



## St. Louise de Marillac Catholic School

### REGISTRATION FORM 2023 – 2024 – KINDERGARTEN THRU 8<sup>TH</sup> GRADE

Registration Date: \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth and Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Student Entering Grade \_\_\_\_\_

(Kindergarten Only) Half Day AM \_\_\_\_\_ Full Day \_\_\_\_\_

Last School Attended (for students entering 1<sup>st</sup>-8<sup>th</sup> grade only) \_\_\_\_\_

Address \_\_\_\_\_

School District (where taxes are paid) \_\_\_\_\_

Public School Building Student Would Otherwise Attend: \_\_\_\_\_

Religious Affiliation (Child) \_\_\_\_\_

Parish (if consolidated church, please note new church name) \_\_\_\_\_

Ethnicity

\_\_\_\_ American Indian

\_\_\_\_ Pacific Islander

\_\_\_\_ Asian

\_\_\_\_ White

\_\_\_\_ Black

\_\_\_\_ Other

\_\_\_\_ Multi Racial

\_\_\_\_ YES \_\_\_\_ NO Does the child identify as Hispanic

**FAMILY DATA:**

Father's Name \_\_\_\_\_  
Last First Middle

Dad's cell: \_\_\_\_\_

Dad email: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last Maiden First

Mom's Cell: \_\_\_\_\_

Mom Email: \_\_\_\_\_

**SACRAMENTAL INFORMATION:**

Baptism: (Please list Parish name, city and state)

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Reconciliation: (Please list Parish name, city and state)

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

First Communion: (Please list Parish name, city and state)

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

**HEALTH:**

Has your child had a psychological evaluation: \_\_\_\_\_ YES \_\_\_\_\_ NO

Been diagnosed with any of the following: (check all that apply)

\_\_\_\_\_ LD (Learning Disability)

\_\_\_\_\_ ADD (Attention Deficit Disorder)

\_\_\_\_\_ ADHD (Attention Deficit Hyperactive Disorder)

\_\_\_\_\_ ASD (Autism Spectrum Disorder)

\_\_\_\_\_ Other \_\_\_\_\_

Does your child take any medications associated with the diagnosis? If so, please specify below:

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Received any of the following services: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Counseling        | <input type="checkbox"/> Speech/Language Support |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Project Dart            |
| <input type="checkbox"/> Gifted Support    | <input type="checkbox"/> Learning Support        |
| <input type="checkbox"/> Remedial Math     | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Remedial Reading  |  |

☐ YES ☐ NO Had an IEP?

If yes, what is the disability? Please submit a copy of the IEP. (Please email to [kklase@stlouisedemarillac.org](mailto:kklase@stlouisedemarillac.org) with your child's name as the subject line)

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Repeated a grade? If yes, what grade? Please explain below:

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### **SIGNATURE AND SUBMISSION:**

The registration process is not complete until the following items have been completed and turned in to the school:

1. A non-refundable \$100 family registration fee is received along with this completed Registration Form verifying all needed information. (Checks payable to St. Louise de Marillac School.)
2. All tuition for the current school year is paid in full or current before registering for the next school year.
3. For a student transferring from another school, receipt of student's academic and health records must be received.

\_\_\_\_\_-Parent Signature \_\_\_\_\_ Date



St. Louise de Marillac School  
310 McMurray Road, Upper St. Clair, PA 15241  
Phone: 412.835.0600 Fax: 412.835.2898  
[www.stlouiseschoolpa.org](http://www.stlouiseschoolpa.org)

## **Registration & Immunization Requirements**

***The following are required for registration at St. Louise:***

- Birth Certificate
- Baptismal Certificate
- Immunization Record
- Registration Forms (forms in this link)
- Tuition and Family Share Agreement (will be sent once tuition is known)
- Catholic School Parents Memorandum of Understanding (will be sent once tuition is known)
- Registration on FACTS Management for tuition payment - Must be done within one week of registration confirmation
- Registration Fee- \$100 per family; THIS FEE IS NON REFUNDABLE

### ***Immunization Requirements***

Immunization records must be complete *before* any child may enter school. The immunization requirements are:

#### **KINDERGARTEN: Mandatory Blood Level Testing**

- All children enrolling in Kindergarten for the 2023/2024 school year are required to submit documentation of lead level testing.

#### **ALL GRADES:**

- 4 doses of tetanus, diphtheria, and acellular pertussis (DTP or DTaP): 1 dose on or after the 4<sup>th</sup> birthday
- 4 doses of polio (4<sup>th</sup> dose on or after the 4<sup>th</sup> birthday and at least 6 months after previous dose given)
- 2 doses of each of measles, mumps and rubella (usually given as MMR)
- 3 doses of hepatitis B
- 2 doses of varicella or a written statement from a physician/designee indicating the month and year of the disease or serologic proof of immunity.

