



October 2018

Dear Prospective Families,

Thank you for your interest in Saint Joseph School! As you review our application packet with all its policies and procedures, please know that you are welcome here. Our school is many things – a spiritual community, an educational institution, and a family. Please review our Mission Statement so that you know why our school exists:

Saint Joseph School, in cooperation with parents and parish communities, teaches and nurtures the Catholic faith. We are a school dedicated to academic excellence through a curriculum that promotes the growth of the whole child and service to others - a place where we are committed to:

“Holiness as a way of life.”

Saint Joseph School provides a joy-filled environment, centered on the love of God. We are state certified Pre-K through eighth grade, accredited through AdvancEd, and operate under the auspices of the Diocese of Knoxville Catholic Schools Office.

If you are in need of supplemental tuition assistance, there are multiple options available upon request. No child is turned away because of an inability to afford tuition.

Please read and complete the enclosed admissions packet. If you have any questions, do not hesitate to call. We at Saint Joseph School look forward to the opportunity to partner with you in your child's education.

God bless,

Mr. Andy Zengel
Principal
Saint Joseph School
1810 Howard Drive
Knoxville, TN 37918
(865) 689-3424 – phone
(865) 687-7885 – fax
www.sjsknox.org



Admissions Process

ADMISSION PRIORITY

Students will be admitted to Saint Joseph School in the following order:

1. Pre-K ONLY – Children of faculty and staff of Saint Joseph School.
2. Currently enrolled students, in good standing, that have pre-registered, and paid the registration fee.
3. Siblings of currently enrolled students who are in good standing.
4. Children of registered and contributing members of Roman Catholic parishes.
5. Children of non-Catholic families.

Incoming Kindergarten students must first meet screening test standards. Children of Catholic families who are not registered or contributing members of a Roman Catholic parish will not receive special consideration for registration. New families who have pre-registered students will be notified of their acceptance by early May.

AGE REQUIREMENTS

According to Tennessee law, a child must be five (5) years old by August 15 of the year entering Kindergarten.

ENCLOSED INFORMATION MATERIALS IN THIS PACKET:

1. Initial Letter from the Principal
2. Admissions Process
3. Transfer Policy; Non-Discrimination Policy
4. Instructions for Completing Pre-Registration Packet
5. Tuition, Fees, and Payment Options for School Year 2019-2020
6. Knoxville Regional Catholic Schools Tuition Schedule for School Year 2019-2020
7. Application for Admission for each student
8. Parent Information Form for each student

TRANSFERS

To ensure that Saint Joseph School can best serve all of its students, the following criteria will be considered for students transferring to Saint Joseph School: parish affiliation (if Catholic), academics, conduct, discipline record from another school. Each applicant's history and situation will be carefully evaluated on an individual basis before admission.

PROBATION - All students entering Saint Joseph School are accepted on a probationary basis. The probationary period is for 90 calendar days and is intended to benefit both the student and the school. We strive to provide a learning environment that promotes academic success and personal responsibility. At any time during the 90-day probationary period, if the school determines the student is unable to perform adequately in this environment or that the school is unable to meet the needs of the student, the family may be asked to withdraw the student. In this case, any prepaid tuition will be prorated and refunded. Grades will not be released until all accounts are current. Fees are non-refundable.

NON-DISCRIMINATION POLICY

Saint Joseph School admits students of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded to or made available to its students. Saint Joseph School does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, and athletic or other school-administered programs.



INSTRUCTIONS FOR COMPLETING THE PRE-REGISTRATION PACKET

Please complete the pre-registration forms and return them to the Saint Joseph School office.

