

Saint Peter in Chains School

Registration 2016-2017

Supported by St. Peter in Chains and St. Julie Billiart Parishes

January 2016

Dear Parents,

Thank you for your interest in St. Peter in Chains School.

St. Peter in Chains School is supported by the parishes of St. Peter in Chains and St. Julie Billiart. The school serves students in grades K-8 and has a long and proud tradition of providing an outstanding Catholic education in a Christ-centered, family oriented environment.

Tuition rates are set by the parishes. In order to gather a more accurate account of enrollment figures and staff needs for the upcoming year, tuition rates are finalized and announced after the registration period has ended. However, we realize parents must budget for tuition. As a point of reference, the current tuition rates are \$ 3,599.00 for parishioners, \$4,600.00 for parishioners of another parish and \$ 5,500 for non-parishioners. (Parishioner rates include St. Peter's and St. Julie's parishes. Both parishes require consistent attendance at Sunday Mass to be recognized as an "active parishioner").

St. Peter in Chains priority of admission is as follows:

- FIRST: Parishioners and non-parishioners who were students the previous year and who have met tuition requirements
- SECOND: Parishioners and non-parishioners who have siblings already in the school
- THIRD: Parishioners who were not students the previous year
- FOURTH: Non-parishioners who were not students the previous year

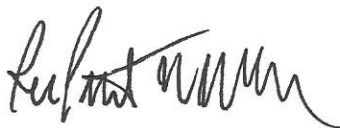
All of the above are in effect under the condition that registration materials and fees have been received by the due date. In addition, the school administration reserves the right to refuse admission or to conditionally admit students based on academic and/or behavioral concerns.

A readiness screening is administered prior to the start of each school year for all new students. If there is a question or concern regarding the child's readiness, the teacher will confer with the parents.

If you would like to register your child(ren) at St. Peter in Chains School, please complete the registration forms referenced in the New Student Procedure list. Families whose registration forms and registration fees are received in the school office on or before Friday, February 5, 2016 will be eligible for a discounted non-refundable registration fee of \$ 50 for one student or \$ 100 for more than one student. Registration forms/fees received after February 5, 2016 will be assessed a non-refundable registration fee of \$ 75 for one student and \$ 150 for more than one student. Again, we stress that by receiving your registration in a timely manner, we are able to plan more effectively for the upcoming school year.

Thank you again for your interest in our school. We are confident that St. Peter in Chains School will provide your child with the quality of Catholic education you are seeking. If you have any questions or concerns, please feel free to contact us.

Sincerely,



Rev. Patrick McMullen
Pastor, St. Peter in Chains



Rev. Michael Pucke
Pastor, St. Julie Billiart

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New Student Procedure - Please refer to the following guidelines:

Kindergarten/Grade One

1. The following must be returned in order for your registration to be complete:
(Items A, B, C, D and E are due at time of registration. Item F is due at screening, G and H are due when noted)
 - A. Student Record Form with paid non-refundable registration fee
*early registration discount through 2/5/16 \$ 50.00/student; \$100.00/2 or more students
registration fee after 2/5/16 \$ 75.00/student; \$ 150.00/2 or more students*
 - B. Health and History Record Form
 - C. Birth Certificate* and Baptismal Certificate, if applicable
 - D. Student Sacrament Form
 - E. Record Request Form (please give this to child's current pre-school or school)
 - F. Copies of records from previous school(s)
 - G. Medical Record Form—due by August 12th
 - H. Dental Record Form—due by August 12th
2. Additional information will be sent at a later time regarding the screening date for incoming Kindergarten and Grade One students.
3. If a student is accepted, there will be a probationary period of nine weeks. The probationary period may continue for another nine weeks if deemed necessary by the Teacher and Principal.