#### **GRADE 7**

- 1 dose of tetanus/diphtheria/pertussis (Tdap)
- 1 dose of meningitis vaccine (MCV 4)
- Any other immunization required by the State of Pennsylvania and/or the Diocese of Pittsburgh

***Your child can not start school without meeting these mandated immunization requirements.***



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## HEALTH HISTORY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Parent: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

### MEDICAL HISTORY (Give details where applicable)

	Yes	No	More Information
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac Problems.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headaches/Migraines.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitalizations/Operations.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (medical issues/concerns).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic conditions which require medication, restriction of activity or which might affect his/her education? If so, specify \_\_\_\_\_

Parent's Signature \_\_\_\_\_

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



# St. Louise de Marillac Catholic School

## Tuition & Fees Agreement – 2023-2024

St. Louise de Marillac Catholic School will accept the following student(s) for the 2023-2024 school year, subject to the school's rules and regulations regarding behavior and academic matters.

Student Name (First, Last)	Grade for 2023/2024 School Year

### Kindergarten – 8<sup>th</sup> Grade Annual Tuition

In exchange for the school's agreement to accept said child(ren) as a student(s), the parents/ guardians agree to pay tuition for the 2023-2024 school year.

No. of Children	Cumulative Catholic Rate*	Cumulative Non-Catholic Rate
1	\$4,990	\$6,500
2	\$8,384	\$12,350
3	\$11,078	\$17,550
4	\$11,976	\$20,800

Please enter your total K-8 tuition amount from the table at left

\$

Please enter the Catholic Church name of which you are a member (if applicable):

### Family Share/ Fundraising Kindergarten – 8<sup>th</sup> Grade

There are many ways for a family to reach its \$500 family share goal, often without the need for a family to pay out of pocket at all (ex. Race for Catholic Education, Gala, Feed the Mind). Opportunities will be outlined at the beginning of the school year. Feed the Mind profit can be applied to tuition or family share.

\_\_\_\_\_ I/We will participate in the Family Share Program. I/We understand that if our family does not reach our \$500 obligation, then the balance will be added to our tuition bill at the end of the year.

\_\_\_\_\_ I/We choose to opt out of the Family Share Program by paying the \$500 in full. Payment made on or before August 24, 2023. Check made out to St. Louise de Marillac School.

BEF	\$	Other	\$
EITC	\$		\$
SOS	\$	FOR OFFICE USE ONLY	\$

## 1. Payment of Tuition and Fees

- Tuition collection for St. Louise de Marillac School is managed by FACTS Management. ALL families need to have a FACTS agreement. Please enroll in the FACTS tuition plan: <https://online.factsmgt.com> and select the payment plan that works best for your family.
- Each family currently enrolled in FACTS Management will be automatically re-enrolled for the next school year.
- Tuition payments will be over 10 months: July 2023 – May 2024
- Pay in full option now available. A 3% discount will be taken off the tuition cost if payment is made on FACTS by August 31, 2023.
- Late payments will result in a fee of \$40. This late fee will be applied and paid through FACTS.

### **Acknowledgement of FACTS agreement:**

\_\_\_\_\_ I/We agree to enroll in FACTS, our Tuition Management System for tuition payments.  
Payments are made over 10 months: July 2023 through April 2024. (Please put your initials on the line.)

## 2. Year End Account Balance

Any remaining account balance mentioned above, including but not limited to fundraising requirements, cafeteria fees, damaged Chromebook fees, extended day fees, as well as any other fees that may be assessed, must be received by St. Louise de Marillac on or before May 15, 2023. Failure to pay any amount required herein, including without limitation the foregoing, by May 15, 2023 shall result in the following:

- Child(ren) will not be re-admitted for the next school year.
- If you have already enrolled your child(ren) for next year, the space(s) being reserved for them may be given to a child(ren) on a waiting list.
- A child will not receive his/her report card at the end of the year.
- Transcripts will not be forwarded to other schools until balances are paid in full.

## 3. Registration Fee

- A \$100 family registration fee is needed to secure your registration for the 2023/2024 school year. This registration fee is for grades Pre-K – 8.
- The registration fee is non-refundable.

\_\_\_\_\_ I/We will pay the \$100 family registration fee by check/cash directly to school office by March 10, 2023. Check made to St. Louise de Marillac School.

\_\_\_\_\_ I/We have already paid our \$100 family registration fee with our preschool student(s) registration.