CHECKLIST OF ITEMS THAT MUST BE RETURNED TO THE SCHOOL OFFICE:

1.	_____	Completed <i>Application for Admission</i> – Please fill out an application for each child you wish to enroll at SJS.
2.	_____	Application Fee of \$25.00
3.	_____	Completed <i>Parent Information Form</i> – Please fill out an information form for each child you wish to enroll at SJS.
4.	_____	Copy of student’s <i>birth certificate</i>
5.	_____	Copy of student’s <i>baptismal certificate</i>
6.	_____	Copy of student’s <i>social security card</i>
7.	_____	Copy of student’s <i>medical insurance card</i>
8.	_____	Copy of student’s <i>Tennessee Child Health Record (green) original card</i> (immunization record)
9.	_____	Copy of <i>custodial records</i> (if applicable)
10.	_____	Copy of student’s <i>most recent standardized test scores</i> (if applicable)
11.	_____	Copy of student’s <i>current progress/report card</i> (Grades 1-8)
12.	_____	Copy of student’s <i>previous progress/report card</i> (Grades 1-8)
13.	_____	Copy of student’s <i>most recent school photo</i>
14.	_____	Previous <i>psychological, special education, speech and language records</i> (if applicable)
15.	_____	If you are Catholic, and new to the area, please have your former pastor write a letter of introduction addressed to the Principal stating your parish activity participation.
16.	_____	A consultation with our admissions team is also required for new students in grades 1-8.
17.	_____	Registration Fee of \$200.00 . This deposit will reserve your child’s place and will be applied to Annual Student Fees.

ALL OF THE ABOVE DOCUMENTATION MUST BE TURNED IN TO THE SCHOOL OFFICE BEFORE THE ADMISSIONS PROCESS CAN BE COMPLETED.



2019-2020 Kindergarten – 8th Grade Tuition, Fees, and Payment Options

Parishioner Tuition Rates

The Tuition rates shown here are for Saint Joseph School only. If you are enrolling children in both SJS and Knoxville Catholic High School, please refer to the Knoxville Region Catholic Schools Tuition Schedule.

	Catholic Student Cost Per Pupil	Standard Parish Contribution	Net Catholic Student Tuition	10 Monthly Payments	12 Monthly Payments
1 Child	\$7,665	\$200	\$7,465	\$746.50	\$622.09
2 Children	\$15,330	\$1,000	\$14,330	\$1,433.00	\$1,194.17
3 Children	\$22,995	\$3,000	\$19,995	\$1,999.50	\$1,666.25
4 Children	\$30,660	\$5,500	\$25,160	\$2,516.00	\$2,096.67

Non-Catholic Tuition Rate

	Total Student Tuition	10 Monthly Payments	12 Monthly Payments
1 Child	\$8,600	\$860.00	\$716.67
2 Children	\$17,200.00	\$1,700.00	\$1,433.33
3 Children	\$25,800.00	\$2,580.00	\$2,150.00

Supplemental Tuition Assistance

Catholic families who feel they cannot afford to pay the Net Catholic Tuition should request supplemental tuition assistance through a confidential FACTS Tuition Evaluation. This process is completed online and in meetings with our local evaluators. There is a \$30.00 application processing fee assessed by FACTS for this service.

Annual Student Fees

In addition to tuition, an annual student fee of \$360.00 is required. This fee includes the cost of textbooks, technology, the diocesan assessment fee, student insurance, and the Home & School fee. A deposit of \$200.00 is due when the registration packet is returned. This deposit is applied toward the annual student fees and is non-refundable unless Saint Joseph School, for any reason, is unable to accept a student or a family relocates out of town.

Tuition Payment Plans

- **Option 1: Single Payment**
The total tuition is paid in full plus the balance of fees due *on or before* the first day of school. You may pay with cash, check, cashier's check, or money order made payable to Saint Joseph School.
- **Option 2: Monthly Payment through FACTS Tuition Management Service**
The total tuition amount is paid over a period of ten months. FACTS Tuition Management Service will electronically deduct the payment from your bank account on the 5th or the 20th of the month. Making a down payment can reduce the monthly amount due. A FACTS enrollment form is included in the registration packet. The FACTS Tuition Management Company assesses an annual \$40.00 enrollment fee for this service.

