



Registration Requirements Checklist

Please ensure that you have included each of the following items when submitting your child's application. All forms listed may be downloaded as a single pdf from

https://www.stjosephimperial.org/documents/Admission%20documents/SJS_All_Registration_Forms.pdf

All completed applications will be reviewed in the order that they were received and families can expect to be notified as to the status of their application.

Mandatory Office Forms	Additional Forms for Students Transferring In Only (Grades 1-8 as applicable)
<input type="checkbox"/> Family Registration form <input type="checkbox"/> Enrollment Contract form <input type="checkbox"/> Statement of Intent form <input type="checkbox"/> Witness Statement form <input type="checkbox"/> Internet Policy form <input type="checkbox"/> Archdiocesan Media form	<input type="checkbox"/> Authorization of Request for Student Records form <input type="checkbox"/> Teacher Recommendation form filled out by student's most recent classroom teacher <input type="checkbox"/> Copy of student's most recent report card <input type="checkbox"/> Copy of standardized test scores
Mandatory Health Forms	
<input type="checkbox"/> Emergency Care form <input type="checkbox"/> Emergency Medication Consent form Forms the Physician will provide: <input type="checkbox"/> Physical (new students and grades K, 3, & 6) <input type="checkbox"/> Certification of immunizations based on Missouri School Immunization Requirements	
Copies Required (no form)	
<input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Record <input type="checkbox"/> Copy of Social Security Card (optional)	
Optional Additional Health Forms	
<input type="checkbox"/> Authorization for Prescription Medications <input type="checkbox"/> Authorization for Over-the-Counter Medications	

For further information please visit our website at www.stjosephimperial.org.

Admissions: Phone 636-464-9027 | Email: admission@stjosephimperial.org.

SAINT JOSEPH SCHOOL | 6024 Old Antonia Rd., Imperial, MO 63052

phone: 636-464-9027 | www.stjosephimperial.org

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Saint Joseph School Family Registration Form

School year:			
Family last name:		<input type="checkbox"/> new family <input type="checkbox"/> returning family	
Family religious affiliation:		Parish:	
School district:			
Home Info			
Parental status:	<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> widow/er <input type="checkbox"/> other		
Students live with:	<input type="checkbox"/> both parents/guardian <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> mother/stepfather <input type="checkbox"/> father/stepmother <input type="checkbox"/> grandparents <input type="checkbox"/> other		
Address of the person/s with whom the student(s) live	Street:		
	City, State, Zip:		
Home phone:			<input type="checkbox"/> unlisted
Other phone:			
Email address: <i>(omit if included below)</i>			<input type="checkbox"/> exclude email from the school directory
Language spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other _____		
<input type="checkbox"/> exclude family from the school directory		<input type="checkbox"/> exclude address from the school directory	
Father		Mother	
Name:		Name:	
Occupation:		Occupation:	
Employer:		Employer:	
Cell phone:		Cell phone:	
<input type="checkbox"/> Exclude cell from directory		<input type="checkbox"/> Exclude cell from directory	
Business phone:		Business phone:	
Email:		Email:	
<input type="checkbox"/> Exclude email from directory		<input type="checkbox"/> Exclude email from directory	
Religion:		Religion:	
Prevent & Protect StL	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prevent & Protect StL	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Maiden name:	
Transportation <i>(list anyone else who may pick up your students)</i>			
Name:		Name:	
Emergency Contacts			
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Comments <i>(Enter any additional information about your family you feel the school should have.)</i>			
Parent Signature:		Date:	



SAINT JOSEPH SCHOOL

6024 Old Antonia Rd., Imperial, MO 63052

2021-2022 Enrollment Contract

Father's Full Name		Mother's Full Name	
Street		(if different) Street	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	

Tuition Rates for Grades K-8		Tuition Rates for Grades Pre-K3 & Junior Kindergarten*	
One Student:	\$4,975	First Student	Second Student
Two Students:	\$7,600	5 Full Days: \$5,400	5 Full Days: \$4,850
Three or more Students:	\$8,800	3 Full Days**: \$3,400	3 Full Days**: \$3,050

* Parents with a student(s) in grades K-8 will receive a 10% discount in total Pre-K/Jr. K tuition.

