

March 27, 2017

Dear Prospective Families,

Thank you for your interest in St. Rose School for the 2017 - 2018 school year! We look forward to getting to know you and your family. Let us know if there is anything we can do to assist you with your transition into our community.

Registration Materials:

1. Participating Parish Member Verification Form: Verification of participation in a parish for the parish member tuition discount.
2. Annual Appeal Grant Application: Earn a tuition reduction or scholarship from the general school budget based on financial need or special time, treasure, and talent contributions to the school and/or parish.
3. Fulcrum Foundation Scholarship Information: Earn a scholarship from the Fulcrum Foundation based on free and reduced lunch count information.
4. Income Survey: This confidential form is to assist us in earning fee tax dollars to support students with learning needs and provide high quality professional development for our staff.

Registration packets that are turned in by Friday, April 21st with payment of instructional fees will be entered into a **drawing for ½ off one month's tuition for one child.**

Grants and scholarships are available for families. Please contact the school office if you need additional supports for next year.

Please review this registration packet completely and submit all the documentation to the main office. Don't hesitate to contact us at 360-577-6760 if you need clarification on the registration materials.

Yours in Christ always,

Catherine Strader

St. Rose Catholic School Registration

(2017-2018)

Family Name: _____

Physical Address: _____

Guardian 1: _____

Guardian 2: _____

Phone 1: _____

Phone 2: _____

Email Address 1: _____

Email Address 2: _____

Guardian 1

Guardian 2

Mailing Address 1: _____

Mailing Address 2: _____

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Please mark your faith: Catholic _____ None _____
 Other _____ Name of Faith _____

Church or Congregation Name: _____

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Please list from youngest to oldest

| Child's Name | Expected Grade Level | Date of Birth | Gender | Ethnic Background | School Start Date (office use only) |
|--------------|----------------------|---------------|--------|-------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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Please circle one

How do you plan to make your payments? In full by Sept. 1 10 month payments (FACTS)

Do you need an appointment regarding tuition assistance? Yes No

The cost to educate one child at St. Rose Catholic School is \$7,864 per child. Families that are able to pay the full \$7,864 can claim a tax deductible gift of \$1,764 for contributing to our nonprofit organization to help support other families in their choice to attend St. Rose Catholic School.

| Rate Information | First Child | Second Child | Third or Additional Children |
|--------------------------------------|-------------|---------------------------------------------|------------------------------|
| Regular Tuition | \$5950 | 10% off regular tuition | 50% off regular tuition |
| *Participating Parish Member Tuition | \$4750 | 10% off participating Parish Member Tuition | 50% off regular tuition |
| Non-Refundable Instructional fees | \$220 | \$220 | \$220 |

***If interested in receiving the participating parish member rate, a completed parish verification form must be returned with your registration packet.**

Preschool students enrolled in our 1/2 day program are not included in the K through 8 tuition numbers. Preschool tuition can be paid for with child care spending accounts.

| Check one | Rate Information | 1/2 day cost per month | Instructional Fees per year (Non-Refundable) |
|-----------|------------------|------------------------|----------------------------------------------|
| | 2 days per week | \$120 | \$60 |
| | 3 days per week | \$180 | \$90 |
| | 5 days per week | \$300 | \$150 |

Please mark your preference:

- AM Classes (8:00 AM - 11:30 AM)
- PM Classes (12:00 PM - 3:30 PM)
- Either class would work for my family
- Interested in full day program as soon as St. Rose is licensed to offer it.

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Office Use Only: Date Submitted: _____ Grant Application Number: _____

- Tuition Total: \$ _____ Facts Paid in Full \$ _____ (Ck# _____ / Cash)
- Instructional Fees: \$ _____ Facts Paid in Full \$ _____ (Ck# _____ / Cash)
- New Family App. Fee \$ _____ Facts Paid in Full \$ _____ (Ck# _____ / Cash)

Participating Parish Member Verification Form

The participating Catholic tuition rate is less than the regular tuition rate because St. Rose Parish pays about 25% of the school's operating budget. In order to be eligible for the Participating Parish Member Discount, your family must be actively participating in your faith by giving your time, talent, and treasure to your local parish. Please have your parish office assist you in completing this form and **turn in with your registration packet!**

Name of Parents &/or Gaurdians: _____

Address: _____

Mailing Address: _____

Name and Grade of Children Attending St. Rose Catholic School

| Name | Grade | Name | Grade |
|------|-------|------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

We are registarted and practicing our faith at _____.
(Parish/Church Name & City)

Please check all that apply: We give our

- Time
- Talent
- Treasure

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

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To be completed by parish/church main office:

Parish Member Names: _____ Registration Number: _____

Please check all that apply:

These members give their time, talent, and/or treasure to _____.
(Parish/Church Name)

These members are active participants in our parish/church community.