Cafeteria Charges

The cafeteria operates on a debit system. Money must be put into your child's account at the beginning of the school year and periodically as cafeteria statements are sent out. The daily lunch charge in addition to any extra entrée, ice cream, or extra milk is deducted when your child makes a purchase. A monthly average of cafeteria charges will be added to the FACTS payment schedule.



**2019-2020 Non-Catholic Family
Payment Plan Agreement**

Parent's Name _____

Address _____

City/State _____ Zip _____ Phone _____

I accept my responsibility to be the first teacher of my child(ren). I commit them to the care of Saint Joseph School to continue the education we start at home.

Names of children attending Saint Joseph School

Grades for School Year 2019-2020

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- _____
- _____
- _____
- _____
- _____

PAYMENT PREFERENCE: We would like to remit our payment of _____ in the following method.
Please choose only one option.

- 1. Single payment of _____ due directly to Saint Joseph School by the first day of school.
- 2. FACTS monthly payment plan. Electronic bank draft of tuition on the 5th or the 20th of each month for ten months beginning in August. Extra FACTS enrollment forms (or re-enrollment forms) are available in the school office.

We understand that this agreement does not cover fees, books, supplies, lunch, after school care, or uniforms.

This form must be returned to the school office promptly in order to reserve space for your child(ren) for the 2019-2020 school year. If you have questions, contact the school office.

Parent/Guardian Signature

Date

2019-2020 Knoxville Region Catholic Schools Tuition Schedule

	Elementary Schools			High School			Split Families		
Children per Family	Gross Catholic Tuition	Standard Parish Contribution	Net Catholic Tuition	Gross Catholic Tuition	Standard Parish Contribution	Net Catholic Tuition	Gross Catholic Tuition	Standard Parish Contribution	Net Catholic Tuition
One-child family	\$7,665	\$200	\$7,465	\$10,112	\$200	\$9,912			
Two-child family	15,330	1,000	14,330	20,224	1,000	19,224			
Three-child family	22,995	3,000	19,995	30,336	3,000	27,336			
Four-or-more-child family	30,660	5,500	25,160	40,448	5,500	34,948			
Non-Catholic	8,600			11,681					
Two-child split - 1E + 1HS	7,665	500	7,165	10,112	500	9,612	\$17,777	\$1,000	\$16,777
Three-child split - 1E + 2HS	7,665	1,000	6,665	20,224	2,000	18,224	27,889	3,000	24,889
Three-child split - 2E + 1HS	15,330	2,000	13,330	10,112	1,000	9,112	25,442	3,000	22,442
Four-child split - 1E + 3HS	7,665	1,375	6,290	30,336	4,125	26,211	38,001	5,500	32,501
Four-child split - 2E + 2HS	15,330	2,750	12,580	20,224	2,750	17,474	35,554	5,500	30,054
Four-child split - 3E + 1HS	22,995	4,125	18,870	10,112	1,375	8,737	33,107	5,500	27,607
Five-child split - 1E + 4HS	7,665	1,200	6,465	40,448	4,800	35,648	48,113	6,000	42,113
Five-child split - 2E + 3HS	15,330	2,400	12,930	30,336	3,600	26,736	45,666	6,000	39,666
Five-child split - 3E + 2HS	22,995	3,600	19,395	20,224	2,400	17,824	43,219	6,000	37,219
Five(or more)-child split - 4E(or more)+ 1HS	30,660	4,800	25,860	10,112	1,200	8,912	40,772	6,000	34,772
Six(or more)-child split - 4E(or more)+ 2HS	30,660	3,600	27,060	20,224	2,400	17,824	50,884	6,000	44,884



Office Use Only	
<input type="checkbox"/>	Parish Affiliation Form - Parish
<input type="checkbox"/>	FACTS / Re-Enrollment Form
<input type="checkbox"/>	Registration Fee Amt. _____ Ck#
<input type="checkbox"/>	Non-Catholic Agreement
Date Application Received	
SCHOOL YEAR 2019-2020	

APPLICATION FOR ADMISSION GRADE LEVEL (Next Year) _____

STUDENT INFORMATION

(Please note: for families with multiple students, there is no need to enter basic info multiple times)

