

**St. Rose of Lima Catholic School
Family Registration Form
2018-2019 School Year**

Family Name: _____

Address: _____ **City:** _____ **Zip:** _____

E-Mail: _____ **Phone:** _____

We wish to enroll our child/ren in St. Rose of Lima School for the 2018-2019 school year in the following grades:

STUDENT NAME	BIRTHDATE	GRADE 18-19

Pre-School Program: Students must be 4 by August 1, 2018 to enroll in our Kindergarten Bound Program or 3 by August 1, 2018 to enroll in our Lion Cubs Program. Please provide a copy of your child’s birth certificate and immunization record **with this form** for registration to be complete.

Our preschool programs are flexible. Please select the option below that your child will use so that we can provide appropriate staffing.

Kindergarten Bound - Class time is Monday-Friday 8:00am-11:00am.
 Monday-Friday 8:00am-11:00am
 Monday-Friday 8:00am-2:50pm
 Other (please specify) _____

Lion Cubs- Class time is Monday and Wednesday 8:00am-11:00am
 Monday and Wednesday 8:00am-11:00
 Monday and Wednesday 8:00am-2:50pm
 Monday-Friday 8:00am-2:50pm
 Other (please specify) _____

Kindergarten: Students must be 5 by August 1, 2018 to enroll in our Kindergarten Program. Please provide a copy of your child’s birth certificate and immunization record **with this form** for registration to be complete.

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PAYMENT INFORMATION

Please check the choice that applies to your family:

_____ Parishioners at St. Rose Catholic Church
_____ Parishioners at _____ Catholic Church
_____ Non-Parishioners

My child is expected to qualify for either the SGO or the VOUCHER: (Please circle one.)

YES or NO or I need more information, please.

Please check the payment plan that you intend to use for the 18-19 school year for any balances:

_____ **Payment in full:** This single payment, due on or before July 1, 2018, may be made directly to the school. There is a 2.5% discount for utilizing this option. **Note: If payment is not received by the school on or before the due date, then payments must be made through FACTS.**

_____ **Payment through FACTS:** This option includes 12 monthly payments, beginning in July 2018, deducted automatically from the account of your choice on either the 5th or the 20th of the month. If you have been previously enrolled in Facts, St. Rose will update your tuition and automatically begin your payment plan in July 2018. If you have not, you must set up your account with Facts at www.factsmgt.com no later than May 2018.

UNLESS YOU ARE PAYING IN FULL, YOU MUST USE FACTS. PAYMENTS WILL NOT BE ACCEPTED EXCEPT THROUGH FACTS.

I agree to make tuition payments for the 18-19 school year according to the option I have selected above. I have read the school Tuition Policy regarding payment and agree to abide by this policy.

_____ Responsible Party's Signature _____ Date

\$100 non-refundable registration fee per family due with this form.

\$150 book fee per student due by August.

FOR OFFICE USE ONLY

\$100 Family Registration Fee:

Cash Check # _____ Credit

\$150/Student Book/Technology Fee:

Cash Check # _____ Credit

Tuition:

In Full \$ _____ Check # _____

Facts \$ _____ Account set up on _____



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____