Grades Two - Eight

1. The following must be returned in order for your registration to be complete:
(Items A, B, C, E and F are due at time of registration. Items D and G must be submitted within two weeks of registration.)
 - A. Student Record Form with paid non-refundable registration fee
*early registration discount through 2/5/16 \$ 50.00/student; \$100.00/2 or more students
registration fee after 2/5/16 \$ 75.00/student; \$ 150.00/2 or more students*
 - B. Health and History Record Form
 - C. Birth Certificate* and Baptismal Certificate, if applicable
 - D. Student Sacrament Form
 - E. Record Request Form (please give this to child's current school)
 - F. Copies of records from previous school(s). These include Report Card from current grade, final Report Card for previous school year along with Achievement Test results (e.g. Iowa, California Achievement, Terra Nova).
 - G. Medical Record Form
2. A competency test **will** be administered to determine if the student is performing at, above, or below grade level in Math and Language Arts.
3. If a student is accepted, there will be a probationary period of nine weeks. The probationary period may continue if deemed necessary by the Teacher and Principal.

*Ohio Law, Section 3313.672 reads as follows:

“A pupil at the time of his initial entry to a public or non-public school shall present to the person in charge of admission any records given him by the elementary or secondary school he/she most recently attended and a certification of birth issued pursuant to section 3705.05 of the Revised Code or a comparable certificate or certification issued pursuant to the statutes of another state, territory, possession, or nation.”

**Please complete both sides of form and
return with payment of registration fee**

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NAME _____
(First) (Middle) (Last) (Preferred Name)

ADDRESS _____
(Street) (City) (Zip)

BIRTHDATE _____ GENDER _____ GRADE(2016-2017) _____

HOME PHONE _____ PARISH/CHURCH AFFILIATION _____
(this number will be used in all school related publications)

FAMILY EMAIL _____
(please contact school office if you do not want email to be used in our contact list)

ETHNICITY (Requested for State Reporting Purposes)

_____ African American _____ American Indian _____ Asian/Pacific Islander _____ Caucasian
_____ Hispanic _____ Multiracial Other _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PUBLIC SCHOOL BUILDING OF RESIDENCE _____
(This is the public school your child would attend if they did not attend St. Peter's.)

HOME STATUS: Married _____ Divorced _____ Separated _____
If applicable, please submit copy of Custody papers to School Office. (For office use only _____)

MAIL SHOULD BE ADDRESSED TO: Mr. and Mrs. _____ Mrs. _____ Mr. _____ Ms. _____

FATHER'S NAME _____	RELIGION _____
EMPLOYER _____	OCCUPATION _____
BUSINESS ADDRESS _____	
BUSINESS PHONE _____	CELL PHONE _____

MOTHER'S NAME _____	RELIGION _____
(Maiden Name)	
EMPLOYER _____	OCCUPATION _____
BUSINESS ADDRESS _____	
BUSINESS PHONE _____	CELL PHONE _____

IF APPLICABLE	
STEP-FATHER'S NAME _____	RELIGION _____
EMPLOYER _____	OCCUPATION _____
BUSINESS ADDRESS _____	
BUSINESS PHONE _____	CELL PHONE _____
STEP-MOTHER'S NAME _____	RELIGION _____
EMPLOYER _____	OCCUPATION _____
BUSINESS ADDRESS _____	
BUSINESS PHONE _____	CELL PHONE _____

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CHILD NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (Zip)

PHONE # _____ GENDER _____ BIRTHDATE _____

BIRTHPLACE (City/State) _____

WHOM DOES THE CHILD LIVE WITH _____

FAMILY HISTORY (List first and last names of all children in the family)

NAME	BIRTHDATE	SCHOOL AND GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRENATAL HISTORY

Did the mother have any physical or emotional illness during this pregnancy? Yes _____ No _____

If yes, explain briefly: _____

Age of the mother when this child was born: _____ Birth weight of the child _____

Was the child born at full term? _____ Early _____ Late _____

Did the infant have any sickness or problems while in the nursery? _____

If yes, explain briefly: _____

DEVELOPMENTAL HISTORY

Please give the approximate age at which this child:

Walked alone _____ Was toilet trained _____ Spoke in sentences _____ Dressed self _____

How does this child's development compare to other children, such as his/her brothers/sisters or playmates?