*** School days for the 3 Full Day option are Tuesday, Wednesday, and Thursday.

Registration (New registrations require birth certificates and proof of immunization)			
Student's Full Name	Grade Entering in 2021/22		
	K-8	Jr. Kindergarten	Pre-K3
1.	Grade goes here	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days
2.	Grade goes here	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days
3.	Grade goes here	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days
4.	Grade goes here	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days
5.	Grade goes here	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days	<input type="checkbox"/> 5 or <input type="checkbox"/> 3 days

Registration Fees and Other Information (\$300 registration fee per student)

The \$300 non-refundable registration fee per student is **required** with this Enrollment Contract. If you are a returning family, this fee will automatically be added to your FACTS 2021/2022 account if a payment is not submitted with this Enrollment Contract.

A FACTS account is required of all families. Please go to <https://online.factsmtg.com/signin/3CKZP> to create an account even if you do not require installment payments. Your tuition invoice will include a \$50 FACTS fee.

Non-refundable registration fee for Grades Pre-K3 – 8: \$300 per student

\$300 x ___ child(ren) = \$_____. Select one payment method: ☐ Cash ☐ Check (check #: _____) ☐ FACTS

Tuition Payment Options (please select one)

___ I will pay in full through FACTS by July 20, 2021

___ I will make two payments, the first in July 2021 and the second in January 2022 through FACTS.

___ I will make monthly payments starting in July 2021 and ending in June 2022 on (select one of the following):

___ 5th of the month ___ 20th of the month ___ Divide my monthly payment in two, pay on both the 5th and 20th of each month.

Select one:

We ☐ **WILL** ☐ **WILL NOT** be applying for financial assistance through TTEF (<http://www.ttef-stl.org/scholarships>). TTEF accepts applications beginning on 1/11/2021.

Signature(s) of parent(s) responsible for payment of tuition and fees.

_____ Date _____

_____ Date _____



Date _____



ARCHDIOCESE OF SAINT LOUIS

Saint Joseph Parish & Saint Joseph School, Imperial; Rev. Daniel Shaughnessy, Pastor

Christian Witness Statement for those seeking to enroll their children in Catholic school or Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect, and fidelity. The family is community in which, from childhood, one honors God and learns moral values.

In the right of the Sacrament of Baptism, parents receive the following call from God to evangelize their children:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God's commandments as Christ taught us, by loving God and our neighbor... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness of the faith by what you say or do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religion education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflects these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith. Practically, this means I will:

- ♦ Understand that authentic teachings of Jesus as taught by the Catholic Church will be part of my child's education and formation;
- ♦ To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
- ♦ Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children's participation in the Church of Baptism), include prayer in my daily life and form my children in the faith;
- ♦ Commit to speak frequently with my children about God and to include prayer in our daily home life;
- ♦ Participate in and cooperate with School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
- ♦ Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;
- ♦ Teach my children by word and example to have a love and concern for the needs of others;
- ♦ Meet my financial responsibility in supporting the Catholic school or the Parish School of Religion;
- ♦ Practice stewardship in support of the school and parish.

Signature of the parent(s)/Guardian(s):

1.

Date:

2.



Technology Acceptable Use Policy for Students

Students at St. Joseph School must develop the research, information fluency, and technology skills that will allow them to be successful in this digital world, as well as the skills necessary to live safely and ethically. Computer, Chromebook, iPad access and access to the Internet, digital communication and collaboration tools, and online learning spaces are critical to teaching these skills. The guidelines in this policy are set based on the Children's Internet Protection Act (CIPA), Children's Online Privacy Protection Act (COPPA), and St. Joseph School Policies.

