

# HOLY SPIRIT CATHOLIC SCHOOL

## ADMISSION PROCEDURES

### 2016-2017

Admission to Holy Spirit School requires the following:

1. We require a birth certificate to verify the student's birth date, Students entering:
  - a. Pre-Kindergarten must be four (4) years of age on or before the 15<sup>th</sup> day of September of the enrolling year and toilet trained.
  - b. Kindergarten must be five (5) years of age on or before the 15<sup>th</sup> day of September of the enrolling year.
2. We need the following enrollment documents and forms completed and signed:
  - Birth Certificate
  - Copy of Social Security Card
  - Yellow Immunization Record
  - Baptismal Record (if applicable)
  
  - Student Information Sheet
  - Tuition Contract
  - Diocese-required Background Check Form
  
  - Authorization to Release School Records Form (if applicable)
  - Media Release Form
  - Internet Access Policy/Permission/Denial Form
  - Student Release Authorization Form
  - Field Trip Permission
  
  - PIP hours
3. Registration fee – A non-refundable registration fee will be assessed to each family and is due with all completed paperwork. This fee is in addition to the tuition cost and will not be applied to the annual tuition for the school year of 2016-2017.  
**Application packets will not be accepted if incomplete and not accompanied with the registration fee. ADMITTANCE TO THE SCHOOL WILL BE PERMITTED ONLY WHEN THE PACKET ACCOMPANIED BY THE REGISTRATION FEE ARE RETURNED TO THE OFFICE.**

# HOLY SPIRIT CATHOLIC SCHOOL

## TUITION CONTRACT 2016-2017

Name of person responsible for payment: Last \_\_\_\_\_ First \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Registration Fee (Non Refundable): One Student - \$255, Two Students - \$475, Three Students - \$695

### PRE KINDERGARTEN:

STUDENT NAME	PER STUDENT RATE	REGISTRATION FEE
1. _____	\$2206.00	\$255.00
2. _____	\$2206.00	\$475.00

### KINDERGARTEN – FIFTH GRADE:

STUDENT NAME	GRADE	TUITION RATE	REGISTRATION FEE
1. _____		\$3352	\$255
2. _____		\$5359	\$475
3. _____		\$6699	\$695

Total Tuition and Fees Due:

Registration Fee: \_\_\_\_\_

One Child: \_\_\_\_\_

Two Children: \_\_\_\_\_

Three Children: \_\_\_\_\_

Total \_\_\_\_\_

Signature: \_\_\_\_\_

Registration fees must be paid at the time of registration.

5% discount applies only to tuition not registration fees and must be paid in full by September 6, 2016



Tuition may be paid according to one of three plans:

**Plan A** – Annual Payment, **Plan B** – Two Semester Payments, **Plan C** – 10 month plan

Please check one

\_\_\_\_\_ **Plan A:** Annual Payment Due September 6, 2016 with a 5% Discount

\_\_\_\_\_ **Plan B:** Semester Payments First due Sept. 6, 2016 Second Payment due Jan 9, 2017  
with a 3% Discount

\_\_\_\_\_ **Plan C:** 10 Equal Monthly Payments starting in August 2016

Tuition may be paid by money order, cash or check. Checks returned for insufficient funds will incur a \$25 processing fee.

Past due tuition accounts will be subject to tuition review procedures with consideration of the student's continuation in the school. A letter from the Principal requesting arrangements be made to bring the past due account current will be sent to any family who's account reaches two months in arrears. If after 15 days from the date of the letter no attempt has been made to remit the past due amount or make other payment arrangements, a formal tuition review meeting will take place between the family, the School Superintendent, Advisory Board President and Finance Committee Chairman in an attempt to arrange payment of the account. If the family does not honor the payment terms agreed upon during the formal tuition review, the student(s) will be dropped from enrollment at Holy Spirit Catholic School effective immediately.

In the event that default on tuition occurs, Holy Spirit Catholic School will assess upon delinquent accounts, in addition to full payment of the unpaid tuition balance, all reasonable and necessary costs of collection incurred to collect monies for services provided by Holy Spirit Catholic School, including but not limited to: costs of any collection agent or agency: costs of Court: reasonable and necessary attorney's fees: prejudgment interest at the maximum rate allowed by law.

Test results, grades, and report cards will not be provided to a student's parent/guardian or to other schools, nor will students be allowed to graduate until accounts are paid in full. All fees and tuition must be paid in full in order for a student to re-register. If prior to the first day of the new school term, a parent is transferred from the area, registration and general fees may at the Principal's discretion be refunded. Proof of transfer/move is required. Otherwise, all fees are nonrefundable.

