



## ITEMS REQUIRED FOR STUDENT FILE

STUDENT NAME: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

(Office Use)  
Received Y/N

- Original Alabama Blue Immunization Form Y/N
- Copy of Birth Certificate Y/N
  
- Copy of Baptismal Certificate (for Catholic students) Y/N NA
  
- \*Enrollment Contract & Diocesan Policies Forms Y/N
  
- \*Subsidy Form (Grades K-8) Y/N
  
- \*AUP Form Y/N
  
- \*Department of Health Letter Y/N
  
- \*Records Release (if transferring) Y/N NA
  
- \*Parent Observation Form Y/N
  
- \*Student Evaluation Form Y/N
  
- Registration Fee Y/N
  
- FACTS Review Page Y/N  
(See directions on attached.)
- RenWeb Information Completed \_\_\_\_\_(initial) Y/N  
(See directions on attached.)

**\*Items denoted with an asterisk are available on school website.**

Please return this sheet to the school office along with all required documents and registration fee.

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## *Welcome to Prince of Peace Parish*

(A Stewardship Parish)

Registration forms and Welcome Packets may be picked up at the Welcome Desk, located in the gathering space, after weekend Masses, or in the parish office during the week.

The parish office is open Monday through Thursday from 8:30 am to 3:30 pm, Friday from 8:30 am to 2:30 pm.

### *Our Parish Mission Statement*

We, the members of Prince of Peace, are a community of Christ who gather together in Eucharist to find unity, renewal, and empowerment to carry on the work of Jesus. We celebrate in the diversity of our parish community. Aware of our presence and responsibility in Birmingham, we recognize our membership in our Diocese and in the Catholic Church of the world.

In our ministry of bringing Jesus into the life of the community, we are committed to:

Grow spiritually in prayer which is integrated with our active daily lives;

Promote the education of the adults and youth among us;

Contribute our individual resources, talents, and gifts toward the enrichment of our parish life;

Witness the gospel by reaching out to others in living Christian service with special concern for young families, the elderly, the poor and the unchurched;

Welcome the new members of our parish;

Rejoicing in this community, we celebrate as a family united in the body of Christ through the active liturgical worship.

Membership at Prince of Peace is usually determined by:

- Registration in the parish
- Engagement in a stewardship way of life. Some characteristics of a person living a stewardship way of life are:
  - Attending Mass
  - Being part of on-going Catholic formation
  - Sharing of time, talent and treasure (use of weekly financial envelopes)
  - Participating in a parish ministry, activity, program or organization. (Parish Council, P.T.O., parish committee, Sunday school educator, chaperone, coach, etc.)

Active membership is required to obtain Prince of Peace parishioner status for:

1. Receiving the sacraments
2. Using the parish facilities
3. Obtaining parish rate tuition for Prince of Peace School and/or John Carroll Catholic High School

#### Parish Verification for Subsidy

Our family requests parish tuition rate for the 2013-2014 school year.

Family Name: \_\_\_\_\_  
Last First

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

Pastor's Signature: \_\_\_\_\_

Financial Secretary's Signature: \_\_\_\_\_

Parish Seal

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**ALTERNATE PARISH SUBSIDY FORM**

This form should be submitted directly to your parish priest for approval. Please DO NOT submit this form to the school office until your parish priest has signed it.

A new subsidy form must be submitted and approved each school year in order to receive the subsidized tuition rate.

Subsidy applies to any student in grades K5-8. Subsidy approval is an agreement between and individual family and their pastor. The school has no authority or responsibility in this matter. To receive a subsidized tuition rate, this form must be completed and approved by May 1<sup>st</sup> of the upcoming school year. If the approved form is not received by this date, the account may be subject to non-subsidized rates.

Parent/Guardian Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

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

**Parish Use Only**

I, \_\_\_\_\_, pastor of the above parish, do hereby approve the above student(s) for the subsidized tuition rate for the upcoming school term and agree to pay the school the established subsidy rate per student.

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

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**ENROLLMENT CONTRACT**

Family name: \_\_\_\_\_

Student(s) name(s) and grade(s): \_\_\_\_\_  
\_\_\_\_\_

My signature on this document obligates me for full tuition and fees. This contract is made with the understanding that the school reserves the right to request the withdrawal of any student who does not meet its academic requirements or fails to conform to its rules and regulations. Tuitions and fees are itemized on the school profile.