Failure to adhere to the school policies, procedures, and guidelines for the use of school technology resources may result in loss or restriction of access privileges and/or disciplinary action. In addition to the school's standard consequences for misbehavior, any network misuse or illegal activities may result in contact with student's parent/guardian, or if a violation of law has occurred, contact with law enforcement authorities.

Students state they will:

- Follow all school and classroom policies, procedures, and guidelines when using technology, including asking permission before using any equipment;
- Respect and take care of all technology equipment;
- Use school technology resources to create files and projects *only* for school-related work and research;
- Keep my user names and passwords private;
- Treat others with respect and use appropriate language in all of my electronic interactions with others;
- Immediately tell a teacher or other adult staff member if they receive an electronic comment or communication that makes them feel uncomfortable, or if they accidentally access inappropriate materials, pictures, video, or websites;
- Respect the work and intellectual property rights of others, and will not intentionally copy, damage, or delete another user's work. They will properly cite their sources when they use someone's information, pictures, media, or other work in their own project and assignments.

Students state they understand that:

- Use of school technology resources, including networks, computers, Chromebooks, mobile devices, and the Internet is a privilege, which may be denied, revoked, or restricted at any time for misuse or abusive conduct;
- The school reserves all rights to control its technology resources and may monitor or restrict a user's technology resources. The school may search any computer, Chromebook, mobile device, or electronic storage device that is assigned to a user or used on any district computer or network; and retrieve, alter, and delete any data created, received or maintained by any user using district technology resources.

Financial Responsibility: If a technology device is lost, stolen, or damaged, the student and the student's parent(s)/guardian(s) are responsible for the cost of repair or for the device's fair market value on the date of loss/damage.

Family Name: _____ Date: _____

(please continue to page 2)

Student Agreement: Grades K-2 parents please fill out; Grades 3-8 Students complete

By signing below, I agree to the follow St. Joseph School Technology Acceptable Use Policy for Students. I understand my use of school technology resources is privilege and requires proper online behavior and care of technology devices.

Student Name: _____ Student signature: _____ Gr: _____

Student Name: _____ Student signature: _____ Gr: _____

Student Name: _____ Student signature: _____ Gr: _____

Student Name: _____ Student signature: _____ Gr: _____

Student Name: _____ Student signature: _____ Gr: _____

Student Name: _____ Student signature: _____ Gr: _____

Parent/Guardian Notice and Permission:

Filter

The school provides students with access to various technology resources, including a wide range of educational resources through the Internet. The school uses content filtering technology in compliance with the Children's Internet Protection Act (CIPA) on all school technology devices with Internet access to protect against unacceptable web content. However, because no web filtering technology is 100% safe, the faculty and staff make every effort to monitor online activity.

Home Access and Monitoring

Outside of school, parents/guardians bear the responsibility of providing guidance on Internet use, just as they do with other information sources such as television, radio, movies, and other possibly offensive media. Parent's/guardians are responsible for monitoring their child's use of the Internet and access to district technology resources, including online learning spaces, collaboration tools, and educational resources.

Parent and Guardians

By signing below, I acknowledge that I have reviewed the acceptable use guidelines, and I:

- Release Saint Joseph School from any liability or damages that may result from my child's inappropriate or unauthorized use of the internet.
- Give permission for my child to have network/internet access at school

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____



MEDIA AUTHORIZATION FORM

INTRODUCTION

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

LEVELS OF AUTHORIZATION

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

☐ Yes ☐ No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, *The e-Vangelizer* (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

☐ Yes ☐ No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

☐ Yes ☐ No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: *St. Louis Post-Dispatch*, KMOX radio, and KSDK-TV).