About the same _____ Slower _____ Faster _____

HEALTH CONDITIONS (Please answer yes or no):			
Abnormal spinal curvature _____		Hemophilia (Von Willebrand Disease) _____	
Allergies (please circle any that apply) _____ medicines, foods, plants, animals		(excessive bleeding w/bloody nose _____)	
emergency action if an allergic reaction is severe _____		Injuries/Illness (please include child's age and if hospitalized) _____	

Anemia _____		Kidney disease or abnormality _____	
Arthritis _____		Measles (10 day) _____	
Asthma (last attack on _____) _____		Meningitis or encephalitis _____	
Attention Deficit Disorder or Hyperactivity _____		Multiple ear infections (3 or more) _____	
Behavior problems _____		Near-suffocation or drowning _____	
Birth or congenital malformation _____		Physical activity restrictions _____	
Cancer (type _____) _____		(be specific _____)	
Chicken Pox (when _____) _____		Seizures or epilepsy _____	
Chronic diarrhea or constipation _____		Sickle Cell Disease _____	
Concussion (explain) _____		Substance Abuse _____	

Cystic Fibrosis _____		Suicide Attempt _____	
Diabetes _____		Stool soiling during the day _____	
Difficulty sleeping _____		Toothaches or dental infections _____	
Easily fatigued _____		Urinary Tract Infections _____	
Eating disorders _____		Wetting during the day _____	
Eczema _____		Vision problems _____	
Emotional problems _____		(wears glasses _____ or contacts _____)	
Frequent headaches _____		(Lazy Eye _____)	
Hearing problems _____		Other _____	
(wears hearing aid(s) _____)		_____	
Heart disease (type _____) _____		_____	

ADDITIONAL INFORMATION
Medications given daily and why: _____
Other medications given frequently and why: _____
Do you have other comments or concerns about this child's physical and emotional health, development, behavior, family or home life that you would like the school to be aware of? If so, please explain: _____ _____

Please contact the school office if there are changes to the information provided or if any new medical condition(s) develop.

Completed by _____
(Please print name and relationship to child)

Signature _____ Date _____

Supported by St. Peter in Chains and St. Julie Billiart Parishes

STUDENT NAME _____

BAPTISM

CHURCH _____

(City)

(State)

DATE _____

FIRST COMMUNION

CHURCH _____

(City)

(State)

DATE _____

CONFIRMATION

CHURCH _____

(City)

(State)

DATE _____



**ARCHDIOCESE OF CINCINNATI
Request for Release or Transfer of Records**

This form is provided for the purpose of releasing a student's records. By signing this release a parent or legal guardian will expedite the transfer of records to another school for enrollment in that school.

I hereby authorize _____ Date _____
(Name of current school)
to release *birth certificate, all academic records including most recent grade card, speech and hearing, psychological testing, IEP/ISP, medical and immunization information* which has been made a part of the school records regarding:

STUDENT'S NAME _____ GRADE _____

TO: **ST. PETER IN CHAINS SCHOOL
451 RIDGELAWN AVENUE
HAMILTON, OH 45013**

Fax # 513-863-1859

By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records. (as defined by: PL 93-383 and any amendments thereto.)