I accept and assume responsibility for all financial obligations. I understand that no student will be permitted to take semester and/or final exams unless all tuition and fees are paid in full. Neither report cards nor transcripts will be completed or released until all financial obligations have been met. Payments received after the 15<sup>th</sup> of the month will be considered delinquent and be subject to a \$25.00 late fee.

It is understood that a student is enrolled for the entire school year. The fact that the tuition is payable in monthly installments does not constitute a partial contract. There is an obligation to pay full tuition and fees without reduction or remission for absence and/or voluntary withdrawal of a student unless enrollment is withdrawn on or before **May 1<sup>st</sup>**. Exceptions will be made for families transferring out of the city. If a student is expelled from Prince of Peace Catholic School, financial obligations will cease on the day of expulsion, provided the student’s account is current and up to date.

Parents who are in a divorce or a separation situation are hereby notified that both parents will be treated equally unless there is a court order or written document to the contrary in the student’s file.

My signature also authorizes Prince of Peace Catholic School, the Diocese of Birmingham in Alabama, and their representatives to display, to publish, and to reproduce photos/videos of my child for promotional materials. I understand that the promotional materials may be used for internal, diocesan, community, and/or national publications that promote the mission of our local Church and school.

\_\_\_\_\_  
Signature of parent/guardian responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person financially responsible

\_\_\_\_\_  
Date

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Office Use Only:	
Application Fee Paid:	Registration Fee Paid:
Date _____	Date _____
Check # _____	Check # _____
A/W _____	

**APPLICATION FOR ADMISSION**

Child's Full Name \_\_\_\_\_ Male \_\_\_ Female  
 Last First Middle Goes By

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Sept. 1 \_\_\_\_ Grade for which you are applying \_\_\_\_ Year \_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip

Place of Birth (City/State) \_\_\_\_\_ U.S. Citizen \_\_\_\_ Other \_\_\_\_\_

Ethnic Origin: Caucasian \_\_\_\_ African-American \_\_\_\_ Asian \_\_\_\_  
 Amer. Indian \_\_\_\_ Hispanic \_\_\_\_ Other \_\_\_\_\_

Is English the primary language spoken in your home? \_\_\_\_ If no, then what language is spoken? \_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Public School for which your child is zoned \_\_\_\_\_

Number of Siblings: Brothers \_\_\_\_ Sisters \_\_\_\_  
 Younger Older Younger Older

What school(s) do siblings attend? (Please include grade levels)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sacramental Information – For Catholic Applicants**

	Date	Name of Church	City/State
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Communion:	_____	_____	_____
Confirmation:	_____	_____	_____

**School History**

Please list school(s) that the student has previously attended:

Name of school: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Grade Levels: \_\_\_\_\_  
 Name of school: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Grade Levels: \_\_\_\_\_  
 Name of school: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Grade Levels: \_\_\_\_\_

Has the student ever repeated a grade? \_\_\_\_ If so, what grade and why? \_\_\_\_\_





Medical Information

Family Physician/Pediatrician: Telephone
Any Health or Physical Limitations (include allergies)
List of medications taken routinely and their purpose
Family Dentist: Telephone

Parent/Guardian Information

Father:

Mother:

Address (if different from student)

Address (if different from student)

Home Phone

Home Phone

Cell Phone

Cell Phone

Email Address

Email Address

Employer

Employer

Occupation

Occupation

Work Phone

Work Phone

Marital Status

Marital Status

Married Separated Divorced
Remarried Single

Married Separated Divorced
Remarried Single

Religion

Religion

Practicing Non-Practicing
Candidate Catechumen

Practicing Non-Practicing
Candidate Catechumen

IN THE CASE OF DIVORCE OR SEPARATION:

What is the legal custody arrangement for this student? Joint Mother has full custody Father has full custody

What is the primary residence of this student? Both Parents Mother Father

School correspondence should be mailed to: Both Parents Mother Father

Financial responsibility will be assumed by: Both Parents Mother Father

\*\*A copy of the custody decree must be on file in the school's main office to be able to adhere to specific arrangements regarding correspondence, visitation and carpool. \*\*

I understand that completion of this application and remittance of the application fee does not guarantee my child's admission into Prince of Peace Catholic School. Notification of acceptance will be sent to me following receipt and review of all required paperwork and fees.

