



St. Joseph School
1410 Josephville Rd.
Wentzville, MO 63385
Phone: 636-332-5672

Listed below are the requirements needed to enroll your child at St. Joseph School. Registration is not considered complete until all forms are submitted to the school office.

- **Completed Application for Admission form**
- **A copy of your child's birth certificate. If your child was baptized here at St. Joseph, a copy is not needed.**
- **A copy of your child's immunization record from your doctor's office**
- **Completed Medical History form**
- **Pre-School Attendance Option form (if applicable)**
- **Payment of Registration fees (non-refundable)**
- **Physical Examination Form (due no later than August 1st)**
- **Request for Student Records (if applicable)**

Please return all the completed paperwork to the school office, as soon as possible, to ensure your child's spot. If you have any questions or concerns, please do not hesitate to call the school office at 636-332-5672.

Admission Policy

Students will be admitted to St. Joseph School according to the following criteria which are weighted and prioritized for individual cases by the administrator of the school.

- 1. The school is suited to his/her needs.**
- 2. Preference will be given to St. Joseph parishioners. Non-parishioners will be accepted if there is a vacancy.**
- 3. The conditions for admission by the State have been met. (age, medical, etc.)**

Before an applicant can be accepted the application packet must be completed with the required documents submitted according to the procedure outlined. Withdrawal from the school will be recommended if it is discovered that the school does not meet the needs of the child or if information concerning the child was withheld during the admission process. Transfers are automatically probationary for at least 3 months. The age for admission in the State of Missouri is 5 by August 1st for Kindergarten and 6 by August 1st for Grade One.

"The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint-filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@csda.gov. Individuals who are deaf, hard of hearing or have speech



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Application for Admission

Student

Last	First	Middle	SSN
Address		City, State, Zip	Home or Cell Phone
Birth Date (Month, Day, Year)		Birth City, State	Country
Baptism Date (Month, Day, Year)		Church	City, State
Grade Entering _____		Your Parish Church _____	

Parents

Father's Last Name	First	Middle	Religion
Occupation	Business Address		Phone (or cell phone)
E-mail address _____			
Mother's Maiden Name	First	Middle	Religion
Occupation	Business Address		Phone (or cell phone)
E-mail address _____			

Please check which ethnicity best suits your child: White ___ Hispanic/Latino ___ Black ___
 Asian ___ Multi-Racial ___ American Indian/Native Alaskan ___ Native Hawaiian/Pacific Islander ___

Check all that apply: ___ Married ___ Single ___ Separated ___ Divorced * ___ Remarried *

*If divorced or remarried, see reverse side of form

Public School District that you reside in: _____

Public Elementary School your child would attend: _____

Parent Signature _____

Date _____



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Application for Admission

If divorced or remarried, name of parent with legal custody _____

If student does not live with parents, complete the following:

Guardian's Last Name	First	Middle	Religion
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Address	Phone
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Occupation	Business Address	Phone
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-----Office Use Only-----

<input type="checkbox"/> Fees	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Medical History	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Transfer Records
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Pre-School Attendance Options

Please circle the number of your choice and whether it will be "full day" or "half day".

1. 2 days a week	Tues. & Thurs	OR
Full days Half days	_____	
	(choice of days)	

2. 3 days a week	Mon., Wed., Fri.	OR
Full days Half days	_____	
	(choice of days)	

3. Five days a week	Full days
<i>** half day schedule: 7:45 – 12:00 noon (no lunch)</i>	

Child's Name _____

Date of Birth _____

Parent's Signature _____

Date _____





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K-8 Tuition & Costs

Grades K-8

	<u>Active-Participating School Family</u>	<u>Non-Active School Family</u>
1 student	\$4,890	\$7,560
2 students	\$7,540	\$9,660
3+ students	\$8,500	\$11,016

Tuition will be billed each month over a 10 month period
 Tuition will be due on the first of each month beginning August 1 and final payment due May 1
 Statements will be sent out two weeks prior to the due date
 Payment can be made by:

- Check
- Online banking with your own bank through your bank's website
- Automatic withdrawal from your bank's account set up through the parish online giving
- Credit card through the parish online giving

Current School Fees for K-8

Registration fees per student	\$100.00
Textbook fees per student	<u>\$100.00</u>
Total fees for 2024-25 School Year per student	\$200.00

All fees are non-refundable. \$100.00 per student is due at the time of registration. Balance is due by May 1, 2024 \$50.00 late fee if second half is not paid by final due date.
(Check payable to St. Joseph School)

Scrip

All families must purchase \$500 in scrip by May 15, 2025 or pay \$50.
 Scrip can be ordered by sending a form and check with your child to school; or
 Scrip can be purchased at school Mon-Fri from 8:00 a.m. – 3:30 p.m. or online at raiseright.com with our enrollment code.
 In stock scrip is returned the same day. Scrip that needs to be ordered is available in one week.