SIGNED _____ RELATIONSHIP _____

DATE _____

PRINCIPAL _____

Supported by St. Peter in Chains and St. Julie Billiart Parishes

Name of Child _____ Birthdate _____

Age _____ Height _____ Weight _____ Blood Pressure _____

General appearance, nutritional state, vitality _____

Skin (pallor, condition, pilonidal sinus?) _____

Head _____ Eyes _____ Ears _____ Nose _____ Throat _____

Mouth (teeth and muc membrane) _____ Neck (lymph nodes and thyroid) _____

Chest _____ Heart _____ Lungs _____ Abdomen (hernia) _____

Genitalia _____ Posture & extremities (including skeletal abnormalities) _____

Neurological _____ Speech difficulty _____

Allergies(meds, environmental) _____ Medications _____

Past Health History(chronic/serious illness, injury, surgeries) _____

Comments on emotional behavior _____

Other _____

Is this child capable of carrying a full program of school work including gymnastics & athletics? _____

Restrictions and/or recommendations: _____

The following immunizations were received on the dates shown:

DTP/DTaP _____

OPV/IPV _____

HepB _____

MMR _____

VZV _____

Physician's Signature

Address

City, State, Zip

Date

Supported by St. Peter in Chains and St. Julie Billiart Parishes

Name of Child _____	Phone # _____
Address _____	

Birthdate _____	Gender _____
Grade _____	

If your child has had a dental examination within the last six months, please have your dentist complete the following. If not, please sign below.

No dental defects _____	This is to certify that I have examined the above mentioned child and found the condition checked:
Dental defects were present and have been completely cared for _____	_____
Treatment has been started _____	Dentist's Signature _____
Treatment is needed but no provision has been made for it _____	Address _____
	City, State, Zip _____
	Date _____

It is not possible to take my child to our family dentist for examination or treatment at this time.

 Parent/Guardian Signature

 Date

St. Julie Billiart Parish
224 Dayton Street
Hamilton, Ohio 45011
513-863-1040
www.stjulie.net



January 2016

To: St. Julie Billiart Parish Members:

FACTS Grant & Aid Assessment will be conducting the financial need analysis for members of St. Julie Billiart Parish who will attend St. Peter in Chains School for the upcoming 2016-2017 school year. This is the same company that Badin High School uses for financial aid. So, if you have students at Badin and St. Peter in Chains you only need to fill out one application.

Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by **April 30, 2016**.

In section 2 of the application use St. Julie Billiart in the School Attending Fall 2016 block.

Applicants can apply online by clicking the FACTS link on our parish website: www.stjulie.net. (St. Julie main page-select Catholic Education on left side, then click FACTS link)

Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your 2013 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

All supporting documentation can be uploaded in pdf format online.

Documentation can also be faxed to 866-315-9264 or mailed to the address below. **Please be sure to include the applicant ID on all faxed or mailed correspondence.**

FACTS Grant & Aid Assessment
P.O. Box 82524
Lincoln, NE 68501-2524

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 866-441-4637.

Sincerely,
Betty Meiner
St. Julie Billiart Parish
Business Manager

**St. Julie Billiart Parish
Catholic School Educational Grant and
Tuition Payment Policy
Adopted August 2008**



Catholic School Educational Grant Policy

St. Julie Billiart Parish will offer an educational grant to registered families who meet the following criteria and whose children attend St. Peter in Chains Catholic School in Hamilton, Ohio.

- It is expected that a family seeking a Catholic School Educational Grant will support the life of St. Julie Billiart Parish through good stewardship of time, talent and treasure, and by participating as much as is possible in the total life of the parish-spiritual, ministerial and social. Since our greatest treasure is Word and Sacrament, since our most important time is our time together, and since all of our talents are to be used to give glory and praise to God, the most important test of membership is active attendance and participation in Sunday worship. The proof of this attendance is regular use of offering envelopes. We expect that you use your offering envelope every Sunday. It can be empty of donations if you cannot afford a weekly contribution or if you make your contribution monthly, by mail or through some other mechanism. The envelope, even empty, is a sign to us that you are with us in our parish mission.
- Families who are newly registered at St. Julie Billiart Parish will be charged the out of parish rate for the first trimester of the school year. At the end of the first trimester a review of your eligibility status for the Catholic Educational Grant will be done. If the family is eligible the tuition rate will be adjusted to the discounted parish rate for the second and third trimester.
- Families who are newly registered at St. Julie Billiart Parish who had been actively involved in their previous parish may submit a letter from the pastor of their former parish stating their involvement at that parish. This letter should be mailed to the pastor of St. Julie Billiart Parish. Families should then call to schedule an appointment with the pastor to discuss their eligibility for the discounted parish member rate for the entire school year
- We would ask that all parishioners, especially those families using our parish school, give careful, prayerful consideration to appeals made to the parish. This means filling out a card for our annual stewardship appeal in the fall. This means responding, even if with an expression of regret, to appeals such as the Catholic Ministries Appeal.
- Participation in parish fundraising efforts such as the bingo is extremely critical to the continued support of Catholic Education.

