Dear Parents and Guardians,

Thank you for choosing a Catholic Partnership School for your child. We know that your child will receive an excellent education, and we are certain that your investment in choosing a Catholic education for your child will be a stepping stone for a bright future. All Catholic Partnership Schools provide an excellent, student-centered academic program defined by faith-based values, rooted in respect, and compelled by justice. We are committed to sustaining safe and nurturing schools that inspire and prepare each of our students for success in high school.

As Catholic Partnership Schools continue to grow and build partnerships in the community, we know that you, the parents and guardians, are the ultimate partners in your child’s education. We look forward to working with you to educate your child and to develop stronger relationships between home and school.

Sincerely,

Sister Karen Dietrich, SSJ, PhD
Executive Director
Admissions Guidelines

Kindergarten – Kindergarten registration is open enrollment, with a non-refundable fee (unless you have an older child in our school, then we will follow the process listed under “New Students 1st-7th Grade”). Child must be five years old on or before September 30th. All applicants must meet with the principal or designee to review the Parent Contract. Kindergarten screening occurs for the purpose of best meeting the needs of the children.

New Students – We will accept refundable registrations for NEW families in 1st-7th grades from January through April 15th. After April 15th, any new registration is non-refundable. New students’ applications will be processed and considered to determine if the school is able to meet the needs of each applicant. The decision is communicated through a telephone call and/or in writing. Beginning April 16th, the families will be contacted to confirm their registration. At that point the registration will become complete and non-refundable.

New 8th grade students - Local transfers of students from any public, private or diocesan school into grade 8 are generally not considered for admittance. Under special circumstances, an applicant may be considered with an interview with the principal prior to acceptance.

Students with Special Needs - The Catholic Partnership Schools are committed to providing an excellent, student-centered education. In order to effectively educate children, parents/guardians are asked to disclose if a child has an IEP, ISP, diagnosed learning disorder, and/or a mental health or mental retardation diagnosis. If a child has any of the above, parents will be asked to submit a copy of the most recent IEP/ISP or psychological/psychiatric evaluation. Students with special needs will be considered for enrollment based on the schools’ ability to meet the child’s needs in a satisfactory manner.

If a child has a special need or is determined to have a special need during the course of the school-year, parents will be required to comply with the recommendations of the IEP/ISP or psychological/psychiatric evaluation. If the parent is not willing to follow the recommendations, the child may not be able to enroll in or continue in a Catholic Partnership School.

English Language Learners - Students who have emigrated from another country, or who live in a home where English is not spoken, may require additional language support in order to ensure successful transition into the school environment. Parents are asked to disclose how long a child has been in the country. ELL students will be screened using a language-based assessment. Students who are determined to need ELL support, may be required to repeat a grade in order to give them the time they need to learn the English language. Additionally, students may receive ESL services through the Commission for Compensatory Education, or through individual/small group tutoring.

Transfers between Catholic Partnership Schools - Circumstances may present themselves where parents/guardians may want to transfer their child(ren) from one CPS school to another. The CPS principal at the receiving school will consult with the sending school’s principal to determine if the child is eligible for re-registration. Tuition assistance time frames for current CPS families will apply to all transferring students.

Non-discrimination Policy - The Catholic Partnership Schools admit students of any race, color, sex, national and ethnic origin to all rights, privileges, programs and activities generally accorded or generally made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admission policies, athletic programs or other school-administered programs.
Admissions Procedure

Please review the admissions packet and complete all forms in their entirety. For your application to be considered, please return the application along with all documents in a timely manner. Only those applications that are complete will be accepted by the school. Due to high demand, we cannot hold seats for admission.

Ways to return your Admissions Packet:

1) Take this completed packet to the CPS school of your choice during regular school hours.

2) Mail it to:

   Catholic Partnership Schools
   808 Market Street, 2nd Floor
   Camden, NJ 08102

   Drop it off at:

   Catholic Partnership Schools
   School Year Office Hours: 8:30 a.m. to 5:00 p.m.
   Summer Office Hours: 9:00 a.m. to 5:00 p.m.

Please use the check list below as a guide to completing your registration packet. All of the forms listed below must be completed for your registration to be complete. If you have any questions, please contact the main office.