Student's Full Name: _____
 Last First Middle Goes By Gender: M / F

Street Address: _____ Home Phone: _____

City/State/Zip: _____ Public School Zoned for: _____

Date of Birth: _____ Place of Birth (City/State): _____ Last School Attended: _____

Social Security Number: _____ U.S. Citizen: _____ Foreign Resident (Country): _____

Ethnic Origin: ___ African ___ African-American ___ American Indian ___ Asian ___ Caucasian ___ Hispanic ___ Other (_____)

Religion: _____ If Catholic: ___ Practicing ___ Non-Practicing ___ Candidate ___ Catechumen

Parish Affiliation (If Catholic, please circle one): Holy Ghost, Immaculate Conception, Saint Albert the Great, Other: _____

If you do not regularly attend Mass at this parish, where do you most regularly attend?

List all Siblings: _____ Date of Birth: _____ School: _____ (if applicable)
 _____ (if applicable)
 _____ (if applicable)

PARENT/GUARDIAN INFORMATION

Mother's Name: _____	Father's Name: _____
Address: _____ (if different from student's)	Address: _____ (if different from student's)
City/State/Zip: _____	City/State/Zip: _____
Cell Phone Number: _____	Cell Phone Number: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Day Phone: _____	Day Phone: _____
Religion: _____	Religion: _____
If Catholic: ___ Practicing ___ Non-Practicing ___ Candidate ___ Catechumen	If Catholic: ___ Practicing ___ Non-Practicing ___ Candidate ___ Catechumen
Marital Status: _____	Marital Status: _____
Is marriage recognized by the Catholic Church?: ___ Yes ___ No	Is marriage recognized by the Catholic Church?: ___ Yes ___ No

Who is financially responsible for school accounts (tuition, fees, etc.)? ___ Mother ___ Father ___ Joint ___ Other: _____

If Divorced or Separated, please indicate Parental Rights: ___ Mother ___ Father ___ Joint ___ Other _____

(IF CHILD DOES NOT RESIDE WITH BOTH PARENTS, A COPY OF CUSTODIAL RIGHTS **MUST** BE ON FILE.) **Over**

PERMANENT RECORD – SACRAMENTAL INFORMATION

SACRAMENT	DATE	NAME OF CHURCH	CITY AND STATE
Baptism			
First Penance			
First Communion			
Confirmation			

MEDICAL INFORMATION

Doctor's Name: _____ Office Phone: _____

Dentist's Name: _____ Office Phone: _____

Medical History:

_____ Date _____ Type _____ Description

_____ Date _____ Type _____ Description

_____ Date _____ Type _____ Description

Allergies: _____

EMERGENCY CONTACT INFORMATION

Please list someone other than parent or guardian who may be contacted in an emergency or who may pick up your child:

Name Relationship Home Phone Work Phone Cell Phone Pick up? Yes or No

Name Relationship Home Phone Work Phone Cell Phone Pick up? Yes or No

Name Relationship Home Phone Work Phone Cell Phone Pick up? Yes or No

NON-DISCRIMINATION POLICY

Saint Joseph School admits students of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded to or made available to its students. Saint Joseph School does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, and athletic or other school-administered programs.



Parent Information Form - Part One

Directions: Please complete both sides of this form and return it to us so that we may better evaluate and place your child as a new student at Saint Joseph School.