[Any family that is unable to meet any of these basic conditions must seek a conference with the pastor so he may make any necessary adjustment. Please do this as soon as problems arise.]

Any family that is unwilling to meet any of the basic conditions will be defined as ineligible for an educational grant and will be charged the full cost per pupil rate. [Fulfillment of these responsibilities during the current school year is used as the criteria for eligibility for the parish discount for the next school year.]

Tuition Payment Policy

Tuition payments are due monthly, beginning in August and ending in May. Each family will either receive a tuition payment coupons or choose to have monthly payment made by direct withdrawal from their bank account. Tuition payment coupons and direct pay authorization forms will be mailed in June. Monthly payments must be paid no later than the 10th day of each month, beginning with August and ending with May. If a payment is late, it is the responsibility of the parent or guardian to notify the pastor or business manager of the problem and to work out a payment schedule. Failure to pay will result in withholding of report cards and/or transfer of records and loss of placement for the next school year.

If a student is withdrawn from school, the family is responsible for the entire tuition and fees through the end of the trimester in which the child was withdrawn.

1. Additional Financial Aid Program

Financial Tuition Aid is available to all **qualifying eligible parish members** who will have children in grades K-8.

Tuition Aid forms will be handled by using the **FACTS** system. This is the same system used by Badin High School. So, if you have students at Badin you only need to fill out one financial aid application. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by May 30, 2015. Applicants can apply online by clicking the FACTS link at www.stjulie.net. (Under "Catholic Education Tab"). Should the FACTS fee be a problem for your family, please contact Betty Meiner, parish business manager, at 863-1040. Do not let this fee keep you from applying for aid.

ST. JULIE BINGO

Each St. Julie Billiard family, whose student(s) attend St. Peter in Chains School in Hamilton must provide workers for our Wednesday night bingo which is held at the Fenmont Center, 229 North Third Street, Hamilton, Ohio.

In order to help the office schedule workers for the bingos, you are asked to complete the form at the bottom of this page. You will be scheduled to work 17 times per school year. Bingo schedules for 2016/2017 begins in October 2016 and ends in September 2017.

Bingo schedules are mailed to your home. Be sure to check the bingo schedule carefully when you get it to see when you are scheduled: you will be scheduled to work every third week. If you cannot work on a scheduled day, please find a substitute from the bingo schedule that you will receive. Please call your team leader with any trades made. You are asked to arrive promptly at 6:00 p.m. and stay until bingo is over, approximately 10:15 p.m.

This fundraiser is an important part of the financial budget of our parish. Monies raised at bingo are used to provide Catholic School Educational Grants to eligible families of St. Julie Billiard Parish. Bingo helps keep your tuition cost down. Bingo is also a good way to meet and get to know other school parents and parish members.

Please complete and return to the parish office by July 31, 2016.

Attn: Betty Meiner

St. Julie Billiard Parish
224 Dayton St
Hamilton, Ohio 45011

ALL FAMILIES PLEASE COMPLETE AND RETURN
BINGO WORKER INFO 2016-2017 SCHOOL YEAR

Family Last Name _____

First Name

Worker(s) _____

Home Phone # _____ Cell phone# _____

Email
address: _____

_____ Our family is already on a team.

_____ We are a new family.