☐ Yes ☐ No

FAMILY AUTHORIZATION *(Please print clearly.)*

Family Name:
Phone:
Email:
School Name:
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

Child(ren)'s Name (s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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Emergency Care Form

Please fill out one form per child

Note: This form will be used by SJS and the Kids Club program, please initial if your child will also attend the Kids Club _____

Student's Information			
Last name:		Date of birth:	
First name:		Address:	
Middle name:		City/state/zip:	
Names of siblings:		Home phone:	
		Cell phone:	
Where parents can be reached if not at home:			
Father		Mother	
Name:		Name:	
Employer:		Employer:	
Cell phone:		Cell phone:	
Business phone:		Business phone:	
Separated or divorced parents please provide additional information:			
Name:		Relationship:	
Employer:		Address:	
Cell phone:		City/state/zip:	
Business phone:		(Please submit a copy of your parenting plan to be kept in a confidential office file)	
Home phone:			
Who is authorized to assume temporary care of your child if you cannot be reached?			
Name:		Relationship:	
Cell phone:		Address:	
Business phone:		City/state/zip:	
Home phone:			
Name:		Relationship:	
Cell phone:		Address:	
Business phone:		City/state/zip:	
Home phone:			
Name:		Relationship:	
Cell phone:		Address:	
Business phone:		City/state/zip:	
Home phone:			
Please give the name of anyone to whom your child may NOT be released:			
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

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In case of accident or serious illness:

In case of an accident or serious illness, I hereby authorize Saint Joseph School to call 911 and make whatever arrangements deemed necessary for the well-being of my child. Saint Joseph School will attempt to contact the parent or legal guardian and if necessary will call the physician listed below.

Physician's name:		<i>Indicate the hospital you prefer your child be transported to in case of an emergency:</i>	
Phone:			
Address:			
City/state/zip:			
		Hospital preference:	

Medical Information

Does your child have allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," what is the allergen?	
What is the reaction?	
If he/she has an anaphylactic reaction will your child have an EpiPen/and or an allergy action plan at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child under the care of a physician currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Will an action plan be provided? (asthma, seizures, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Past hospitalizations:	
Does your child take any prescription or over-the-counter medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Does your child have any dietary restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe (lactose intolerant, celiac, etc):	
Is your child required to wear glasses or contacts?	<input type="checkbox"/> Yes, nearsighted <input type="checkbox"/> Yes, farsighted <input type="checkbox"/> No
Please describe any other visual problems:	
Does your child currently have hearing related need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Does your child have tubes in his/her ears?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any other issues that you feel it would be beneficial to share:	
Parent signature	Date:

PHYSICAL EXAMINATION FORM

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Pre-School, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School _____ Grade _____

Student's Name _____ DOB _____ M or F _____

Date of Examination _____

Height _____ Weight _____ BP _____ Pulse _____ BMI _____

General Appearance

Nutrition _____	Nose _____	Abdomen _____	Skin _____	Mouth _____
Back _____	Lungs _____	Genitalia _____	Head _____	Throat _____
Extremities _____	Heart _____	Neck _____	Eyes _____	Neurologic Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses _____

Can Student Carry a Full Program of School Work? Yes No (circle one)

Should Physical Activity Be Restricted? Yes No Explain _____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature _____ Date _____

Print Physician Name _____

**PLEASE ATTACH A COPY OF
THE CURRENT IMMUNIZATION RECORD**

Office Stamp



Emergency Medication Consent Form

According to Missouri State Statute sections 167.630, RSMo and 167.0635.1, RSMo, schools are able to obtain and maintain an adequate supply of epinephrine pre-filled auto syringes and asthma-related rescue medications for emergency use by the school nurse licensed under Chapter 335. The school nurse or a trained staff member may administer these medications prior to calling 911, when they believe, based on training, that the student is having a life-threatening anaphylactic reaction or a life-threatening asthma episode.

The St. Louis Archdiocese has adopted this policy, and will stock Epinephrine and Albuterol for those students with no known history of anaphylaxis or asthma.

Parental approval to use standing physician-ordered emergency medications allows for efficient treatment of students experiencing a life-threatening anaphylactic reaction or asthma episode.

I ☐ do

☐ do *not*

give my permission for the nurse or trained designee to administer appropriate standing physician ordered emergency medications for my child(ren):

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Parent Name (print) _____

Signature _____ Date _____

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Authorization for Medications to be Taken During School Hours

Note: this medical authorization form must be filled out for all prescriptions,
one form per each medication to be taken. The first dose of any medication **must** be given at home.