Name of Student: _____ Grade: _____ Year: _____

1.	Has your child been in a program for the gifted and talented? _____
2.	Has your child been in any resource classes? _____
3.	Has your child had a speech/language evaluation? _____
	a. If yes, when? _____
	b. Outcome of the testing _____
	c. Is your child currently receiving speech therapy? _____
4.	Has your child ever been retained? _____
	a. If yes, what grade? _____
5.	Has your child been tested for A.D.D./A.D.H.D.? _____
	a. If yes, when? _____
	b. Outcome of the testing _____
6.	Is your child on any medication? _____
	a. If so, what? _____
7.	Has your child ever been dismissed or suspended from school? _____
	a. If yes, when? _____
	b. For what reason? _____
8.	Has your child ever served an In-School Suspension (ISS)? _____
	a. If yes, when and why? _____
9.	Has your child had any public or school involvement with drugs or alcohol? _____
10.	Has your child ever been arrested, placed in juvenile detention, or been on probation? _____
	a. If yes, when and why? _____

Parent Information Form - Part Two

Please evaluate your child in the following areas by placing a check mark in the appropriate column:

	Above Average	Good	Fair	Needs Improvement
Organization and use of time				
Quality and consistency of academic work				
Eagerness to take on responsibilities				
Social and emotional maturity				
Compatibility with peers				
Openness with adults				
Leadership				
Sense of humor				
Study habits				
Reaction to criticism				
Involvement in school and community activities				
Self-confidence				

This information is true to the best of my knowledge. I understand that any deliberate misrepresentation may result in the immediate expulsion of my child from Saint Joseph School.

Parent Signature: _____	Date: _____
Parent Signature: _____	Date: _____
Principal: _____	Date: _____

SAINT JOSEPH SCHOOL

1810 HOWARD DRIVE KNOXVILLE, TN 37918

PHONE (865) 689-3424 FAX (865) 687-7885

STUDENT MEDICAL RELEASE FORM SY 2019-2020

STUDENT NAME (PRINT) _____

GRADE _____ BIRTH DATE _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ PARENT/GUARDIAN CELL PHONE # _____

EMERGENCY CONTACT INFORMATION:

FATHER'S NAME	MOTHER'S NAME	1 ST NON PARENTAL CONTACT NAME	2 ND NON PARENTAL CONTACT NAME		
EMPLOYER	EMPLOYER	RELATIONSHIP	RELATIONSHIP		
WORK PHONE #	WORK PHONE #	DAYTIME PHONE #	DAYTIME PHONE #		
CELL PHONE#	CELL PHONE #	CELL PHONE #	CELL PHONE #		
DOCTOR		DENTIST		INSURANCE	
NAME		NAME		INSURANCE COMPANY	
ADDRESS		ADDRESS		POLICY #	
PHONE #		PHONE #		HOSPITAL	
HOSPITAL - 1 ST PREFERENCE		HOSPITAL - 2 ND PREFERENCE		HOSPITAL - 3 RD PREFERENCE	

(PLEASE COMPLETE FORM ON THE BACK)

PRESCRIPTION MEDICATION(S) MY CHILD IS TAKING REGULARLY:

1) _____	3) _____	5) _____
2) _____	4) _____	6) _____

PICK-UP AUTHORIZATION

Please list the name(s) and phone number(s) of EVERY PERSON who is authorized to pickup this child from school and after school care. The student will not be released to anyone not on the list. Please indicate the order in which these people should be contacted.

1. Name: _____ Phone number(s) _____
2. Name: _____ Phone number(s) _____
3. Name: _____ Phone number(s) _____
4. Name: _____ Phone number(s) _____
5. Name: _____ Phone number(s) _____

ENTER "X" IF ANY OF THE FOLLOWING APPLY TO YOUR CHILD'S HEALTH HISTORY:

<input type="checkbox"/> ADHD (Attn. Deficit Hyperactive Dis.)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Poor Vision	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Asthma/Wheezing	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Reaction to Medication	<input type="checkbox"/> Tubes in ear(s)
<input type="checkbox"/> Bladder Infection	<input type="checkbox"/> Heart Monitor	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Worms
<input type="checkbox"/> Cardiac History	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Stuttering	<input type="checkbox"/> Other (Please specify below)
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Tonsillitis	

Describe treatment for the above checked item(s):

Allergies (food, insect, medicines) _____ _____ _____	Special Conditions: _____ _____ _____
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MEDICAL RELEASE 2019-2020

This is to certify that I voluntarily furnished medical and insurance information to Saint Joseph School. I hereby request that in the event that I, or the people designated for an emergency cannot be reached in a timely manner, that an official representative of SJS seek and approve first aid or emergency medical care at the nearest, most adequate facility available.