**Obligation of Parent or Guardians:**

I agree to the following:

- a. I have read, understood, and now agree to the aforementioned terms and duties
- b. I agree and promise to make payments in accordance with the aforementioned payments schedule.
- c. In the event that I default in this contract, I agree to pay to Holy Spirit Catholic School all reasonable and necessary costs of collection incurred to collect monies for services provided by Holy Spirit Catholic School, including but not limited to costs of any collection agent or agency, cost of Court, reasonable and necessary attorney's fees, prejudgment interest at the maximum rate allowed by law.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

# HOLY SPIRIT CATHOLIC SCHOOL

## STUDENT INFORMATION

PLEASE PRINT

### STUDENT INFORMATION:

DATE \_\_\_\_\_

GRADE \_\_\_\_\_

MALE/FEMALE \_\_\_\_\_

STUDENTS'S NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
LAST FIRST MIDDLE  
(CITY) (STATE) ZIP

HOME PHONE \_\_\_\_\_

GRADE: (CIRCLE ONE) PRE-SCHOOL KDG 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup> 6<sup>TH</sup>

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MNTH DATE YEAR

STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

LAST SCHOOL ATTENDED IF NOT HSCS \_\_\_\_\_ DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

### SACRAMENTAL PREPARATION:

STUDENT'S RELIGION (CIRCLE ONE) CATHOLIC / NON CATHOLIC

BAPTISM (CIRCLE ONE) YES/ NO IF YES, CHURCH/CITY/STATE \_\_\_\_\_

RECONCILIATION (CIRCLE ONE) YES/ NO IF YES CHURCH/CITY/STATE \_\_\_\_\_

FIRST COMMUNION (CIRCLE ONE) YES/NO IF YES CHURCH/CITY/STATE \_\_\_\_\_

BAPTISMAL DATE: \_\_\_\_\_ RECONCILIATION DATE \_\_\_\_\_ 1<sup>ST</sup> COMMUNION DATE \_\_\_\_\_

### FAMILY INFORMATION:

FATHER'S NAME (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M.I.) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

FATHER'S HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE) MARRIED/ SINGLE/DIVORCED RELIGION (CIRCLE ONE) CATHOLIC/NON CATHOLIC

FATHER'S OCCUPATION \_\_\_\_\_ CIRCLE ONE LIVING / DECEASED

MOTHER'S NAME (L) \_\_\_\_\_ (F) \_\_\_\_\_ (M.I.) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

MOTHER'S HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE) MARRIED/ SINGLE/DIVORCED RELIGION (CIRCLE ONE) CATHOLIC/NON CATHOLIC

MOTHER'S OCCUPATION \_\_\_\_\_ CIRCLE ONE LIVING / DECEASED

### SIBLINGS:

AGE:

GRADE:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# HOLY SPIRIT CATHOLIC SCHOOL

## STUDENT HEALTH INVENTORY

STUDENT'S NAME: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PARENT NAMES: \_\_\_\_\_  
PARENT Phone #: (home) \_\_\_\_\_

(work) \_\_\_\_\_  
EMERGENCY CONTACTS: (name/phone #) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HEALTH PROBLEMS AND HISTORY

(Please check box as appropriate)

\_\_\_\_\_ Asthma \_\_\_\_\_ Limitations  
\_\_\_\_\_ No Limitations  
\_\_\_\_\_ ADD / AHD  
\_\_\_\_\_ Allergies: Medication \_\_\_\_\_  
\_\_\_\_\_ Food \_\_\_\_\_  
\_\_\_\_\_ Bedwetting  
\_\_\_\_\_ Birth defects  
\_\_\_\_\_ Bladder Problems  
\_\_\_\_\_ Blindness  
\_\_\_\_\_ Blood Disorder  
\_\_\_\_\_ Bone Problems  
\_\_\_\_\_ Chicken Pox \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Epilepsy  
\_\_\_\_\_ Eye Problem: \_\_\_\_\_ Glasses  
\_\_\_\_\_ Contacts Last Eye Exam: \_\_\_\_\_  
\_\_\_\_\_ Fainting Spells  
\_\_\_\_\_ Headaches  
\_\_\_\_\_ Hearing Impairment: \_\_\_\_\_ Tubes  
\_\_\_\_\_ Hearing Aid \_\_\_\_\_ FM System  
\_\_\_\_\_ Heart Problem  
\_\_\_\_\_ Multiple Disabilities  
\_\_\_\_\_ Neuro-Muscular Disease  
\_\_\_\_\_ Seizures: Type \_\_\_\_\_  
\_\_\_\_\_ Speech-Language Problems  
\_\_\_\_\_ Physical Activity Limits /  
\_\_\_\_\_ P.E. Restriction  
\_\_\_\_\_ Other  
\_\_\_\_\_ NO KNOWN PROBLEMS

### STUDENT TAKING MEDICATIONS:

YES \_\_\_\_\_ NO \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_

### NEED TO TAKE AT SCHOOL:

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: Authorization for Administration of Medication Form is required.

PHYSICIAN NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_

(School may contact listed physicians for questions/concerns)

### EMERGENCIES

IF YOU OR LISTED EMERGENCY CONTACT CAN NOT BE REACHED & THE CHILD IS TAKEN TO A HEALTH CARE FACILITY, ARE YOU AUTHORIZING EMERGENCY TREATMENT FOR YOUR CHILD?