School Name: Saint Joseph School			
Child's Name:			
	<i>Last</i>	<i>First</i>	<i>Sex</i>
Physician's Name:			
Physician's Address:		Phone:	
Diagnosis for which medicine is being given:			
Name of Medication: <i>(Ideally, the parent will have two containers, one for home and one for school.)</i>			
Form (pill, liquid, etc.):		Dose:	
If medicine is to be given daily, at what time(s):			
If medicine is to be given "when needed," describe indications:			
How soon can it be repeated:			
Is child authorized to medicate her/himself:			
List significant side-effects:			
Length of time this treatment is recommended:			
Will an action plan be provided (for asthma, allergies, seizures, etc)?			
Physician's Signature:			
Do you want your child to receive medication on early dismissal days (½ days)? Yes _____ No _____			
I hereby authorize the School Principal/School Secretary or Nurse to administer medication to my son/daughter. I understand all medication will be kept in the Health Office. Students are not permitted to carry medications on their person, without prior approval from the principal.			
Parent's Signature:		Date:	

(please see reverse)

Ideally, all medication should be given at home. Please be aware of the problems associated with giving medication in schools. Whenever possible, please change time schedules so medication can be given *before* and *after* school hours. Any student required to take prescribed medication during the regular school hours must comply with school regulations. These regulations are the following:

1. Written orders from a physician which include:**

- a) the name of the student
- b) the name of the medication
- c) dosage
- d) time interval the medication is to be given (if, “as needed” a plan must be provided)
- e) diagnosis or reason for the medication

*** a current prescription label on container may serve as a physician's order; physician's orders may be faxed or emailed to the school*

- 2. Written permission must be provided by the parent or guardian requesting that the school comply without the physician's order.
- 3. Both the physician's order and the parent permission must be kept on file.
- 4. Prescription Medication should be brought to school in a container appropriately labeled by the pharmacy. Ideally, the parent will have two containers, one for home and one for school. For medications that will be given for the entire school year, the child needs a new prescription container each school year.



Authorization for Over-the-Counter Medications

All OTC medications must remain in their original container

Child's name			
Physician's name			
Physician's address			
Acetaminophen/Tylenol			
Physician's initials _____	Form (pill, liquid, etc.): _____ Dose: _____ May be given every 4-6 hours for headache or general discomfort		
Ibuprofen/Motrin			
Physician's initials _____	Form (pill, liquid, etc.): _____ Dose: _____ May be given every 6 hours for headache or general discomfort		
Diphenhydramine/ Benadryl			
Physician's initials _____	Form (pill, liquid, etc.): _____ Dose: _____		
Calcium Carbonate/Tums			
Physician's initials _____	Dose: _____ May be given once at school for indigestion.		
Physician's Signature		Date	
In addition to the physician's instructions above, I hereby authorize the School Nurse, Principal, or Secretary to administer the following remedies to my son/daughter.			
<input type="checkbox"/>	Cough drops		
<input type="checkbox"/>	Saline eye drops		
<input type="checkbox"/>	Anti-itch lotion		
<input type="checkbox"/>	Neosporin		
Choose one:	<input type="checkbox"/> I wish to be called before medication is administered <input type="checkbox"/> Please administer the medication, then inform me via email		
Parent's Signature		Date	

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APPENDIX 13

4601.4

Request for Student Records

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENT LAST NAME _____	FIRST NAME _____	MIDDLE NAME/INITIAL _____	GRADE _____
DATE OF BIRTH _____	PLACE OF BIRTH - CITY _____	STATE _____	
CURRENT ADDRESS - STREET NUMBER AND NAME _____	CITY _____	STATE _____	ZIP _____

PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)

LAST NAME _____	FIRST NAME _____	RELATIONSHIP TO STUDENT _____
CURRENT ADDRESS - STREET NUMBER AND NAME _____	CITY _____	STATE _____ ZIP _____
HOME PHONE _____		
LAST NAME _____	FIRST NAME _____	RELATIONSHIP TO STUDENT _____
CURRENT ADDRESS - STREET NUMBER AND NAME _____	CITY _____	STATE _____ ZIP _____
HOME PHONE _____		

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE _____

SIGNATURE _____

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

RECORDS REQUESTED FROM:

SCHOOL NAME _____	TELEPHONE _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____

SEND RECORDS TO:

SCHOOL NAME _____	TELEPHONE _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.



