

2012-2013 GRADES 1 – 8 REGISTRATION PACKAGE – LISING OF FORMS INCLUDED IN PACKAGE

1. Admission Requirements
2. Registration Form
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7. Tuition Remission Policy
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10. Westerly Bus Request Form
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12. Volunteer Paperwork
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2012-2013 GRADES 1 - 8 ADMISSION REQUIREMENTS

- Student must be academically ready for grade applying to.
- Attend "Visitor's Day" in the grade student is currently in. (Date to be announced)
- Recommendation Form completed by current teacher and returned to St. Pius X School.
Form is in your package and assists in placement.
- Copy of most current report card and standardized test results.
- Current physical is needed for: Students entering Grade 7 and all out of state students.
- Emergency Form neatly completed with home, work, and cell phone numbers, email addresses, and at least two other contact people in case of any emergency.

Admission is based upon openings in each class. Students who are parishioners of St. Pius X Church and siblings of those who are already enrolled are given priority.

Parents seeking admission for their child must formally register their child during open registration on Wednesday, March 21st and Thursday, March 22nd from 9:00 AM till 2:00 PM by submitting the completed paperwork to school. Dates and times will be announced on our web site, church bulletins and local newspapers. If the open registration dates have passed, parents may contact Mrs. Feist at the school office for an appointment.

Acceptance cannot be determined without all the appropriate paperwork completed.

Parents should print out the Grades 1 – 8 Registration paperwork, complete, and bring to the open registration along with: Copy of birth certificate

Copy of Baptismal record (if applicable)
Copy of First Communion record (if applicable)
Current physical or proof of immunization
Completed Recommendation Form as soon
as possible.
Copy of most current report card and
Standardized test results.

Upon Acceptance: \$100.00 registration fee paid within one week to finalize acceptance.
Tuition payment option selected and processed.

TUITION ASSISTANCE is available for Kindergarten through Gr. 8 students for those families that qualify. FACTS Grant & Aid Forms must be completed online at www.factstuitionaid.com. You must send FACTS your supporting financial information.

SCHOOL UNIFORMS: Measure: Friday, May 4, 2012 from 2 PM – 3:30 PM at church hall.
Delivery: Saturday, July 7, 2012 from 10-12 Noon at church hall.

BUSSING: Westerly – Bussing is available free of charge. Westerly Bus Request Form is enclosed.

Out-Of-District – Bussing is available free of charge for Chariho, Narragansett, Wakefield, etc. Out-Of-District Bussing Info is enclosed.

Out of State – No bussing available.

EXTENDED DAY: An extended day option is available to parents on a daily basis or as needed. This program begins at 7:30 AM and ends at 5:30 PM. The cost is minimal and separate from tuition fees.

**SAINT PIUS X SCHOOL
REGISTRATION FORM – 2012-2013**

DATE: _____

OFFICE: \$100.00 registration fee
(non-refundable)

REGIS. FEE

Date paid: _____

Check #: _____

Verified by: _____

Please print the following:

NAME OF CHILD

LAST FIRST MIDDLE

Address: _____ Telephone _____

Street

Zip Code _____

Town

Child's Birth Date _____ City _____ State _____

Month Day Year

Child's age in September _____ Birth verified (OFFICE) _____

Adoption papers _____

Parish to which child belongs _____

Street

City

State

Grade entering _____ Last school attended _____

Current grade _____ Address of last school: _____

Street

City

State

SACRAMENTS RECEIVED

Baptism: _____ at Church _____

Month day year

Name of church

City

State

First Communion: _____ at Church _____

Month day year

Name of church

City

State

Confirmation: _____ at Church _____

Month day year

Name of church

City

State

FATHER: _____ Occupation: _____

Last

First

Middle

Place of birth: _____ Date of birth: _____

City

State

Month

day

year

Religion: Catholic _____ Christian _____ Non-Christian _____

Married _____ Divorced _____ Remarried _____ Single _____ Step _____ Widower _____

MOTHER: _____ Occupation: _____

Last

First

Maiden

Place of birth: _____ Date of birth: _____

City

State

Month

Day

Year

Religion: Catholic _____ Christian _____ Non-Christian _____

Married _____ Divorced _____ Remarried _____ Single _____ Step _____ Widower _____

LEGAL GUARDIAN (if applicable) _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

(Complete page 2)

SAINT PIUS X SCHOOL REGISTRATION FORM – 2012-2013 PAGE 2

The undersigned agrees to abide by all of the decisions set forth by the St. Pius X School Administration and Board and recognizes that this is a binding contract.

