



# *St. Rose Catholic School*

June 25, 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 free tax dollars to support students with learning needs and provide high quality professional development for our staff.

**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  
Mailing Address 1: \_\_\_\_\_  
\_\_\_\_\_

Guardian 2  
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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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

## K-8 Tuition Rates for the 2017-2018 School Year

Rate Information	First Child	Second Child	Third or Additional Children
Regular Tuition	\$5950	\$11,305	\$14,280
*Participating Parish Member Tuition	\$4750	\$9,025	\$11,400
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 Half-Time Rates for 2017 - 2018				
Yearly Tuition				
# of Children	2 Days Per Week	3 Days Per Week	5 Days Per Week	
1	\$ 1,200	\$ 1,800	\$ 3,000	
2	\$ 2,400	\$ 3,600	\$ 6,000	

Preschool Full Time Rates for 2017 - 2018				
Yearly Tuition				
# of Children	2 Days Per Week	3 Days Per Week	5 Days Per Week	
1	\$ 2,400	\$ 3,600	\$ 6,000	
2	\$ 4,800	\$ 7,200	\$ 12,000	

Preschool: Please X the days and times your child will attend preschool.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 - 11:30					
11:30 - 3:30					

\_\_\_\_\_ 6:30 - 8:00 Before Care

\_\_\_\_\_ 3:30 - 6:00 After Care

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Office Use Only: Date Submitted: \_\_\_\_\_

- 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: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Annual Appeal Grant Application

This is a general application that can be completed by any family that may need support to meet the tuition expectations for the coming school year. The money from this grant is received through our school annual appeal, general donations from benefactors, and additional fundraising efforts that support our overall budget. Please keep in mind that it does cost St. Rose \$7,864 to educate one child. **Requests for tuition assistance are confidential. Your name should only appear on this application cover sheet. Each application will be assigned a number and will be reviewed anonymously by the Tuition Scholarship Committee.**

Grant Application Number: \_\_\_\_\_

Number of Children Attending St. Rose School: \_\_\_\_\_      Number of children in household: \_\_\_\_\_

Total Monthly Expenses: \$ \_\_\_\_\_

What do you think you can afford to pay per month: \$ \_\_\_\_\_

Please briefly describe your circumstances:

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Please remember that this grant support will draw from some of our resources that we need to support our school. Please tell us why you think it is important that your child(ren) attend St. Rose School and how you will use your time, talent, and treasure to better support our community. Attach additional pages if needed)

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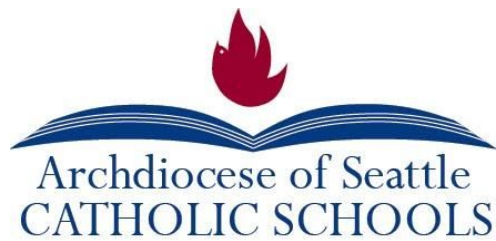
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Submit a copy of your most current **FEDERAL TAX RETURN** with your application.

## **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](mailto:kaitlyn.oleary@seattlearch.org).

Sincerely,

Catherine Strader  
Principal, St. Rose Catholic School

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

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**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 \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

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: \_\_\_\_\_