SIGNATURE

PRINT NAME

DATE



KNOX COUNTY SCHOOLS

Encuesta sobre el idioma hablado en casa

El Departamento de Educación de Tennessee requiere que todas las escuelas identifiquen el lenguaje con el que cada niño se inscribió en la escuela. Esto se logra con la encuesta sobre el idioma hablado en casa (HLS). Este documento solo se debe completar UNA VEZ en el momento de la inscripción a la escuela. Si el estudiante está siendo transferido, la escuela debe tratar de obtener el HLS original.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Información del Estudiante

Primer Nombre _____ Segundo Nombre _____ Apellido _____ Género M F

_____/_____/_____

País de nacimiento _____ Fecha de nacimiento (mm/dd/yyyy) _____ Primer día de inscripción en CUALQUIER ESCUELA DE U.S. (grados K-12) _____

_____/_____/_____
 Primer día de ingreso a los Estados Unidos

ESTA INFORMACION NO ES USADA PARA IDENTIFICAR EL ESTATUS MIGRATORIO DEL ESTUDIANTE
 Esta información nos permite saber el nivel de conocimiento y las capacidades con las que su hijo llega a la escuela. Esta información puede permitir que el distrito reciba fondos federales adicionales para proveer apoyo a su hijo.

Información de la escuela

_____/_____/20 _____ Nombre de la escuela y ciudad donde asistía _____ Último año cursado _____

Preguntas para Padres/Guardián

1. ¿Cuál fue el primer idioma que este niño aprendió a hablar?	¿Ha recibido este niño clases de ELL (ESL) en otra escuela? Si <input type="checkbox"/> N <input type="checkbox"/> NO SE <input type="checkbox"/> ¿Sí, si en que año fue esto?
2. ¿Qué idioma habla este niño frecuentemente cuando está fuera de la escuela?	¿Necesita usted el servicio de interprete/traductor en las reuniones de padres-profesores? Si <input type="checkbox"/> N <input type="checkbox"/> ¿Sí, si que idioma?
3. ¿Qué idioma se habla usualmente en la casa de este niño?	
Firma del Padre/Guardián: X	_____/_____/20 Fecha de hoy : (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.



KNOX COUNTY SCHOOLS Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Student Information

First Name _____ Middle Name _____ Last Name _____ M Gender F

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (grades K-12) _____

Date first entered the United States _____

THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.

This information gives us insight into the knowledge and skills your child is bringing to our schools.
This information may enable the district to receive additional federal funding to provide support for your child

School Information

Enrollment Date in New School _____ / ____ / 20 _____ Name of Former School and Town _____ Last Grade attended _____

Questions for Parents/Guardians

1. What is the first language this child learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/>
2. What language does this child speak most often outside of school?	If yes, what year did this student 1 st qualify for ELL? Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language do people usually speak in this child's home?	
Parent/Guardian Signature: X _____	Today's Date: _____ / ____ / 20 _____ (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.



REQUEST FOR FINAL TRANSCRIPT AND STUDENT RECORDS

Date: _____

To:

Student's Previous/Current School:

School Fax #: _____

Student's Name: _____ **DOB:** _____

Please provide the Final Transcript and Student Records to Saint Joseph School including:

- _____ All final grades
- _____ Standardized test scores
- _____ Records of IEP or modified curriculum, if applicable
- _____ Attendance records – and please provide reason(s) for irregularities
- _____ Original TN School Immunization Certificate
- _____ Any other pertinent information that would assist us in serving the student
- _____ Copies of SS card, birth certificate, baptismal certificate

Parent signature authorizing the release of school records: _____

Please send records to:

Saint Joseph School
Attn: Mrs. Kathleen M. Rankin
Assistant Principal
1810 Howard Drive
Knoxville, TN 37918

Or you may fax them to: (865) 687-7885