Teacher Recommendation Form

_____ has applied for admission to the _____ grade at Saint Joseph School. We are interested in knowing as much as possible about personality, past performance, and potential in order to judge whether or not Saint Joseph School is the best place for this student. *Your remarks will be kept completely confidential.*

Please indicate your present evaluation of the student by checking the appropriate box.

	Excellent	Above average	Average	Below average	Poor
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential relative to fellow students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance relative to fellow students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity relative to others of his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work and play cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skill Development

	Excellent	Age Appropriate	Needs Development
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development

	Excellent	Age Appropriate	Needs Development
Small muscle development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large muscle development control/coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/Pronunciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much academic or personal supervision does the student need?	<input type="checkbox"/> Little supervision	<input type="checkbox"/> Some supervision	<input type="checkbox"/> Close supervision
What do you think are the student's strengths?			
What do you think are the student's weaknesses?			
Please include any additional information that you feel might be of help (<i>e.g. description of any behavioral episodes, family situations, or functional disabilities</i>)			
Your overall recommendation:			
<input type="checkbox"/> Highly recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Recommended with reservations	
Your name:		Signature:	
School:		Title/position:	
Address:			
Phone:			

<p style="text-align: center;"><i>Please return this form to:</i></p> <p style="text-align: center;">Admissions Saint Joseph School 6024 Old Antonia Rd., Imperial, MO 63052 636-464-9027 admissions@stjosephimperial.org www.stjosephimperial.org</p>

2020-2021 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap ²									1	1	1	1	1
MCV ³ (Meningococcal Conjugate)									1	1	1	1	2
IPV (Polio) ⁴	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR ⁵	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B ⁶	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁷	2	2	2	2	2	2	2	2	2	2	2	1	1

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.
Maximum needed: six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.

Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-10 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.

11-12 Grades: Last dose on or after the fourth birthday. Any combination of four doses of IPV and OPV constitutes a complete series. **Maximum needed:** four doses.
5. First dose must be given on or after twelve months of age.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age.

Kindergarten-10 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

11-12 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.





St. Joseph Kids' Club, LLC

Daily 3 PM-6 PM

Half days are Noon-6 PM (half day rates apply)

Rates

\$9 for one child/ \$16 for two children /\$20 for three or more children

Half days: \$17 for one child / \$11 for each additional child per family

One time registration fee of \$45 for one child / \$65 for two or more

Snack is included but children are welcome to bring their own snacks.

Homework help is provided daily.

Weather permitting, we play outside

Indoor activities and crafts are available

A warm and loving environment is guaranteed

Any questions contact Kim Kuenz

314-229-4217



2020-2021 St. Joseph Kids' Club Registration Form

Kids' Club, LLC begins first day of school

Please complete the information and enclose the registration fee in an envelope addressed to Kim Kuenz

Family last name _____

Mom's cell _____ Dad's cell _____

Student name _____

Student name _____

Student name _____

Student name _____

SAINT JOSEPH SCHOOL

6024 Old Antonia Road | Imperial, MO 63052 | (636) 464-9027

2020-2021 HOME & SCHOOL ASSOCIATION FAMILY CONTRACT

Father's Full Name		Mother's Full Name	
Street		(if different) Street	
City, State, Zip		City, State, Zip	
Phone		Phone	
Email		Email	

Family Service Requirements

Home and School Association **REQUIRES** each family to pay a \$300 deposit to fulfill their Scrip and Service Hour requirements - \$100 for Scrip requirement and \$200 for Service Hour fulfillment. Once Scrip and Service Hour requirements are fulfilled, a refund check will be issued in June 2021. This payment can be paid in full by check upon returning Enrollment Contract or may be deducted from FACTS in a one-time installment or 6-monthly installments. This form and payment must be returned with your enrollment form for your student to be fully enrolled.

