



Registration Packet 2017-2018

5309 NE Alameda
Portland, OR 97213

503-281-1912
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St. Rose School

2017-2018 Tuition and Fees Schedule

Number of Children	Tuition	Tuition	Tuition
	Grades K-8 Subsidized by a Parish	Grades K-8 No Subsidy	Pre-K No Subsidy
1	\$5,581	\$7,324	\$7,324
2	\$10,479	\$13,795	
3	\$14,960	\$19,717	
4	\$19,363	\$25,627	
5	\$23,792	\$31,523	
Payment Plans:	Annual (Due June 30, 2017)	12 month (July 2017 - June 2018)	10 month (Sept. 2017 - June 2018)

Annual Fees for All Students		
Registration Fee	\$175 first student \$150 per additional student	Due at Registration Due at Registration



REGISTRATION CHECKLIST

Please be sure all items are completed when you register your child(ren). Registration packets will not be accepted for students who are missing items from this checklist.

Returning Students:

- Be current on your tuition account.
- Pay Registration Fee (non-refundable).
- Submit Enrollment Agreement, completed and signed.
- Update any information on the pre-printed student page and return, if needed.
- St. Rose Families: submit your completed Catholic Status/Tuition Subsidy Form with the Enrollment Agreement. You will need to meet with Fr. Matt during March Conferences.
- Other Catholic Families: submit Catholic Status/Tuition Subsidy Form, signed by your pastor, if you are claiming Catholic preference. Many parishes will collect the forms from families and mail them to the school at a later date.

New Students & Siblings:

- Pay Registration Fee (non-refundable).
- Submit Enrollment Agreement, completed and signed.
- Submit Student Information pages, completed and signed.
- Submit a copy of the student's state-certified birth certificate.
- Submit a copy of the student's baptismal certificate, if applicable.
- Submit a copy of the student's current immunizations. Immunizations may need to be transferred, by parents, to the appropriate Oregon Department of Health form.
- St. Rose Families: Complete the Catholic Status/Tuition Subsidy Form and make an appointment to speak with Fr. Matt.
- Catholic Families: submit Catholic Status/Tuition Subsidy Form, signed by your pastor, if you are claiming Catholic preference.
- New students transferring from another school must also complete and sign the Consent for Exchange or Release of Information form.
- New students grades 2 and above must also provide a copy of the student's most recent report card and test scores.

Tuition Assistance Information:

Tuition Assistance is available for the 2017-2018 school year. FACTS Tuition Assistance forms must be submitted online by March 21, 2017. Please see the attached sheet for instructions and required information.



2017-2018 Enrollment Agreement

Parent Name(s)	Phone
Address	City/St/Zip
Email	Cell Phone

Students to register for 2017-2018 school year

Student Name	Grade
Student Name	Grade
Student Name	Grade
Student Name	Grade

Student's Status

Is your family registered with a Catholic Parish? yes no If yes, name of parish _____.

Have you submitted a Subsidy Form to your pastor? yes no Is your parish subsidizing? yes no

Fees and Tuition

- Non-refundable Registration Fee of \$175.00 for the first student and \$150 for each additional student is due and payable upon registration.
- Annual tuition is payable beginning with the month of July or September.
 Payment options:
 - 12 equal payments (July 2017 - June 2018)
 - 10 equal payments (Sept 2017 - June 2018)
 - 1 time payment due June 30, 2017, 2.5% discount will apply

Annual Tuition \$ _____

Monthly Rate \$ _____

- I/We understand and agree that my/our child(ren)'s disregard of policies, procedures and codes of the school may be deemed sufficient cause for dismissal.
- I/We agree to the school policy that delinquent accounts of 60 days or older are cause for a student's dismissal.
- I/We agree to comply with the Share Hour Policy as stated in the Student/Parent Handbook.
- I/We agree to comply with the Fundraising Commitment as stated in the Student/Parent Handbook.
- I/We understand that the above listed fees do not include incidental expenses including, but not limited to, supplies, extra field trips and extra-curricular activities.
- I/We understand that enrollment is limited by classroom size and that enrollment of my/our child(ren) reserves space that would have been available for another family. I/We understand there is an obligation to pay all fees through the end of the month for the month in which my/our child(ren) withdraw effective September 1, 2017.

Payment Dates, Finance Charges, & Collection Fees

Each family will be enrolled with Smart Tuition, a tuition management company, for payment of tuition and fees related to attendance at St. Rose School. Non-payment of tuition may be grounds for student withdrawal from school.

I/We agree to pay the amounts indicated at the scheduled due dates according to the payment plan selected by us and in accordance with terms set by St. Rose School and Smart Tuition.

I/We have read this agreement and understand that I/we am/are responsible for payment on this account with the limits herein stated. I/We agree that in the event that costs and/or fees are incurred in connection with this account, I/we will pay all such costs and fees including interest, collection costs, attorney fees and all court costs.