Current Daily Lunch Fees

Check payable to St. Joseph Cafeteria

Main choice (includes side, salad bar & milk)	\$4.15
Sunbutter Sandwich (includes side, salad bar & milk)	\$4.15
Salad Bar only	\$2.00
Milk (for those who bring lunch or choose salad bar only)	\$.50
Seconds of main or sunbutter	\$1.50
Breakfast (protein bar and apple juice)	\$3.00



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Preschool Tuition & Costs

Attendance Options and Tuition (9 months)

2 Full Days	\$264.00 per month
3 Full Days	\$396.00 per month
5 Full Days	\$640.00 per month

* Half days (7:45 – 12:00 noon) are available and the cost would be as follows:

2– half days a week	\$204.00 per month
3– half days a week	\$306.00 per month

Tuition will be billed each month over a 9 month period.

Tuition will be due on the first of each month beginning September 1 and final payment due May 1. Statements will be sent out two weeks prior to the due date.

A \$25 late fee will be charged for tuition not received by the 7th of the month.

Payment can be made by:

- Check
- Online banking with your own bank through your bank's website
- Automatic withdrawal from your bank's account set up through the parish online giving
- Credit card through the parish online giving

Check payable to St. Joseph Preschool

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Current Fees

Registration Fee (non-refundable)	\$130.00	<i>Check payable to St. Joseph Pre-school</i>
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Current Daily Lunch Fees

Main choice (includes side, salad bar & milk)	\$4.15	<i>Check payable to St. Joseph Cafeteria</i>
Sunbutter Sandwich (includes side, salad bar & milk)	\$4.15	
Salad Bar only	\$2.00	
Milk (for those who bring lunch or choose salad bar only)	\$.50	
Seconds of main or sunbutter	\$1.50	
Breakfast (protein bar and apple juice)	\$3.00	

- *****
- Total fees will be charged each month regardless of absenteeism, holidays or school cancellations
 - Preschool tuition is separate from K-8 tuition
 - All day schedule: 7:45 A.M. - 3:15 P.M.
 - Half day schedule: 7:45 AM –12:00 noon (no lunch)



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Physical Examination Form

In accordance with the recommendations of the **Archdiocese of Saint Louis Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Pre-School, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a licensed medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School _____ Grade _____

Student's Name _____ DOB _____ M or F _____

Date of Examination _____

Height _____ Weight _____ BMI _____ BP _____ Pulse _____

General Appearance

Nutrition _____	Nose _____	Abdomen _____	Skin _____	Mouth _____
Back _____	Lungs _____	Genitalia _____	Head _____	Throat _____
Extremities _____	Heart _____	Neck _____	Eyes _____	Neurologic Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses

Can Student Carry a Full Program of School Work? Yes No (circle one)
 Should Physical Activity Be Restricted? Yes No

Explain _____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature _____ Date _____

Print Physician Name _____

	<p><u>PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD</u></p>
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Office Stamp



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Medical History Form

Student's Name _____ **Grade** _____

Vision: (Eyes): Glasses ___ (reading ___ distance ___) Contacts ___
 Comments: _____

Hearing: Frequent infections ___ tubes ___ hearing difficulty (explain) _____
 Hearing aid: right ___ left ___ wears at school _____

Allergies: (drugs, food, insects, pollens)
 Please list: _____
 Has the allergy ever required emergency action? _____

Asthma: Yes ___ No ___ Triggered by: _____
 Treatments: _____
 Exercise limitations: _____ Diagnosed by physician (date) _____

Seizures: Yes ___ No ___ Date of last seizure _____
 Describe seizure _____
 Medications: _____

Other Health Concerns:

- ___ ADD/ADHD ___ Allergies ___ Asthma ___ Bed wetting ___ Bladder ___ Bowel ___ Diabetes
- ___ Headaches ___ Hearing ___ Heart Problems ___ Lung ___ Menstrual history ___ Nutritional Concerns
- ___ Orthodontic Concern ___ Phobias (fears) ___ Psychological/Emotional Concern ___ Recurring Illness
- ___ Seizures ___ Skin Disorder ___ Speech Disorder ___ Taking Medications ___ Vision ___ Other

Explain:

Other medications and reason for taking: _____

Other illness, injury, or health problem that might affect performance at school: _____

Parent/Guardian _____ Date _____



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Request for Student Records

STUDENT INFORMATION

DATE OF REQUEST _____

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____ GRADE _____
 DATE OF BIRTH _____ PLACE OF BIRTH - CITY _____ STATE _____
 CURRENT ADDRESS - STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIP _____

PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
 CURRENT ADDRESS - STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
 CURRENT ADDRESS - STREET NUMBER AND NAME _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE _____ SIGNATURE _____

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

RECORDS REQUESTED FROM:

SCHOOL NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEND RECORDS TO:

SCHOOL NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.