YES \_\_\_\_\_ NO \_\_\_\_\_

Additional Information /comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IMMUNIZATION UPDATE: (Check if completed)

\_\_\_\_\_ Chicken Pox  
\_\_\_\_\_ Hepatitis A  
\_\_\_\_\_ Hepatitis B

( Please send in copy of recent immunization records with updates )

By signing below, I authorize Holy Spirit Catholic School to release the information specified to the School Staff directly involved with my child.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**HOLY SPIRIT CATHOLIC SCHOOL**  
**2016/2017**  
**Fundraising and School Support/Stewardship Requirements**  
**PIP – PARENT INVOLVEMENT PROGRAM**  
**Based on the age of the oldest child enrolled**

Families of preschool children **must volunteer 20 hours per year**  
Families with children in grades K/6 **must volunteer 35 hours per year**

**OR**

In lieu of volunteering, families may choose to purchase said volunteer hours at the rate of **\$25.00 per hour.** Families may choose to pay for these PIP hours in full at registration or be charged for any PIP hours not completed **by April 30<sup>th</sup> of said school year.** These payments made directly to Holy Spirit Catholic School by money order, cash or check.

**Obligation of Parent or Guardian:**

I agree to the following:

- a. I have read, understood, and now agree to the aforementioned terms and duties.
- b. I agree and promise to make payments in accordance with the aforementioned payment schedule.
- c. In the event that I default in this contract, I agree to pay to the Holy Spirit Catholic School all reasonable and necessary costs of collection incurred to collect monies for any collection agent or agency, cost of Court, reasonable and necessary attorney's fees, prejudgment interest at the maximum allowed by law.

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HOLY SPIRIT CATHOLIC SCHOOL  
210 A STREET  
ROCK SPRINGS, WYOMING 82901  
307 - 362 - 6077**

**YEAR 2016/2017**

**LIBRARY/FIELD TRIP PERMISSION FORM**

We/I the parents of \_\_\_\_\_  
Name of Child

Request that the Holy Spirit Catholic School allow my/our son/daughter to participate in weekly trips to Rock Springs Public Library located at 400 C Street. The students will walk to the library accompanied by their classroom teacher as well as parent volunteers. Classroom teachers will inform parents of the day their child's class is scheduled.

My son/daughter also has permission to attend field trips arranged and chaperoned by Holy Spirit Catholic School. I understand that I/we will be informed of each field trip.

I/We hereby release and save harmless the Holy Spirit Catholic School and any and all employees from any and all liability for any and all harm arising to my/our son/daughter as a result of these activities

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date .



**HOLY SPIRIT CATHOLIC SCHOOL**  
**MEDIA RELEASE**  
**2016/2017**

I hereby give permission for my son/daughter \_\_\_\_\_

to be photographed, recorded and/or videotaped at Holy Spirit Catholic School.

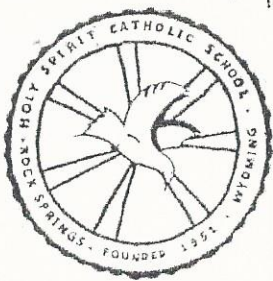
I realize that the photo/audio may be published in the newspaper, a magazine, the school website/facebook, radio or other publication.

The photograph/video/audio may be used for informational or educational purposes regarding the programs or curriculum at Holy Spirit Catholic School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## **HOLY SPIRIT CATHOLIC SCHOOL COMPUTER/INTERNET USE AGREEMENT 2016/2017 SCHOOL YEAR**

Internet access is available to the students and staff of Holy Spirit Catholic School. The purpose of this connection is to support the educational process, provide access to unique resources, and provide the opportunity for collaborative work and communication.

The Internet provided access to other computer systems throughout the world. The school does not have control over the content or information residing on these systems. Network users and parents of students under 18 are advised that some systems may contain materials that are offensive, inaccurate or illegal.

Holy Spirit Catholic School does not condone the use of offensive, inaccurate, or illegal materials and does not permit usage of such materials in the school environment. Students who knowingly bring such materials into the school environment will be dealt with according to existing student discipline policies.

The use of the Internet is a privilege, not a right, and inappropriate use may result in suspension or cancellation of computer and Internet privileges with possible further consequences.

**The following statements guide acceptable Internet use:**

- 1. Students may not damage or mistreat equipment or facilities under any circumstances.**
- 2. Students may not intentionally waste computer resources.**
- 3. Students may not engage in practices that threaten the integrity of the network (Knowingly download files that contain a virus)**
- 4. Students may not write, use, send, download or display obscene, threatening, harassing, or otherwise offensive messages or pictures.**
- 5. Students may not use the equipment or network for any illegal activities, including the violation of copyright laws and software piracy.**
- 6. Students may not publish on or over the system any information that violates or infringes upon the rights of any person.**

With that understanding, I hereby give permission for my child to utilize the school internet services.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I have read the above Internet Use Agreement guidelines and I agree to abide by them. I understand that violation of these guidelines may result in suspension or cancellation of network and or computer privileges.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_