Parent Signature/Date

Parent Signature/Date

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## AUP for STUDENTS & PERMISSION FOR PUBLICATION/PHOTO RELEASE

Dear Parents/Guardians of POP Students,

We are excited to provide expanded opportunity to our students to learn and grow through the use of technology. To protect our students while online, the school has filter software in place; however, access to the internet may be unsafe. We require that all students adhere to the guidelines below in order to preserve their privilege to explore the world through computer technology at school.

Sincerely,  
Connie Angstadt, Principal

### Acceptable Use Policy

I understand I must follow the policy for using technology that is included in the student handbook/calendar. I understand the use of school technology equipment is a privilege that can and will be revoked because of my misconduct. I also understand I am responsible for completing assignments that require the use of computer technology both in and out of school, as assigned. I agree to conduct myself in the following manner. I will:

1. Follow proper procedures while using or moving technology equipment on school grounds.
2. Only operate the computer assigned to me during lab/class time and will not interfere with equipment or computer work belonging to or being used by others.
3. Not remove, add, copy or make changes to the appearance or function of software or hardware unless instructed to do so by a staff member.
4. Keep private ALL login and password credentials – AT ALL TIMES.
5. Work as directed when using all forms of technology at Prince of Peace Catholic School.
6. Adhere to the policies set by the school regarding misuse of property and inappropriate behavior – including cyber-bullying\*.
7. Visit only approved sites while online, without logging on to personal accounts without permission.
8. Respectfully share technology related information to assist and protect others.
9. Keep food and drink away from computer technology.
10. Use Guest WIFI access only under the direction of a staff member, and only with permission.

\*Cyber-bullying is bullying (as defined in the school handbook) by ANY electronic means.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Agreement:

I understand and agree that my child, \_\_\_\_\_ is responsible for adhering to these rules in order to use school technology equipment. I understand that loss of such privileges or failure of personal computing equipment does not exempt my child from completing assignments.

Again, the security of your child is our top priority. We never identify students by name on our website. However, we want to be able to share pictures of your child engaged in learning and extension activities that promote our mission with you and our community. We would like permission to use photos, videos, and sound recordings of your child for this purpose.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ give permission for this purpose.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ENROLLMENT IN FACTS TUITION MANAGEMENT:

(Current POP families do not need to enroll)

- Go to [www.popcatholic.org](http://www.popcatholic.org)
- Choose School website.
- Click on FACTS link on bottom left.
- Follow instructions to create a new account for **2015-2016** school year.
- Print a copy of FACTS review page at end of enrollment to provide to school office.

## COMPLETION OF WEB FORMS IN RENWEB:

(Current families may skip to last step.)

- Go to [www.renweb.com](http://www.renweb.com) and click **logins** on the right side of screen.
- Type school's district code **PP-AL**
- Click **Create New ParentsWeb Account**.
- Type email address and click **Create Account**. An email will be sent which includes a link to create your ParentsWeb login. **This link is only active for 6 hours.**
- From your email, select the **Click to Create your ParentsWeb login** link.
- A web browser displays your **Name and RenWeb Person ID**.
- Type a **Username, Password**, and **Confirm** the password.
- Click **Save Username and/or Password**.
- A message displays Username/password successfully updated.
- Log into **ParentsWeb** using new credentials.
- Go to School Information, select Web Forms. Demographic Forms will appear to the right. Click to begin entering information: family, student, emergency, etc. You must save each page individually to avoid losing any data entered.

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**DEPARTMENT OF HEALTH LETTER**

Dear Parent or Guardian,

Each year the Jefferson County Department of Health conducts an audit of student educational records to ensure that children enrolled in school in Jefferson County are protected from vaccine-preventable diseases or have a valid exemption from vaccination. Documentation of vaccinations and medical examinations is annotated on the Alabama Certificate of Immunization (blue form). Valid exemptions from immunizations may also be annotated on the Alabama Certificate of Religious Exemption. During the course of the audit, local health department employees will check for appropriate vaccinations and a valid expiration date on the blue form or for an appropriate exemption form. No identifying information about the child is kept by the health department employees. If a child needs further vaccination or an updated certificate, the school will be notified at the completion of the audit.