SCHOOL CORRESPONDENCE SHOULD BE ADDRESSED AS:

Mr. & Mrs.| Mrs.| Mr.| Miss| Ms. _____

SIGNATURE OF MOTHER: _____

SIGNATURE OF FATHER: _____

SIGNATURE OF GUARDIAN: _____

NOTE: The school will afford both parents full access to the child and to his/her records, teachers and other pertinent information *unless* legal papers indicate otherwise. A' court certified copy of a divorce decree is required for the office files.

**ST. PIUS X SCHOOL
RE-ENROLLMENT/ENROLLMENT CONTRACT
2012-2013 SCHOOL YEAR**

(Circle Choice)

Student Name/s _____ Grade _____ (Pre K _____ 5 Full or 5 Half 3 Full or 3 Half)
_____ Grade _____ (Pre K _____ 5 Full or 5 Half 3 Full or 3 Half)
_____ Grade _____ (Pre K _____ 5 Full or 5 Half 3 Full or 3 Half)
_____ Grade _____ (Pre K _____ 5 Full or 5 Half 3 Full or 3 Half)

ADDRESS: _____

Pre K and Kindergarten: Child's age as of September 1, 2012: Year _____ Months _____ D.O.B. _____

I would like to register a new incoming sibling: _____ Grade _____

PARISH REGISTERED AT: _____

_____ I wish to reserve a place for my child/ren listed above at St. Pius X School for the 2012-2013 school year. It is understood my child/ren is/are enrolled for the entire year and that I am liable for all expenses incurred during the period of enrollment. **(Current Families Only:** I am enclosing a non-refundable \$100.00 registration fee per child due March 12, 2012. \$15.00 late fee after March 12th. **New Families:** \$100.00 to be paid no later than (1) one week after acceptance.

The tuition rate for the 2012-2013 school year is:

K-8 \$4,950.00	Pre Kindergarten 5 Full Days \$5,300.00	Pre Kindergarten 5 Half Days \$5,100.00
	Pre Kindergarten 3 Full Days \$4,875.00	Pre Kindergarten 3 Half Days \$4,675.00

Tuition will be paid according to one of the following three plans:

- _____ Option 1: Full tuition paid by June 15
- _____ Option 2: Smart Automatic Tuition Payment Agreement Semi-Annually (2) June 15 and Sept 15
- _____ Option 3: Smart Automatic Tuition Payment Agreement Ten (10) Monthly Payments **(July-April)**.

_____ **Grades K-8 Only: I will be applying for financial aid through _____ Parish. Families seeking aid will have an estimated payment plan in place until actual amount of aid is determined.**

- 1.** Mandatory Fund Raising Fees are payable as follows: Each family will be assessed a fund raising obligation of \$300.00 per family which may be met by purchasing and/or selling (20) \$15.00 raffle tickets at the beginning of the school year. Re-registration of currently enrolled students will not be held if the fund raising obligation is not met by the announced deadline.
- 2.** Delinquent Accounts: Students whose accounts are forty-five (45) days in arrears will not be allowed to continue classes until all payments are brought up to date. Tuition payments must be fulfilled in order to register for the following year.

_____ **NO, My child/ren will not be returning to St. Pius X in September 2012**

I do hereby enter into agreement with St. Pius X School that I, the undersigned parent/guardian will comply with the school's rules and regulations and we will accept those decisions made by the school board and administration. I recognize that this is a binding contract.

(Signature Parent/Guardian)

(Date)

Referred by: _____

**SAINT PIUS X SCHOOL
FAMILY EMERGENCY INFORMATION – 2012-2013**

DATE FORM COMPLETED: _____

PLEASE PRINT CLEARLY:

List children at St. Pius X School ONLY, and begin with oldest child.

STUDENT'S NAME: _____ Birth date _____ Grade _____
2012-2013
_____ Birth date _____ Grade _____
2012-2013
_____ Birth date _____ Grade _____
2012-2013
_____ Birth date _____ Grade _____
2012-2013

ADDRESS: _____ Phone _____
Street _____
City _____ State _____ Zip code _____

FATHER: _____
Last _____ First _____ Middle _____
Work Number _____ Extension _____ Cell # _____
Please use correct dialing sequence
Place of employment: _____
Married _____ Divorced _____ Remarried _____ Widower _____ Step _____ Single _____
Restriction _____ with whom? _____

MOTHER _____
Last _____ First _____ Middle _____
Work Number _____ Extension _____ Cell # _____
Please use correct dialing sequence
Place of employment: _____
Married _____ Divorced _____ Remarried _____ Widower _____ Step _____ Single _____
Restriction _____ with whom? _____

