

REGISTRATION FORM for SCHOOL and EXTENDED CARE

FOR OFFICE USE ONLY: K-8 Activity/Curriculum/Technology Fee \$400.00 per child. (Due with registration) _____

FOR OFFICE USE ONLY: Pre-K & Jr K Activity/Curriculum/Technology Fee \$300.00 per child. (Due with registration) _____

Family Name: _____

Address: _____ Zip: _____

Are you located in the City _____ or County _____

Catholic: NO _____ YES _____ If yes, list parish where you are registered & attend: _____

Public School Dist.: _____ Public Elementary School: _____ Public Middle School: _____

Child/Children attending St. Roch for the NEW SCHOOL YEAR (IN THE FALL): oldest child first, then descending order:

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Name: _____ Grade in Fall: _____ Birthdate: _____ Gender: _____

Parent must provide information used for EMERGENCY situations. Business information is for office use only.

Mother's First & Last Name: _____ Father's first & Last Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Home Phone (if applicable): _____ Home Phone (if applicable): _____

Employment: _____ Employment: _____

Business Phone: _____ Business Phone: _____

Mom's E-mail: _____ Dad's E-mail: _____

**CHECK ONE: Married _____ Divorced & Now Single _____ Remarried _____ Single & Never Married _____

RACE – CHECK THOSE THAT APPLY: Asian _____
Black or African American _____
White _____
American Indian or Alaska Native _____
Native Hawaiian or Other Pacific Islander _____

ETHNICITY – CHECK ONE: Hispanic or Latino _____
Not Hispanic or Latino _____

NEIGHBOR OR RELATIVE TO CALL IN CASE OF EMERGENCY (ILLNESS OR DISASTER):

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
City & State: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____
City & State: _____

Doctor's Name: _____ Phone: _____

Hospital (in case of emergency): _____

If not city ambulance, provide County Ambulance name and phone number:

Name: _____ Phone: _____

Please list any student(s) allergies, food allergies, medications, or medical conditions below.
(Be sure to include student's name)

Does your child/children need AT SCHOOL any medication, an inhaler, or EpiPen? If so, list child's name and what he/she requires. If so, forms need to be completed by physician and parent and on file at the office before any medication can be administered. Necessary forms may be obtained at the school office.

ARCHDIOCESE OF ST. LOUIS ELEMENTARY SCHOOLS CUMULATIVE RECORD INFORMATION

Student's Legal Last Name _____ First _____ Middle _____ Religion _____ Grade Entered _____ / ____ / ____
 Month Day Year

1. Home Address _____ Telephone _____

City _____ State _____ Zip _____

2. Home Address _____ Telephone _____

City _____ State _____ Zip _____

BIRTH: _____ / ____ / ____
 City _____ State _____ Month Day Year

FAMILY DATA (Complete all)

FATHER _____ MOTHER _____
 Family Name First Middle Family Name First Middle

FATHER'S RELIGION _____ MOTHER'S RELIGION _____

MARITAL STATUS _____
 (Married/Divorced/Singe/Remarried) If divorced, name of parent who has legal custody _____

Name of parent who has primary physical custody _____ Date of most recent custodial decree, including modifications _____

Name & Address of Non-Custodial Parent _____ Telephone _____

If student is not living with parents, complete the following:

GUARDIAN(S) _____
 Family Name First Middle Relationship Religion

Home Address _____ City _____ State _____ Zip _____ Telephone _____

SCHOOLS ATTENDED

Date Entered	Name of School	City	State	Date Withdrawn	Reason*

Moved (1) Illness (2) Parental Wish (3) Transferred (4) Reasons Unknown (5) Death (6)

ate	Baptism if Catholic	First Communion	Confirmation

St. Roch 2024/2025 Tuition Schedule

Grades K through 8

<u># of Students in Family Attending St. Roch K-8</u>	<u>Annual</u>	<u>Monthly 9 Monthly Payments</u>
1	\$ 7,075	\$ 786
2	\$12,350	\$1,372
3	\$17,025	\$1,892
4	\$19,275	\$2,142

- \$400 Curriculum/Technology/Activity Fee (**Must be paid at the time of Registration**)
- \$100 Discount (\$300 fee instead of \$400) if registration is completed and fee turned in or paid **by January 31**.
- **REFER A FAMILY** – Receive an additional \$100 Discount for you and for a new family you refer and who registers their child(ren) at St. Roch School.