The Family Educational Rights and Privacy Act mandates parental consent be obtained for persons not employed by your school to review the records of its students. If you do NOT wish for your child’s record to be evaluated by health department personnel, please indicate by providing your signature in the appropriate space below. No response from you will indicate that you will allow health department employees to audit the record of your child. Please sign the letter and return it to the school by \_\_\_\_\_.

Thank you for your assistance.

Sincerely,

Connie Angstadt, Principal  
Prince of Peace Catholic School

\*\*\*\*\*

I **DO NOT** give permission to the Jefferson County Department of Health to review my child’s, \_\_\_\_\_, vaccination record.  
(Student’s name)

\_\_\_\_\_  
(Parent/Guadian Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## **PARENT OBSERVATION (GRADES K-8)**

1. What do you see as your child's strengths (physical, social, emotional, academic)? How are these strengths fostered and developed (enrichment activities, tutoring, athletics, etc.)?
2. What do you see as your child's challenges (physical, social, emotional, academic)? What has been effective in addressing these challenges?
3. What are your child's special interests, hobbies, abilities, etc?
4. Historically, does your child tend to interact with one friend, a small circle of friends, or a large circle of friends?
5. Has your child ever been suspended or expelled from school? If so, for what reason(s)?

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6. Has your child been tested for ADD/ADHD? If yes, when?  
\_\_\_\_\_. Has your child been tested for any kind of learning difficulties? If yes, when \_\_\_\_\_? Please note the outcome.
  
7. Reflecting on a favorite coach or teacher, what qualities in that adult brought out the best in your child?
  
8. Reflecting on a time when learning a skill or concept proved challenging for your child, what techniques/actions proved to be effective? What techniques/actions were not effective?
  
9. What factors contributed to your decision to apply to Prince of Peace Catholic School
  
10. What is one thing you see at home in your child that you hope POP can assist your child with?
  
11. Please note anything you would like us to know about your child that we have not asked. Thank you for taking the time to help us get to know your child!

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**TRANSCRIPT RELEASE REQUEST**

**To Parent/Guardian:** Please complete, sign and return to your child’s current school

**To Current School:** The following student has applied for admission to Prince of Peace Catholic School:

\_\_\_\_\_ Student’s Name \_\_\_\_\_ Student’s Date of Birth

\_\_\_\_\_ Student’s Current School \_\_\_\_\_ Applying to Grade

**Please send the following information to:**

Prince of Peace Catholic School  
Attn: Admissions  
4650 Preserve Parkway  
Hoover, AL 35226  
(205)824-7886

- Transcripts from **completed** school years
- Most recent report card
- Any available standardized testing
- Any available special education records

I, \_\_\_\_\_ (parent or guardian), do hereby declare that I am legally responsible for the release of information concerning the above named student. I hereby request and authorize \_\_\_\_\_ (current school) to give in writing to Prince of Peace Catholic School copies of all records pertaining to the above named student upon receipt of this release.

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

\_\_\_\_\_ Date

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### Confidential Student Evaluation Form

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Applying to grade \_\_\_\_\_  
Last First Middle mm/dd/year

**To the parent/guardian:** Print the above information and sign the statement below. Give this form to your child's current or most recent teacher(s) with a stamped envelope addressed to Prince of Peace Catholic School.

*For the child named above, I give permission for you to release the information on this form to Prince of Peace and understand that I will not have access to this confidential information. I permit my child's current school staff to speak with any inquiring admission staff. All communication between schools will remain confidential and I will not have access to the content of any conversation. I further agree to hold the school, administrator(s) and faculty named below harmless for information provided in this questionnaire.*

Name of parent/guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**To the teacher:** Please use your professional judgment in answering the questions about the above-named student. Send the completed form to Prince of Peace Catholic School. We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence. Please be sure the parent/guardian has signed above.

