

# HOLY SPIRIT CATHOLIC SCHOOL

## ADMISSION PROCEDURES

### 2021-2022

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 31st of August of the enrolling year. Child must be toilet trained.
  - b. Kindergarten must be five (5) years of age on or before the 31st of August of the enrolling year.
  
2. We need the following enrollment documents and forms completed and signed:
  - Birth Certificate
  - Copy of Social Security Card
  - Immunization Record
  - Baptismal Record (if applicable)
  
  - Student Information Sheet
  - Tuition Contract
  - Obtain Safe Environment and Background Check info
  
  - Media Release Form
  - Internet Access Policy Form
  - Student Release Authorization Form
  - Field Trip Permission
  - PIP Hour Contract
  
3. Registration fee: A non-refundable registration fee will be 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.

**APPLICATION PACKETS WILL NOT BE ACCEPTED IF THEY ARE INCOMPLETE. REGISTRATION FEE MUST ACCOMPANY PACKET AT WHICH TIME ENROLLMENT WILL BE SECURED.**

# HOLY SPIRIT CATHOLIC SCHOOL

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## TUITION CONTRACT 2021-2022

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, Four Students-\$865 Registration fee must be paid at the time of registration.

### PRE-KINDERGARTEN - SIXTH GRADE:

STUDENT NAME	GRADE	TUITION RATE	REGISTRATION FEE
1. _____		\$3452	\$255
2. _____		\$5519	\$475
3. _____		\$6899	\$695
4. _____		\$7452	\$865

### Total Tuition and Fees Due:

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

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

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

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

Four Children: \_\_\_\_\_

Total \_\_\_\_\_

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

5% discount applies only to tuition not registration fees and must be paid in full by September 7, 2021

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 7, 2021 with a 5% Discount

\_\_\_\_\_ **Plan B:** Semester Payments First due Sept. 7, 2021 Second Payment due Jan. 4, 2022 with a 3% Discount reflected at semester

\_\_\_\_\_ **Plan C:** 10 Equal Monthly Payments starting in August, 2021

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 \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

**HOLY SPIRIT CATHOLIC SCHOOL**  
**STUDENT INFORMATION**

PLEASE PRINT

**STUDENT INFORMATION:**

DATE \_\_\_\_\_

GRADE \_\_\_\_\_

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

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

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_ (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 \_\_\_\_\_

MONTH

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:**

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

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

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

Student Name: \_\_\_\_\_  
School/Grade: \_\_\_\_\_  
Parent/Guardian Phone Contact No.: \_\_\_\_\_

Holy Spirit Catholic School  
210 A Street  
Rock Springs, WY 82901

### STUDENT HEALTH INVENTORY

#### HEALTH PROBLEMS AND HISTORY

(Please check box as appropriate)

- NO KNOWN PROBLEMS
- Asthma:  Limitations  No Limitations
- ADD/ADHD
- Allergies: Medication \_\_\_\_\_  
Food \_\_\_\_\_
- Autism / Autism Spectrum
- Bedwetting
- Birth Defects
- Bladder Problems
- Blindness
- Blood Disorder
- Bone Problems
- Bowel Problems
- Chicken Pox Date: \_\_\_\_\_
- Diabetes
- Eczema / Skin Problems: \_\_\_\_\_
- Epilepsy
- Eye Problems:  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. Restrictions
- Other \_\_\_\_\_

#### STUDENT TAKING MEDICATIONS:

YES  NO

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

#### NEED TO TAKE AT SCHOOL:

YES  NO

IF YES: Authorization for Administration of  
Medication form required.

PHYSICIAN Name: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

School nurse may contact listed physicians for questions/concerns

Health Insurance \_\_\_\_\_

#### REQUESTED ACCOMMODATIONS FOR STUDENTS HEALTH PROBLEMS

NO Accommodations needed.

Accommodations needed:

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

\_\_\_\_\_  
Parent Signature for Accommodations

**By signing below, I authorize Sweetwater County School District Number One, State of Wyoming, to release the information specified to Transportation Staff and School Staff directly involved with my child.**

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

\_\_\_\_\_  
Date

**(FOR NURSES USE ONLY)**

REFERRAL: \_\_\_\_\_

\_\_\_\_\_  
School Nurse Signature

**IMMUNIZATION AGREEMENT  
BETWEEN PARENT/GUARDIAN AND SCHOOL**

*Wyoming Department of Health Immunization Agreement Between Parent/Guardian and School Revised: February 15, 2017*

To ensure the Wyoming Department of Health is aligning with the Health Insurance Portability and Accountability Act (HIPAA), Wyoming schools must obtain parent/guardian agreement before accessing a student's immunization record within the Wyoming Immunization Registry (WyIR) for proof of immunization.

Parent/guardian agreement must be maintained in the student's school file and made available to the Wyoming Department of Health upon request.

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_.  
(Parent/Guardian Name) (Child's Name)

I agree that the designated administrative official, such as the school nurse, representing \_\_\_\_\_ has my permission to access this student's immunization  
(Name of School)

record in the WyIR to obtain proof of immunization in order to meet the school entry requirements in accordance with Wyo. Stat. Ann. § 21-4-309.

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

\_\_\_\_\_  
Date



**SWEETWATER COUNTY  
SCHOOL DISTRICT #1**

P.O. Box 1089, Rock Springs, WY 82902  
Phone: 307-352-3400  
Fax: 888-503-5671  
Web: [sweetwater1.org](http://sweetwater1.org)



**Holy Spirit Catholic School**  
210 A Street  
Rock Springs, WY 82901  
(307) 362-6077

**HOLY SPIRIT CATHOLIC SCHOOL**  
**MEDIA RELEASE**  
**2021/2022**

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  
210 A STREET  
ROCK SPRINGS, WYOMING 82901  
307 – 362 – 6077**

**YEAR 2021-2022**

**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  
COMPUTER/INTERNET USE AGREEMENT  
2021-2022 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 engage in practices that threaten the integrity of the network  
(Knowingly download files that contain a virus)**
- 3. Students may not write, use, send, download or display obscene, threatening, harassing, or otherwise offensive messages or pictures.**
- 4. Students may not use the equipment or network for any illegal activities, including the violation of copyright laws and software piracy.**
- 5. 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 \_\_\_\_\_

# HOLY SPIRIT CATHOLIC SCHOOL

2021-2022

## 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, or designated by the Principal.** These payments made directly to Holy Spirit Catholic School by money order, cash or check.

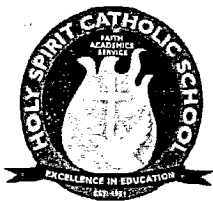
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- b. I agree and promise to make payments in accordance with the aforementioned payment schedule.
- c. In the event that I default in this contract, I agree to pay to the Holy Spirit Catholic School all reasonable and necessary costs of collection 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 Emergency Card

Child's Date of Birth: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Sex: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Mother's Employer/Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Father's Employer/Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_ hereby give permission to Holy Spirit Catholic School to obtain medical or surgical care from a health care facility, physicians or dentists for my child, whose full name is \_\_\_\_\_ and date of birth is \_\_\_\_\_ should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by the physicians/dentists may be taken. I further consent to transportation of the above child to the nearest or most appropriate medical facility.

Please list all of your child's allergies:

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

**Individuals approved to pick up student (photo ID will be required):**

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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