NAME OF RELATIVE OR NEIGHBOR:

Relationship (of above) to child: _____ Work # _____
Home # _____
DOCTOR: _____ Phone # _____

HOSPITAL _____
Parish at which family is registered: _____

PLEASE LIST ANY MEDICAL PROBLEM: _____

Be advised – the school should be **notified** of any **new information** regarding **medical problems** your child may have. The school should also be notified of any change in **address, phone numbers** or **work place.** **PAGE 1 – PLEASE COMPLETE PAGE 2** →

PAGE 2 OF EMERGENCY FORM

Please list e-mail address(es) below. All notices and newsletters will be sent to the addresses you give us. If you do not have internet access, please indicate. Thank you.

Name: _____

e-mail address _____

e-mail address _____

check here if you do not have internet access

EXTENDED DAY INFORMATION

Extended Day is offered to all parents every day. Please list below the names and phone numbers of all designated adults authorized to pick up your children from our Extended Day program. **Only those listed below will be authorized to pick up your children, unless we have written documentation from you to add others.**

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

**SAINT PIUS X SCHOOL
SPECIAL NEEDS INFORMATION**

Student's name:

Grade in September of 2012:

Date of Birth:

St. Pius X School offers a variety of educational services in order that each child's individual academic needs will be met. Please assist us in properly providing service for your child by completing the following questionnaire.

1. Has your child received special needs services as part of their school placement?
YES _____ NO _____

2. If answer to question 1 is YES, please explain by checking all appropriate responses:
Speech or Language therapy _____ Advanced placement for math _____
Remedial services for reading _____ Advanced placement for reading _____
Remedial services for math _____ Advanced placement for English _____
Remedial services for English _____
Special education/Resource classroom _____
Special education/self-contained classroom _____

3. Has your child been referred for learning disabilities? YES _____ NO _____

4. If answer to questions 3 is YES, was the testing done? YES _____ NO _____

5. Has your child had an individualized educational program (IEP)? YES _____ NO _____

6. Has your child been diagnosed with Attention Deficit Disorder? YES _____ NO _____

7. Is your child currently taking medication? YES _____ NO _____
EXPLAIN: _____

8. Has retention ever been suggested for your child? YES _____ NO _____
If YES, please explain: _____

9. Are there any other special needs that St. Pius X School should be aware of at this time?
YES _____ NO _____ Please explain: _____

By my signature, I attest to the fact that the information given above is correct and complete, to the best of my knowledge.

Signed: _____

Date: _____

SAINT PIUS X SCHOOL

GRADES K – 8 TUITION RATES AND PAYMENTS CHARTS FOR 2012-2013

The following rates apply to both St. Pius X parishioners and non-parishioners.

KINDERGARTEN THROUGH GRADE 8 FOR THIS SCHOOL YEAR IS \$4,950.00

TUITION CHOICES:	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	<u>FOURTH CHILD</u>
	\$4,950.00	\$9,900.00	\$14,850.00	\$19,800.00

OPTION I

One payment – June 15	\$4,950.00	\$9,900.00	\$14,850.00	\$19,800.00
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Paid directly to St. Pius X School. If payment date is missed, family will be enrolled in the SMART Automatic Withdrawal Payment Plan.

OPTION II SMART Automated Withdrawal

2 Payment Plan	\$2,475.00	\$4,950.00	\$ 7,425.00	\$ 9,900.00
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June 15th and September 15th

10 months July – April	\$ 495.00	\$ 990.00	\$ 1,485.00	\$ 1,980.00
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2012-2013 - Tuition Refund Policy

When parents/guardians reserve an enrollment place for their children in St. Pius X School, they agree that their children are enrolled for the entire school year and that the parents/guardians are responsible for the regular tuition as well as other expenses incurred during the school year.

Registration: Registration fees are not refundable and are assessed yearly to all students regardless of when they enroll in the school year.

Tuition: Cancellation of enrollment must be made in writing to the school office for possible refund consideration by the parent/guardian. Refunds will be considered when the parent/guardian has signed an official notice of transfer/withdrawal at the school office.

Cancellations **prior to the August 1** will be charged one month of the annual tuition and the remainder of paid tuition refunded.

Cancellations **after August 1** and before the first day of school will be charged two month's of the annual tuition and the remainder of paid tuition refunded.

Cancellations **after October 10** will not be refunded.

Consideration may be considered with special circumstances at the principal's discretion.