Student's Full Name	Grade Entering in 2020/21
1.	
2.	
3.	
4.	
5.	

Home and School will be collecting \$300 from every family enrolled as part of their enrollment contract - \$100 is for the Scrip requirement and \$200 is for the service hour requirement.

This fee will automatically be added to your FACTS 2020/21 account if a payment is not submitted with this Home and School Enrollment Contract. This will be a separate line and deduction on your FACTS account.

Home and School Payment Options (please select one)

☐ I will pay \$300 in full by July 2020 – Check attached

☐ I will have \$300 withdrawn through FACTS in Sept. 2020

☐ I will have \$50 withdrawn through FACTS each month in Sept. 2020, Oct. 2020, Nov. 2020, Dec 2020, Jan 2021 Feb. 2021

Refunds will be issued:

When Service hours have been completed, we will issue a refund in June 2021.

When Scrip is fulfilled, we will issue a refund in June 2021.

Tuition Assistance is not Applicable to Home and School Fees

The Archdiocese requires that all parents be in compliance with the Safe Environment Program in order to attend field trips and be involved in other school activities. This includes attending a Protecting God's Children class, signing the Ethical Conduct form, and St. Joseph Parish performing a background check.

Signature(s) of parent(s) responsible for payment of Home and School fees.

Date _____

Service Hours

Home and School supports St. Joseph through hospitality, fundraising, social events, and volunteer activities.

Check this box if your youngest child at St. Joseph's is in 8th grade

☐

Please select with your preference of 1st-2nd-3rd Choice

Scrip Sales

___ **Circle Preference** (team lead) (Sunday Mass) (Wednesday Morning)

This option helps sell the Scrip Gift Certificates. There are 2 options to choose from:

- Sundays – approximately 3-4 times a year (based on the schedule) 8:00 am until the totals are balanced after the 11:30 am mass (Sunday morning mass schedules subject to change)
- Wednesday – approximately 1 time per month (based on schedule) from 7:45 am until balanced after mass

Fish Fry

___ **Circle Preference** Early (1:30) Middle (4:00) Late (5:30)

This option has 3 shifts to choose from and each shift works 4 times. Ending times may vary.

Early shift is 1:30 pm – 5:30 pm

Middle shift is 4:00 pm – 8:00 pm

Late shift is 5:30 pm – 9:30 pm

Thursday Night Prep (Before every fish fry) _____

Room Parent (1 needed for each class) ___ **Grade Preference and Child's Name** _____

Arranges class activities including: classroom parties, teacher gifts and auction items for their designated class. Will work with the Head Room Parent, classroom teacher and other same grade room parent (if more than 1 class per grade).

Breakfast with Santa

Helps plan and work breakfast with Santa _____

This option consists of (4) two hour meetings, approximately 4 hours of set up the Friday evening before the event and 4-5 hours on the Saturday morning of the event. You will be contacted by the committee chair in early Fall to discuss dates.

Parking Lot Duty (2:45 PM – 3:15 PM) 2x Month ___ **Circle Available Days** M Tu W Th F

Cafeteria Supervision (12 times/year) ___ **Circle Available Days** M Tu W Th F

This option is to provide supervision during the 4 lunch periods, from 10:50 am – 1:00 pm, at least 12 times a year. Any additional days you can help are greatly appreciated. You will be in charge of monitoring students, helping with cleaning and other related cafeteria tasks. Please do not bring other children with you. Please report to the office on the days you are available and sign in using the Home and School binder; please sign in with the time you arrive and the time you leave.

I wish to opt out of service hours. _____

I would still like to volunteer but cannot commit to any one event- _____

Please let home and school know the best way to contact you for events _____