup>st</sup> of that school year.

A pre-kindergarten student must be 4 years old by August 31<sup>st</sup>. There are both half and full day students. There is a monthly activities fee in addition to tuition for each student.

#### **7. Kindergarten Program**

Your child must turn 5 before August 31<sup>st</sup> of that school year.

## **8. Uniforms**

School uniforms can be purchased from J. B. Edwards Uniform Company, Woburn, MA. (800-654-5148). The school receives a percentage of uniforms purchased. Flyers are sent home so that you may place orders or go to the show room..

## **9. School Supply List**

A supply list for the following school year is usually given out at the end of the year with your child's report card and posted on the school website.

## **10. Registration**

A non-refundable -\$100.00 per family

It is suggested that new families make an appointment to meet with the Principal. A birth certificate is required by law, and the school requires a baptismal certificate, if applicable. It is the family's obligation to bring these documents and the current report card for the child, as well as inform the principal of any special education services or diagnosed learning or psychological issues.

## **11. Financial Hardship**

During the school year, a financial hardship may arise. It is the family's responsibility to meet with the principal to inform her and to discuss a monthly payment plan. As a family, if we are all responsible and depend on each other, everyone benefits.

**St. Joseph School of  
All Saints Parish**

Dear Parent(s):

In keeping with Archdiocesan policy, enclosed is tuition payment information for the 2016-2017 school year. Since the stability of our school and the quality of its programs are of the utmost importance, we are always seeking ways to make improvements to benefit everyone. After much research and investigation, we have contracted with FACTS Management Company to help us manage our tuition payment program. FACTS is used by over 4,000 schools nationally and most of the schools within our diocese. We are excited to be working with them and are confident this program will ensure strong financial stability for the school.

**For the upcoming 2016-2017 school year it will be required that ALL Families sign up for a FACTS Account whether utilizing a monthly automatic withdrawal payment plan or a payment in full plan.**

There will be several payment options available to you. For those families who already have a current FACTS Account please fill out the tuition preference form for the payment option you wish to use and return to school.

For families who do not have a FACTS Account please click on the link: [Set-up a new account](#) or visit FACTS Tuition Management at [www.factsmgt.com](http://www.factsmgt.com) and it will guide you through the process.

**Through FACTS Management's direct debit program, you will authorize automatic bank payments directly from your bank account for your monthly tuition bill. Please be assured that neither FACTS Management nor the school will have direct access to or any knowledge about the status of your bank account. It is simply a pre-authorized bank-to-bank transfer of funds.**

We appreciate the opportunity to serve your family in the spiritual, academic, and social development of your children. Together we are dedicated to your children and to the Christ-centered vision of our school. Working with FACTS is one more step in assuring we can continue our mission. We trust you understand our decision and will cooperate with us as we continue our ministry.

Sincerely,

Carol Simone, Principal  
Rev. Timothy Kearney, Pastor

**St. Joseph School of All Saints Parish  
Tuition Payment Preference Form**

This form must be completed by all parents with students attending St. Joseph School of All Saints Parish in the 2016-2017 school year before enrollment can be completed. This form must be returned with your child's registration form.

School: St. Joseph School

Parent/Guardian Name: \_\_\_\_\_

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

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

Name of Student(S): \_\_\_\_\_

**\_\_\_\_\_ Option 1 (Payment in Full):**

Single payment due on or before September 1, 2016 This option entitles the responsible party exempt from Hours of Service. Payable directly to St. Joseph School. Registration Fees need to be paid at the time of registration.

NOTE: If payment is not received by the school on or before the due date, payment must be made through FACTS with the option listed below.

\*Exemption of Hours of Service will be voided if payment is not received by the deadline date.

**\_\_\_\_\_ Option 2 (Payment in Full – Automatic Withdrawal):**

Automatic bank payment (ACH) through your checking or savings account may be made on: (Please check one)

September : \_\_\_\_\_ October: \_\_\_\_\_ November: \_\_\_\_\_

**\_\_\_\_\_ Option 3 (Semi-Annual Payment – Automatic Withdrawal):**

Automatic bank payments (ACH) through your checking or savings account may be made twice yearly: (Please check one)

Sept 2016/Jan 2017: \_\_\_\_\_ Oct 2016/Jan 2017: \_\_\_\_\_ Nov 2016/Jan 2017: \_\_\_\_\_

**\_\_\_\_\_ Option 4 \_\_\_\_\_ 12 Month Plan (July – June) \_\_\_\_\_ 10 Month Plan (Sept. – June)**

Automatic bank payments (ACH) through your checking or savings account may be made on either the

5<sup>th</sup> or 20<sup>th</sup> of each month. 5<sup>th</sup>: \_\_\_\_\_ or 20<sup>th</sup>: \_\_\_\_\_

I agree to make tuition payments for the 2016-2017 school year according to one of the options above. I have read the school policies regarding tuition/registration and agree to abide by this them.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date







# St. Joseph School of All Saints Parish

56 Oak Terrace  
Haverhill, Ma 01832  
978-521-4256

## Student Transfer Release Form

### Student Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School: St. Joseph School of All Saints Parish Grade applying: \_\_\_\_\_

### Transcript Information

*To Parent(s)/Guardian(s):*

*As a part of the admissions process, St. Joseph School requires an official transcript from the most recent school attended by the applicant. St. Joseph School, as a matter of policy, do not release a student's transcript without a signed request to do so by the student's parents or guardian.*

*Please sign the authorization below and return it as quickly as possible. Complete mailing address of school must be provided in order for St. Joseph School to request records.*

### Transcript Authorization

School Presently Attending: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Principal: \_\_\_\_\_

The student named above is enrolled into St. Joseph School. I authorize you to release the information requested below:

- The student's grades for the most recently completed term at your school.
- Completed grade record from your school and any other schools from which you received records including health records.
- Discipline records.
- Scores of all standardized testing and other pertinent information.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mailing Information

Please send these materials directly to:

**St. Joseph School**  
56 Oak Terrace  
Haverhill, Ma 01832

Phone: 978-521-4256

Fax: 978-521-2613

Special Services

1. Has your child been evaluated by a school district Committee for Special Education?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
When: \_\_\_\_\_

2. Did the Committee for Special Education recommend any:

Testing Accommodations: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Special Services such as:

Resource Room Teacher: \_\_\_\_\_

Speech Teacher: \_\_\_\_\_

Remedial Reading: \_\_\_\_\_

Remedial Math: \_\_\_\_\_

3. Do you have an IEP (individualized Education Plan) from any school district for your child?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Do you anticipate any special support services your child will need to be a successful student?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does your child have a section 504 Plan for special accommodations?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

Date: \_\_\_\_\_