SAINT PIUS X SCHOOL
32 Elm Street
Westerly, Rhode Island 02891

RECOMMENDATION FORM for CANDIDATES APPLYING TO ST. PIUS X SCHOOL

TEACHER SCHOOL GRADE _____

(Name of applicant) _____ is seeking admission to St. Pius X School. Please complete this form and return to Henry Fiore, Jr., Principal of St. Pius X School as soon as possible.

Please use code: 4-Excellent 3-Good 2-Fair 1-Poor 0-N/A

1. SOCIAL ADJUSTMENT:

Attendance	4	3	2	1	0
Relation with peers	4	3	2	1	0
Relations with adults	4	3	2	1	0
Self control	4	3	2	1	0
Self concept	4	3	2	1	0
Appearance/hygiene	4	3	2	1	0
Responsibility	4	3	2	1	0

5. OTHER OBSERVATIONS

STRENGTHS: _____

2. COMMUNICATION (verbal/written):

Attention span	4	3	2	1	0
Memory	4	3	2	1	0
Following directions	4	3	2	1	0
Speech (articulation)	4	3	2	1	0
Conversation skills	4	3	2	1	0
Written self expression	4	3	2	1	0
Spelling	4	3	2	1	0
Facility with English	4	3	2	1	0
Reading skills	4	3	2	1	0

WEAKNESSES: _____

3. CONTENT AREA:

Academic functioning	4	3	2	1	0
Working to capacity	4	3	2	1	0
Transfer of skills	4	3	2	1	0
Note taking	4	3	2	1	0
Homework	4	3	2	1	0

4. OBSERVATIONS SUGGEST:

Student can make conscious decision regarding own behavior and actions. ___ YES ___ NO
 Suspicion of disability which specifically prohibits compliance with
 behavioral expectations. ___ YES ___ NO
 Modified behavioral procedures required. ___ YES ___ NO

6. Recommendations or suggestions from your perspective: _____

Teacher's signature Date _____ Date" _____

SAINT PIUS X SCHOOL

2012-2013 RELIGION PROGRAM FOR NON-CATHOLIC STUDENTS

Dear Parents/Guardians,

I am happy that your family and children are part of our school family. For several years our enrollment has consisted of families of different faiths and beliefs, and because our values and love of God have always been the same, all our classroom subjects including Religion have run smoothly.

Our school policy is that all students must participate and be graded in all subjects, Religion included.

As a part of our school family, your child must participate fully in our classroom Religion study, in school prayers, and also in our Mass, with the exception of Communion. If you have any questions about this school policy, please call for an appointment.

God Bless You,

Henry Fiore, Jr.
Principal

This letter becomes part of your child's cumulative folder. If you agree with the above, please sign and date. Thank you.

Parent/Guardian Signature _____

Date: _____

2012-2013
Westerly Public Schools
Request for Bus Transportation
Emergency Contact and Medical Information Form

MAIL FORMS TO XXX***Westerly Transportation Dept *****XXX**
8 Springbrook Rd.
Westerly, R.I. 02891

Student Information

School Attending:

Student's Name:

Sex: M F

Date of Birth:

Grade:

Parent/Guardian Name

Parent/Guardian Name

Home Phone

Work Phone

Home Phone

Work Phone

Street Address

Street Address

City, ST ZIP Code

City, ST ZIP Code

Emergency Contacts

Emergency Contact Name

Emergency Contact Name

Home Phone

Work Phone

Home Phone

Work Phone

Street Address

Street Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Allergies/ Special Health Considerations:

Parent/Guardian Signature

Date

For Transportation Use Only:

2012-2013

OUT OF DISTRICT BUSSING (Chariho, Narragansett, Wakefield, etc)

REQUEST BUS TRANSPORTATION BEGINNING APRIL 1, 2012

KINDERGARTEN THROUGH GRADE 8 STUDENTS ONLY

The process for requesting bus transportation for students from out of district schools is handled by the State of Rhode Island through their Statewide Transportation Website.

Your child will still be bussed by First Student in Wood River Junction; however, the form must be completed online.

REQUIREMENTS:

- Student must reside in the District they are applying for.
- Bussing is for Kindergarten through Grade 8 students ONLY.
- An application must be completed for EACH student requesting bussing.
- The application must be completed online. Hard copies will not be accepted.
- DEADLINE for completing applications is usually August 1st.
- Applications received after the August deadline will delay your child's bussing status until September 2012.

TO COMPLETE BUSSING APPLICATION:

- Go to – www.ride.ri.gov/finance/transportation.
- Click on “RIDE – Federal and State Funding”.
- Homepage is “Statewide Student Transportation Home”.
- Look to the right side – shaded box – “To request transportation for private/Catholic/charter schools”.
- Click on “click here”.
- Complete and send application for each child applying for bussing.