Printed Name: _____

Signed Name: _____

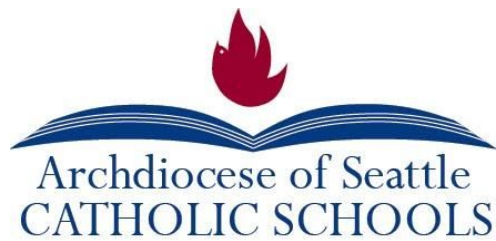
Job Title: _____

Parish/Church: _____

Fulcrum Foundation Scholarship Information

The Fulcrum **Tuition Assistance Scholarship** program is designed for families and students currently enrolled in any Catholic school in the Archdiocese of Seattle. A family must apply each year through FACTS Grant and Aid Assessment to qualify for a grant—all awards are made based on financial need. This grant is applied for in the fall for the next school year. This year's application deadline has already passed, but keep your eyes out next fall for the application.

New Student Tuition Assistance Program through the Fulcrum Foundation. This is also based on financial need and can be applied for by families that are attending a Catholic School for the first year. This grant is applied for and awarded when school begins. To be eligible for this scholarship the student must be new to the school, enrolled in kindergarten through eighth grade, and able to qualify for free and/or reduced lunch. This scholarship is only for the first year of enrollment. Contact the main office if this is your first time enrolling in a Catholic School and you have financial need.



March 27, 2017

Dear Parents:

Did you know that your child(ren) can benefit from?:

- Virtual Learning Systems for Students
- Free Extended Year Summer Programs
- Professional Development for Teachers and Principals
- E-Rate Funding for Technology
- Technology Coaches and Online Programs
- School Scholarships and Grants

A portion of the funding for these important educational programs is made available through your hard-earned tax dollars. Every family contributes and every student can benefit, regardless of income level. **OUR SCHOOL CAN BE ELIGIBLE FOR UP TO \$1,000 PER STUDENT** for each form returned!

Here's what you can do to help make sure your children benefit from these resources:

- Complete the attached form **IN ITS ENTIRETY** and return it to the main office with your registration form.
- Be sure to list the names of all children attending our school on the form

In order to determine the funding available for these programs, we must have an accurate record of family income information. I want to assure you that your privacy will be protected and that the student(s)' names will be detached from the enclosed form once the necessary information has been recorded. The form will not be shared with anyone and will only be used to determine program eligibility.

Thank you for your cooperation and please do not hesitate to contact me if I may be of further assistance. If you would like additional clarification or information, you may also email Kaitlyn O'Leary, Assistant Superintendent at the Office for Catholic Schools, at kaitlyn.oleary@seattlearch.org.

Sincerely,

Catherine Strader
Principal, St. Rose Catholic School

| | | | |
|-------------------|--------------------------------------------------|--------------------------------------------------------------------------|----------------|
| 710 Ninth Avenue | www.ocsww.org | www.catholicschoolsww.org | 206-382-4861 |
| Seattle, WA 98104 | <i>Resources for Educators</i> | <i>Resources for Parents</i> | 1-800-473-5651 |

EACH FAMILY SHOULD RETURN THIS FORM BY THE DATE INDICATED

1. Use the chart below to answer the questions in item #1. (Include all members who live in your household)

Is your family income less than the amount in column A?

Yes _____ No _____

Is your family income less than the amounts in column B

Yes _____ No _____

2. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicaid program?

Yes _____ No _____

4. What is the name and school district of the public school your child would attend if he/she did not attend Catholic school?

5. Indicate the number of children in your family in each of the grades below enrolled in our school by writing the number of students next to the corresponding grade.

Kindergarten _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

6. Home Address (required, please do not indicate a P.O. Box):

City _____ State _____ Zip _____

Public School District in which your family resides: _____

| Household Size | A | | | B | | |
|-------------------------------------------|----------|---------|---------|----------|---------|---------|
| | Annual | Monthly | Weekly | Annual | Monthly | Weekly |
| 1 | \$15,444 | \$1,287 | \$297 | \$21,978 | \$1,832 | \$423 |
| 2 | \$20,826 | \$1,736 | \$401 | \$29,637 | \$2,470 | \$570 |
| 3 | \$26,208 | \$2,184 | \$504 | \$37,296 | \$3,108 | \$718 |
| 4 | \$31,590 | \$2,633 | \$608 | \$44,955 | \$3,747 | \$865 |
| 5 | \$36,933 | \$3,081 | \$711 | \$52,614 | \$4,385 | \$1,012 |
| 6 | \$42,354 | \$3,530 | \$815 | \$60,273 | \$5,023 | \$1,160 |
| 7 | \$47,749 | \$3,980 | \$919 | \$67,951 | \$5,663 | \$1,307 |
| 8 | \$53,157 | \$4,430 | \$1,023 | \$75,647 | \$6,304 | \$1,455 |
| For each additional family member add . . | \$5,408 | \$451 | \$104 | \$7,696 | \$642 | \$148 |

My family's income is higher than this chart's income ranges

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

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Grant/Application Number: _____