Educational Needs Form

It is important that all children with diagnosed or suspected disabilities be identified, even if they do not make use of the public school services. This information is kept confidential and only used for the purposes of this census. In order for us to work cooperatively to establish the best learning environment to meet your child's needs, we ask that you take a few moments to complete this form and return it to St. Roch's Catholic School. Thank you

Has your child ever been evaluated by a physician, a psychologist, the Department of Special Education or any private agency for learning difficulties?

Student name: _____

NO, my child has never been evaluated.

(Please sign below and disregard the rest of this form. Thank you.)

Signature of Parent / Guardian

Date

YES, my son/daughter has been evaluated by:

*** Please attach a copy of the most recent evaluation report / IEP/Service Plan to this sheet.**

The date of my child's original evaluation was: _____

The date of my child's most recent evaluation was: _____

My son's diagnosis is (Please check all items that apply):

- Attention Deficit / Hyperactivity Disorder
- Learning Disabled
- Language Impaired
- Speech Impaired
- Educational Handicapped
- Hearing Impaired
- Asperger Syndrome
- Autism
- Other (please explain) _____

*** Please List Medications taken for any of the above:**

Special Needs Services (Please check all items that apply):

- My child has received classroom and/or testing accommodations in the past.
- I anticipate that my child will require classroom and/or testing accommodation at St. Roch.
- I do not anticipate that my child will need special accommodations at St. Roch, but may request accommodations if needed in the future.
- My child plans to attend SNAP or the After School Program.
- My Child plans to work with a private tutor

Parent/Guardian Signature: _____

Date: _____

Phone: _____

Email: _____



St. Roch School
6040 Waterman Boulevard
St. Louis, Missouri 63112
Phone: 314-721-2595

Dear Parent/Guardian.

We welcome you to St. Roch School. We look forward to a successful year with you and your child. As with any new situation, we need to get to know you and your child while you get to know what we can offer in way of educational supports and a strong academic curriculum. Therefore, as your child transfers to St. Roch School, his/her acceptance is on a probationary basis for a six to nine week period. The purpose of this is to determine the student's ability to adjust to the school's philosophy and curriculum.

Parent Signature: _____

Student Signature: _____

Date: _____

BUZZ BOOK INFORMATION

PLEASE COMPLETE ALL INFORMATION THAT YOU WANT TO APPEAR IN THE BUZZ BOOK.
THEN SIGN AND DATE AT THE BOTTOM. (PLEASE PRINT LEGIBLY)

Student Name: _____ Grade in FALL _____

Student Name: _____ Grade in FALL _____

Student Name: _____ Grade in FALL _____

Student Name: _____ Grade in FALL _____

Street Address: _____

City: _____

Zip Code: _____

Home Phone (if applicable): _____

Custodial Mother's First & Last Name: _____

Custodial Mother's Cell Phone Number: _____

Custodial Mother's Email Address: _____

Custodial Father's First & Last Name: _____

Custodial Father's Cell Phone Number: _____

Custodial Father's Email Address: _____

PLEASE CHOOSE ONE BELOW AND RETURN WITH PACKET:

_____ I give permission for the above information to appear in the St. Roch Buzz Book.

_____ I do not give permission for the above information to appear in the St. Roch Buzz Book.

Name(s) of Children: _____

Parent Signature: _____ Date: _____

HANDBOOK ACKNOWLEDGEMENT PAGE

The Handbook may be accessed via a link
on the St. Roch School website

We have read the policies, rules, and regulations of St. Roch Catholic School and agree to be governed by them as they are outlined in the handbook.