Teacher name (please print) \_\_\_\_\_ Grade/subject taught \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

Applicant's enrollment period at your school: Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
mm/dd/year mm/dd/year

In relation to other students of this age/grade, how much of your personal time and attention did you give this applicant?

- Significantly More  More  Average  Less  Significantly Less

Has the applicant ever been recommended for identified as needing:

	No	Yes	Year		No	Yes	Year
Psychological Testing	___	___	_____	Grade Retention	___	___	_____
Special Education	___	___	_____	Tutoring	___	___	_____

If yes, did the parents follow through? \_\_\_ Yes \_\_\_ No

What accommodations, if any, were made in your classroom for this applicant? \_\_\_\_\_

Classroom conduct/discipline: \_\_\_ Frequent disruptions \_\_\_ Occasional misconduct \_\_\_ Usually good conduct \_\_\_ Good conduct

Has the student ever been on a behavior contract? \_\_\_ Yes \_\_\_ No

**For each item in the table below, please check the most developmentally age-appropriate description of this child.**

Personal Characteristics	Did Not Observe	Needs Improvement	Noticeably Emerging	Age Appropriate Developing	Consistent	Advanced	Exceptional
Ability to work in a group							
Ability to work independently							
Intellectual curiosity							
Imagination							
Motivation/Effort							
Leadership potential							
Classroom conduct							
Self-confidence							
Respect for teachers							
Reaction to criticism							
Integrity/Trustworthiness							
Persistence							
Relationship with peers							
Accepts responsibility for actions							

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Uses language to problem solve							
Demonstrates self-control							
Consideration of others							
Maturity							
Sense of humor							
Seeks advice/help when needed							

For each item in the table below, please check the most developmentally age-appropriate description of this child.

Academic Performance	Did Not Observe	Needs Improvement	Noticeably Emerging	Age Appropriate Developing	Consistent	Advanced	Exceptional
Academic Ability							
Academic Performance							
Participation in discussions							
Ability to express ideas orally							
Ability to express ideas in writing							
Follows directions							
Prepared for class							
Attention span							
Use of class time							
Seeks help when needed							

Family Information	Did not Observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child					
Communicates openly with the school					
Cooperates with classroom teachers					
Follows through with school recommendations					
Cooperates with school administration					
Participates in school activities					
Is punctual with drop-off and pick-up procedures					
Follows the rules and policies of the school					
Interested in child's progress					
Allows child to take responsibility for actions					

Additional comments/concerns \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIFIC RECOMMENDATION:**

Highly recommended     
  Recommended     
  Recommended with reservations (please explain)  
 Prefer not to make a recommendation (please explain)     
  Not recommended (please explain)

Check here if any information pertaining to this student/family would be better communicated by phone. Please feel free to add further narrative on additional pages(s) if necessary.

*Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of the student's application.*

Evaluator's Name (print): \_\_\_\_\_ Position: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_



## **POLICIES OF THE CATHOLIC SCHOOLS – DIOCESE OF BIRMINGHAM IN ALABAMA**

Application for registration implies good will on the part of parents in complying with the philosophy of regulations of Catholic Schools, Diocese of Birmingham, Alabama (see Handbook of Policies).

“Every Catholic elementary and secondary school in the school system of the Diocese of Birmingham admits students, without regard to sex, race, color, or national origin, to all the rights, privileges, programs, and activities generally accorded to or made available to students of the schools. Schools do not discriminate on the basis of sex, race, color, or national origin in employment practices, administration of educational policies, admission and treatment of students, scholarship programs, or athletic and other school administered programs.”

It is also our right and duty to decline the application of students who do not meet our behavioral standards.

Prior to admission, all new students must present previous report cards or records and present birth or baptismal record for proof of age.

Children entering Kindergarten must be five years of age by September 1<sup>st</sup> of the academic year. Children in first grade must be six years of age by September 1<sup>st</sup> of the academic year. Proof of age must be presented at time of application, and it will be subject to verification.

Since this is a Catholic school, curriculum requirements call for students to participate in religion classes. During the school year, students are required to attend specified religious activities or services.

Any information on the application form which is later found to be erroneous could be cause for nullification or immediate dismissal of a student.

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Parent's Signature

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