



October 2018

Dear Prospective Parents,

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.

We have a dynamic Pre-K program which strives to meet the needs of all learners. We balance literacy and math readiness with imaginative play and gross and fine motor development. Our Pre-K program strives to meet children where they are and take them as far as they can go!

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](http://www.sjsknox.org)



## Pre-K Admissions Information

**Admissions 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. Siblings of currently enrolled students who are in good standing.
3. Children of registered and contributing members of Roman Catholic parishes.
4. Children of non-Catholic families.

Children of Catholic families who are not registered or contributing members of a Roman Catholic parish will not receive special consideration for registration. 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.

### Entrance Requirements

Students entering Pre-K must be **four years old before August 15** of the current school term and must be toilet-trained. The following records are required for registration:

Birth certificate	Preliminary physical for pre-kindergarteners
Baptismal record	TN Department of Health School Immunization Certificate
Social security number	Custodial records (in case of divorce); court order
Recent photo of your child	Proof of insurance or purchase of school insurance policy

### Immunizations

Students entering Saint Joseph School must show proof of the following immunizations:

CHICKEN POX	DPT	Hepatitis B	HIB	MMR*	PNEUMONIA	POLIO
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**\*The State of Tennessee requires that students entering Kindergarten, 4<sup>th</sup> grade, and 8<sup>th</sup> grade must have a second dose of MMR.**

Students who have not had the above immunizations may not be admitted to school until proof of immunizations is complete and on file in the school office.

### Insurance

All students are required to be covered by a primary insurance carrier. A copy of your family insurance card must be on file.

### 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.



## 2019-2020 Pre-Kindergarten General Information, Tuition, Fees, and Payment Options

### General Information

- Classes begin at 7:45 am daily. In order to be prepared to begin at this time, we strongly suggest that all students arrive at school by 7:40 am. The school provides supervision beginning at 7:15 am.
- Dismissal begins at 3:05 pm daily. Child care is available until 6:00 pm through our After Care Program.
- A school lunch is served daily on regular school days. For those students who bring their lunches, drinks are available. The cafeteria operates on a debit system. The daily lunch charge, in addition to any extra entrée, ice cream, or extra milk, is deducted when your student makes a purchase. Money must be put into your student's account monthly. A cafeteria statement is available online on RenWeb to let parents know their student's account balance. A monthly average of cafeteria charges will be added to the FACTS payment schedule.
- Pre-K students will wear the SJS uniform, which can be purchased through Educational Outfitters, Larose School Uniforms, Land's End or the SJS used uniform closet.
- After-School Care is available to Pre-K students on a full or part-time basis. Please refer to the After-School Care Handbook for times and rates.

### Tuition Rates, Child Care Tax Credit & Annual Student Fees

Pre-K Tuition Rates	
5-day program (M-F)	\$5,500/year
3-day program (M,W,F)	\$3,500/year
2-day program (T,TH)	\$2,500/year

### Annual Student Fees and Registration Fee

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 reserves your student's place and is applied toward the annual student fees. It is non-refundable unless Saint Joseph School, for any reason, is unable to accept a student or a family relocates out of town.

### Child Care Tax Credit

For many of our families, money spent on Pre-Kindergarten tuition qualifies for the Child Care Credit for federal income tax purposes. For more information, please visit: <https://www.irs.gov/taxtopics/tc602.html>.

### 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 5<sup>th</sup> or the 20<sup>th</sup> 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.



**Saint Joseph School  
Pre-Kindergarten Program  
Checklist**

<b>Pre-K Student's Full Name:</b>		
<b>Please Check Preferred Program:</b>		
5-day (M-F): _____	3-day (M, W, F): _____	2-day (T, Th): _____
<b>The following checklist may be used to ensure that all documentation is complete before returning the packet to the Admissions Office.</b>		
	Pre-K application	
	Birth certificate	
	Baptismal record	
	Copy of recent photo of your child	
	Preliminary physical for Pre-Kindergarteners	
	Tennessee Department of Health School Immunization Form	
	Copy of Social Security card	
	Custodial records (in case of divorce); court order	
	Proof of insurance or purchase of school insurance policy	
<b>PLEASE SUBMIT THIS DOCUMENTATION TO THE SCHOOL OFFICE BY THE END OF MARCH.</b>		



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	
<b>SCHOOL YEAR 2019-2020</b>	

**APPLICATION FOR ADMISSION GRADE LEVEL: Pre-Kindergarten**

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

# 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 <sup>ST</sup> NON PARENTAL CONTACT NAME	2 <sup>ND</sup> 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 <sup>ST</sup> PREFERENCE		HOSPITAL - 2 <sup>ND</sup> PREFERENCE		HOSPITAL - 3 <sup>RD</sup> 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):**

_____ _____ _____
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<b>Allergies (food, insect, medicines)</b> _____ _____ _____	<b>Special Conditions:</b> _____ _____ _____
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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"/> If yes, what year did this student 1 <sup>st</sup> qualify for ELL?
2. What language does this child speak most often outside of school?	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.