Date: _____

Parent/Guardian Signature

Child's Signature

Grade in Fall

Parent/Guardian Signature

Child's Signature

Grade in Fall

Child's Signature

Grade in Fall

Child's Signature

Grade in Fall



ARCHDIOCESE OF ST. LOUIS
Office of Communications and Planning
MEDIA AUTHORIZATION

INTRODUCTION

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

Levels of Authorization

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis magazine, archdiocesan social media, The e-Vangelizer (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes No

Family Authorization (Please print clearly.)

Family Name:
Phone:
Email:
School Name:
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

Child(ren)'s Name(s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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PARENT PERMISSION FORM FOR NEIGHBORHOOD WALKING FIELD TRIPS

Dear Parent/Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from St. Roch School. A brief description of the activity follows:

Name of Event: N/A

Destination: Walking distance within a six block radius

Designated Supervisor of Activity: Employee of St. Roch (e.g. classroom teacher, PE teacher)

Date and Time of Departure: Any time during the school day.

Date and Time of Return: Any time during the school day.

Method of Transportation: Walking

Student Cost: 0

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child(ren), _____

in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

(PRINT PARENT/GUARDIAN Name)

(PARENT/GUARDIAN SIGNATURE)

DATE

Archdiocese of Saint Louis
WITNESS STATEMENT

For Those Seeking to Enroll Their Children in a Catholic School or a Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the Sacrament of Baptism, parents receive the following call from God to evangelize their children:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God's commandments as Christ taught us, by loving God and our neighbor... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say or do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflect these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith. Practically, this means I will:

- Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child's education and formation;
- To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
- Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children's participation in the Church of Baptism), include prayer in my daily life and form my children in the faith.
- Commit to speak frequently with my children about God and to include prayer in our daily home life;
- Participate in and cooperate with the School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
- Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;

- Teach my children by word and example to have a love and concern for the needs of others;
- Meet my financial responsibilities in supporting the Catholic school or the Parish School of Religion.
- Practice stewardship in support of the school and parish.

Signature of the parent(s)/Guardian(s) _____

PRINT NAMES/Parent(s)/Guardian(s) _____

Name of the Parish/School St. Roch School

Signature of the pastor/Administrator Mrs. Kain Hiett, Principal

Date _____

MUST HAVES

In order to begin the registration process, we MUST have the following with the enclosed papers:

- Copy of birth certificate

- Copy of baptismal certificate – only if Catholic (unless baptized at St. Roch)
If your child/children were baptized at St. Roch, indicate that here _____

- Immunization records

- Copy of the portion of the divorce decree, which verifies custody arrangements – if parents are divorced

- Registration fee for each child



OPEN ENROLLMENT REMINDERS



January 2024

- **January 22, 2024 - TTEF application *opens* at 8:00am.**
- Online application opens for all families, *new* and *re-applying*.
- Encourage parents to apply as early as possible.

February 2024

- **February 28, 2024 - Beyond Sunday, Catholic Families Tuition Assistance (CFTA), and the Parish Employees Endowment Fund (PEEF) applications *close*.**
- To be considered for these programs, *all* families must apply between **January 22, 2024 - February 28, 2024.**

**Any Questions?
Contact us!**

**(314)792-7777
ttef@archstl.org**

Required Documents of

ALL Applicants (NEW & RETURNING)

- **2022 OR 2023 W-2**
- **OR most recent tax return**
- **OR 3 most recent paystubs**
- **Benefits Summary for food stamps and/or proof of child support**

Proof of Residence

(CITY RESIDENTS ONLY)

- **Driver's License**
- **OR Utility Bill**

Login Instructions

1. **Visit ttef-stl.org**
2. **Click Scholarship**
3. **Click Apply Here**
4. **On the Family Login Page: enter email and password**
5. **Click the Application Tab: complete the application process**

NOTE:

***If password has been forgotten, click "Forgot Password" to reset.**

****Applying without logging in will duplicate account and cause a *delay* in processing applications.**

Frequently Asked Questions

For Eligible Schools

MOScholars

Missouri's K-12 Scholarship Program

POWERED BY



TODAY TOMORROW

WHAT SHOULD SCHOOLS DO NEXT?