## 4. Catholic Tuition Rates

To qualify for Catholic Family Tuition Rates, a family must be registered at a Catholic Parish, worship regularly and financially support the church.

## 5. Financial Aid, Scholarships, Grants

No monetary aid is guaranteed. Aid received through the Diocese is generally through the FACTS Grant & Aid program, Bishop's Education Fund (BEF), Scholastic Opportunity Scholarship (SOS) and Tax Credit (EITC) funds. Any money received on behalf of a student will be applied to the family's FACTS account equally throughout the school year. Please visit the diocese website <https://diopitt.org/affordable> for more information. We encourage all families to apply. Application deadline is March 15, 2023.

St. Louise de Marillac School has an Angel Fund but in order to apply to this fund, you must have applied for aid through the diocese. Angel Fund is only awarded after diocese aid is known.

## 6. Returned Checks

All returned checks will incur a fee of \$25. If two checks are returned for insufficient funds, St. Louise de Marillac will no longer accept personal checks and you will be required to pay in cash or with a certified check.

## 7. Acceptance of Enrollment

- I/We understand that a place will be reserved for our student(s) only if this form, the registration fee and other required registration documents are submitted and other conditions of enrollment are met.
- I/We understand that acceptance of enrollment depends on Student's successful completion of the current school year and on full payment of all tuition and fees for the current and/or prior school years.

**I/We, the Responsible Party, have read and understand the terms and conditions of this Agreement, for the enrollment of Student(s) for the 2023-2024 school year. I/we agree to abide by said terms and conditions and agree to fulfill the total financial obligation for payment of tuition as set forth herein:**

1.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Other

\_\_\_\_\_  
Date

2.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Other

\_\_\_\_\_  
Date

\_\_\_\_\_ As I/We am/are splitting the cost of tuition and family share, I/we would like to discuss how to split these costs between 2 separate accounts.



Dear Parent/Guardian:

The Secretary of Education, pursuant to Section 9-923-A of the Public School Code, is authorized to purchase textbooks, instructional materials, and equipment, which may be loaned to all children residing in the Commonwealth who are enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren).

In order to participate in the program, a parent/guardian of each child attending the nonpublic or private school must individually request a loan of textbooks, instructional materials and equipment. The enclosed individual request form fulfills that requirement. Please sign the form, date it, and return it to the school immediately.

Thank you for your continued assistance and cooperation.

Sincerely yours,

Kenneth J. Klase  
Principal, St. Louise de Marillac School

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**Certificate of Individual Request  
For Loan of Textbooks, Instruction Materials and Equipment**

I hereby request the loan of textbooks, instructional materials and equipment in accordance with the Pennsylvania Public School Code of 1949 for my child(ren) attending *St. Louise de Marillac School*.

Date Signed: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

This program is available only to Pennsylvania residents.

**CATHOLIC SCHOOL PARENTS  
MEMORANDUM OF UNDERSTANDING**

As a parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as ministries of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the regions, the diocese, or religious communities.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father:

Mother:

Guardian:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student's Name(Please Print)

\_\_\_\_\_  
St. Louise de Marillac School  
School

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

## HOME LANGUAGE SURVEY

The Civil Rights Law of 1964, Title VI, requires that school districts/charter schools identify Limited English Proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: Upper St. Clair Date: \_\_\_\_\_

School: St. Louise de Marillac

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

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

1. What was the student's first language?

\_\_\_\_\_

2. Does the student speak a language other than English?

\_\_\_\_\_

If yes, specify language \_\_\_\_\_  
(Do not include languages learned in school.)

3. What language(s) is/are spoken in your home?

\_\_\_\_\_

\_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.



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### **PUBLICITY RELEASE AUTHORIZATION**

Permission is hereby granted to the South Region Catholic Elementary Schools (SRCES), and **ST LOUISE DE MARILLAC SCHOOL** to use voice recordings, photographs, video, and quotations of:

\_\_\_\_\_  
Name of (s)

to assist in its community awareness, educational efforts, and related public relations purposes. In exchange for the opportunity to participate in the community awareness programs; educational efforts, and related publicity endeavors of SRCES, I hereby agree to indemnify and hold harmless the SRCES, the Diocese of Pittsburgh, their agents, servants and employees from any and all claims, demands, and/or causes of action of whatever kind or nature arising from the use of voice recordings, photographs, video, and quotations.

I further agree that I waive any right to compensation, fee, or royalty for myself, my successors, heirs, or assigns for the production or use of the aforesaid materials.

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

**Please check one:**

\_\_\_\_\_ Yes! Images may be used for St. Louise School publicity efforts

\_\_\_\_\_ **I do not wish** images to be used in St. Louise School publicity efforts

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

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

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