For questions and additional information please contact the statewide system's office at 401-222-5024 or email transinfo@ride.ri.gov. You will receive a letter from Statewide Transportation with all your child's bussing information after your application is completed and processed.

2012-2013 VOLUNTEER PAPERWORK

In order to volunteer at St. Pius X School, in any capacity, the following paperwork is mandatory:

BCI CHECK – Paperwork is attached.
Complete form and return ASAP
Photo ID is mandatory
School Principal will notarize the paperwork.

SAFE ENVIRONMENT – Paperwork is attached.
Read “Code Of Ethical Conduct”
**Sign and return the Diocese of Providence In-Service
Sign-In Form.**



DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK

Full Name: _____ Maiden Name: _____
(First and Last)

Date of Birth: _____

POSITION

Name of (SELECT ONE ONLY): Parish School Agency: _____

City/Town: _____

POSITION: Priest _____ Deacon _____ Deacon Candidate _____ Seminarian _____
Transitional Deacon _____ Employee _____ Volunteer _____

EMPLOYEES ONLY: Principal/Vice Principal _____ Salaried Teacher/Substitute Teacher _____ Other-Salaried Employee _____
CAL _____

VOLUNTEERS ONLY: CAL _____ Catholic Scouting _____ Other _____

SECONDARY POSITION (if applicable)

Name of (SELECT ONE ONLY): Parish School Agency: _____

City/Town: _____

POSITION: Priest _____ Deacon _____ Deacon Candidate _____ Seminarian _____
Transitional Deacon _____ Employee _____ Volunteer _____

EMPLOYEES ONLY: Principal/Vice Principal _____ Salaried Teacher/Substitute Teacher _____ Other-Salaried Employee _____
CAL _____

VOLUNTEERS ONLY: CAL _____ Catholic Scouting _____ Other _____

DISCLAIMER

I _____ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Diocese of Providence any criminal record that the Bureau of Criminal Identification has on file in reference to me. I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

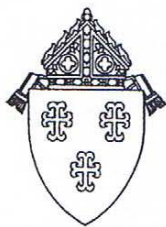
Signature of Applicant

Sworn to before me in the City of _____ State of _____ this _____ day of _____, 20__

Notary Public Commission Expires:

NOTE: LEGIBLE copy of government photo identification with date of birth must accompany this Disclaimer. (Examples – license, passport, Governmental ID) **please return disclaimers to your Parish, School or Agency.**

Office of Education & Compliance • 80 St. Mary's Drive • Cranston, RI 02920



CODE OF ETHICAL CONDUCT

Catholic parishes, schools, and agencies will maintain an environment that is free from all forms of intimidation and harassment: physical, verbal, written, psychological, social, and electronic.

Catholic parishes, schools, and agencies will employ disciplinary practices that respect the dignity of each child. It is not acceptable to strike, shake or slap a child.

Adults will not provide a gift to an individual young person without prior approval from the administrator of the program.

Adults will meet with an individual young person in an open and public area.

Adults will not be alone with a young person in a residence, sleeping facility, locker room, rest room, dressing facility or other closed room or isolated area.

Adults will not provide alcohol, controlled substances or pornographic materials to young people at any time.

Adults will not use or be under the influence of alcohol or controlled substances while participating in a youth activity. Adults or minors who are under the influence of alcohol or controlled substances are not permitted to participate in youth events. No alcoholic beverages will be accessible or served during events which are designed specifically for children.

Adults will not drive alone with a young person without parental or guardian consent.

Adults will report abuse or inappropriate activities involving a minor to appropriate personnel immediately.

Adults will cooperate fully with Diocesan and/or law enforcement personnel in any investigation of abuse of children and/or youth.

SAINT PIUS X SCHOOL

32 Elm Street
Westerly, Rhode Island 02891

AUTHORIZATION FOR RELEASE OF INFORMATION

(PARENT, PLEASE COMPLETE AND RETURN TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING)

Date: _____

TO: _____

This is authorization for you to release the following records/information related to my child/children: _____

(Please print)

____ ALL CUMULATIVE RECORDS
(inclusive of those listed below)

COMMENTS

Attendance record

Grade records

Standardized Test Data

Health Record

Special Educational File

Psychological Evaluations

Speech and Language

Medical Record

Other (Specify)

Signature of Parent or Guardian

NOTE: Parental permission is no longer required when authorized school personnel request records. (Family Educational and Privacy Act on Education Records.

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