Review Your Enrollment

Review current academic year enrollment for qualifying students.

- **Elementary schools:** focus on income-eligible kindergarten and 1st grade classes and transfer students -or- qualifying special needs students (IEP/ISP).
- **High Schools:** focus on income-eligible transfers from public schools (9-12) -or- special needs students (IEP/ISP).

Develop Guidance for Tuition Payment

Scholarship funds from this program are directly administered to families.

Schools should consider developing guidance for families as it pertains to accepting MOScholars payments to cover tuition/registration fees.

More information for schools can be found on the Missouri State

Treasurer's website:

treasurer.mo.gov/MOScholars/Schools

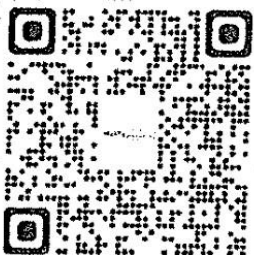
Direct Families to TTEF

tdef-stl.org/moscholars

Contact

Jermicia.jackson@archstl.org

MOScholars Program Manager



Scan to Learn More

What is MOScholars?

- \$6,375 renewable scholarships for eligible K-12 students

Who is eligible for MOScholars?

- Students residing in St. Louis City, St. Louis County, St. Charles County and Jefferson County who are:
 - On an approved IEP | ISP, -or-
 - Income eligible -and-
 - Transferring from a public/charter school, -or-
 - Entering Kindergarten or first grade.

How do students apply?

- TTEF offers a pre-qualification survey to determine eligibility. When a student "qualifies" they are directed to the online application administered by FACTS.
- Upon approval from FACTS, TTEF will inform the families and school of choice of their award.
- Families may begin applying for the 2023 -24 MOScholars awards on February 1st, 2023.

How will my school be paid?

- MOScholars is awarded to the student for approved educational expenses.
- TTEF encourages families to pay school tuition and fees with MOScholars awards.
- Schools will create a ClassWallet account to received direct tuition payments for tuition from MOScholars families.

Should families continue to apply for other TTEF scholarships?

- Yes. Families should continue to apply for all TTEF scholarships (both new and renewal).
- Should TTEF award a student and the same student earns a MOScholars award, TTEF will remove the TTEF scholarship.
- Siblings of MOScholars may continue on a TTEF award.



TISHAURA O. JONES
Mayor



MATIFADZA HLATSHWAYO DAVIS, MD, MP
Director of Health

City of St. Louis
Department of Health

* Due by
start of school if
your child/children are
entering K, 3, or 6 grades

School Health Service

Phone: (314) 657-1414

Fax: (314) 612-5005

Email: BuchananA@stlouis-mo.gov

Dear Parents:

Welcome to the 2024-2025 school year! I look forward to working with you and your school to ensure that your child is fully prepared for the school year.

The *American Academy of Pediatrics* recommends that students receive physical examinations upon entering **Kindergarten, 3rd, 6th, 9th, and 11th grades**. This also includes any new admissions to the school regardless of grade, or any student with an incomplete health record. If your child has asthma, we require a copy of their asthma action plan and rescue medications. Children with allergies are highly encouraged to have an allergy action plan on file and an epi-pen if needed at school for emergency purposes. Medication administration forms are also required for any medications that are administered during school hours. It is imperative that you discuss with your school any specific health concerns or needs your child may experience.

As of 2016, all incoming 8th and 9th graders are required to have a Tdap and Meningococcal conjugate vaccine (MCV4 NOS, Menactra or Menveo). However, if your child has received a Tdap (Tetanus booster) or a Meningococcal vaccine (MCV4 NOS, Menactra or Menveo) on or after their 10th birthday, another shot is not needed at this time. Please have your physician give you an official immunization record indicating proof of all vaccines given and submit a copy to school personnel. The health information provided will become part of your child's permanent school health record.

If you have any questions, feel free to contact me. Thank you in advance for your time and cooperation regarding your child's health exam and immunization record.

Sincerely,

Angela Buchanan, RN BSN
Public Health Nurse II