_____ Responsible Party's Signature

_____ Date

_____ Responsible Party's Signature

_____ Date

For School Administration Use Only			
_____	Registration Fee	_____	Completed Packet
_____	Tuition	_____	Confirmation Letter
_____	Extended Care Reg.	_____	New Family Letter
_____	Other:	_____	Subsidy Form
_____	Other:	_____	Class List
Subsidized tuition approved <input type="checkbox"/> yes <input type="checkbox"/> no			



STUDENT INFORMATION:

Grade	Last Name	First Name	Gender	Birth Date

Use photos for publicity/website? Yes No

Participate in local area walks? Yes No

List conditions or allergies requiring medication at school or to be aware of. _____

Health Insurance Carrier _____ Policy # _____ Member # _____

Physician's Name _____ Physician's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____

Ethnic Background White Asian Black Hispanic Multi-Racial Nat. American Nat.Hawaii/Pac. Isl.

Religion _____ Parish _____

FAMILY INFORMATION:

Parent/Guardian Last Name _____ First _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State ____ Zip _____

Occupation/Employer _____

E-mail address _____

I would like my address/phone number/email **unlisted** in the school directory.

Parent/Guardian Last Name _____ First _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State ____ Zip _____

Occupation/Employer _____

E-mail address _____

I would like my address/phone number/email **unlisted** in the school directory.

Parent/Guardian Status (Mark one) Married Single Divorced Legally Separated Widowed

Custodial Rights (Mark one) Both Parents Mother Father Guardian Other: _____

Child Living With (Mark one) Both Parents Mother Father Guardian
 Stepfather Stepmother Other: _____

Please check here for non-custodial parent school mailings. Please make sure to list address above.

The Archdiocese of Portland now requires schools to obtain a copy of the court documents regarding custodial and visitation rights. This applies to families with joint custodial parents living at separate residences or who have sole custody over a child due to legal agreement. Please submit a copy with your registration documents.

In case of serious accident, 911 and the parents will be called. In case of an emergency when a parent or guardian cannot be reached, I give permission to St. Rose School to contact and send the above-named child(ren) to the persons listed on the back of this form, or if necessary, to the hospital nearest the school (Providence Medical Center). I assume full responsibility if my child(ren) need medical attention and assume any ambulance and medical expenses. I also give permission for St. Rose School personnel to administer CPR and/or first aid, if deemed necessary.

NOTE: If family does not have personal medical insurance, it is recommended to have the child(ren) covered by school insurance. Payment for this coverage is the family's responsibility. Policy information will be sent home to parents in September.

In case of emergency if parents cannot be reached, please list two names of local relatives or friends that we may call.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian Signature _____ **Date** _____



Oregon Certificate of Immunization Status

Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
 Up-to-date
 Medical
 Religious

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap (not given prior to 10 years of age)					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2
Oregon Department of Human Services, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	
	Pneumococcal (PCV7) (Only children less than 5 years)						
	Meningococcal (MCV4, MPSV4)						
	Human Papilloma Virus (HPV) (Only girls age 9 years or older)						
	Influenza (Flu)						
	Other Vaccine Please specify:						
	Other Vaccine Please specify:						

For medical exemptions:

Please submit a letter signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Exemptions (history of disease or positive titer):

Please submit a letter signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Religious exemption:

I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

- | | | | |
|---------------------|--------------------------|-------------|--------------------------|
| Diphtheria/ Tetanus | <input type="checkbox"/> | Pertussis | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Polio | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Varicella | <input type="checkbox"/> |
| Rubella | <input type="checkbox"/> | Hib | <input type="checkbox"/> |
| Hepatitis B | <input type="checkbox"/> | Hepatitis A | <input type="checkbox"/> |

Signature of Parent or Guardian

Date

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____



St. Rose School

**Catholic Status/Tuition Subsidy Form
2017-2018**

Family: _____ Phone: _____

Grade	Child's Name	Baptismal Date	Baptismal Place
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1). Is your family **registered** at a parish?
 Yes No If yes, which parish: _____

2). Do you attend Sunday Mass **weekly** as a family at the parish?
 Yes No

3). Do you contribute to the parish using offertory **envelopes**?
 Yes No

4). Are you **involved** in the parish?
 Yes No If yes, describe involvement:

To be completed by your Pastor:

The above family has been registered since ____/____/____.

They are in good standing (i.e. meet all above criteria)
 Yes No

The parish will pay St. Rose School \$1025 per child as specified in the Archdiocesan policy for the above listed children, who are all baptized Catholics.
 Yes No

Pastor: _____ Date: _____

Note: Each parish in its discretion applies the criteria above in making prudential decisions case by case. Geographic residence within the parish, seniority as registered members, continuous good standing as active, contributing parishioners, and so on, may be variously weighed, especially where priorities must be set to address excess applications in any priority category during the initial sign-up period. Some parishes count seniority by the date when continuous regular Mass attendance began at the present parish, as evidenced by a regular history of offertory donations, and a typical giving pattern.