Admissions Packet Check List:

_____ Registration Forms
_____ Tuition Assistance & Children Scholarship Fund Application
_____ Up-to-date Immunization Records
_____ Medical & Physical Forms
_____ Last report card & Individual Education Plan (IEP-where applicable)
_____ Previous School Transcripts Request Form
_____ Birth Certificate
_____ Baptismal Certificate (Catholic applicants only)
_____ Proof of Address
_____ Guardianship Documents (if other than parent)
_____ Non-refundable Registration Fee ($100 per family)
### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender</th>
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<td></td>
<td></td>
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<td>□ Female □ Male</td>
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<tr>
<th>Mailing Address</th>
<th>Home Phone</th>
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<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Ethnicity of Child</th>
<th>Religion of Child</th>
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<tr>
<th>Name of School Transferring from</th>
<th>Address of School transferring from</th>
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<table>
<thead>
<tr>
<th>Student resides with</th>
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<tbody>
<tr>
<td>□ Both Parents □ Mother Only □ Father Only □ Guardian</td>
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</table>

If student resides with someone other than legal parent, please indicate name and relationship to child (additional information may be required)

### SACRAMENTAL INFORMATION

<table>
<thead>
<tr>
<th>Baptism Date</th>
<th>Church Name</th>
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<tr>
<th>City &amp; State of Church</th>
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<tr>
<th>Communion Date</th>
<th>Church Name</th>
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<th>City &amp; State of Church</th>
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<th>Confirmation Date</th>
<th>Church Name</th>
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<tr>
<th>City &amp; State of Church</th>
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</table>
**STUDENT MEDICAL HISTORY**
Does your child have a medical condition that the school should be aware?  □ Yes  □ No

*Please describe__________________________________________________________*

Does your child have any skin or food allergies that the school should be aware?  □ Yes  □ No

*Please describe__________________________________________________________*

**STUDENT MEDICAL HISTORY CONT'D**

Is your child currently on any medication?  □ Yes  □ No

*Please list:_______________________________________________________________*

Has your child had an educational/psychological (child study) evaluation?  □ Yes  □ No

Date of testing?___________ If yes, please include the child’s Individualized Educational Program (IEP) with this application.

Has your child had remedial (comp. ed.)help?  □ Yes  □ No Has your child had outside tutoring?  □ Yes  □ No

If yes, please indicate the subject and grade:

Has your child been diagnosed with a speech or language disorder?  □ Yes  □ No Date of evaluation:______

Has your child received therapy?  □ Yes  □ No Dates of therapy:_______________________________N/A.
Please check yes in all appropriate areas below for any child who HAS had a problem. If NOT, please check N/A.

**HEARING**

- ☐ ☐ Child has a history of ear infection/s. If so, approximate number_______.
- ☐ ☐ Child has complained of frequent earaches.
- ☐ ☐ Child has “draining ears” and some liquid other than wax has been noted more than once in the outer ear.
- ☐ ☐ Child may have a hearing problem.
- ☐ ☐ Child has a known hearing loss. If so, please describe: ____________________________________________

Additional Comments: __________________________________________________________________________

**SPEECH AND LANGUAGE**

- ☐ ☐ Child has difficulty making and using many sounds.
- ☐ ☐ Child has difficulty making and using few sounds. If possible, list examples: ______________________________

Additional Comments: __________________________________________________________________________

**HOME LANGUAGE SURVEY** - If primary language is English, STOP. Go to the next section.

<table>
<thead>
<tr>
<th></th>
<th>English</th>
<th>Other</th>
<th>List Language/s</th>
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</thead>
<tbody>
<tr>
<td>1. What language did the child learn when he/she first began to talk?</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>2. What language does the family speak at home most of the time?</td>
<td>☐ ☐ ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What language does the parent/s speak to his/her child most of the time?</td>
<td>☐ ☐ ☐</td>
<td></td>
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</tr>
<tr>
<td>4. What language does the child speak to her/his parent/s most of the time?</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>5. What language does the child hear and understand in the home?</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>6. What language does the child speak to her/his brothers/sisters most of the time?</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>7. What language does the child speak to his/her friends most of the time?</td>
<td>☐ ☐ ☐</td>
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</tbody>
</table>
PARENT/GUARDIAN INFORMATION

Parental Status (check one):
- □ Single
- □ Married Together
- □ Married Separate
- □ Divorced
- □ Widowed
- □ Legally Separated
- □ Other ______________________

PARENT/GUARDIAN 1 INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>First Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>? English</td>
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<tr>
<td></td>
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<td></td>
<td>? Spanish</td>
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<td></td>
<td></td>
<td></td>
<td>? Other</td>
</tr>
</tbody>
</table>

Mailing Address (if different than student’s)  ______________________________

City ___________________________ State ____________________ Zip ___________

Work Phone ___________________________ Cell Phone ___________________________

Occupation ___________________________

Employer Address ___________________________

Birth Place ___________________________

Religion ___________________________

Best Means to Contact
- ? Home No.  ? Cell No.  ? Work No.  ? Email ______________________________

Does your employer offer matching gifts donation?  □ Yes □ No

PARENT/GUARDIAN 2 INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>First Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>? English</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>? Spanish</td>
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<td></td>
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<td></td>
<td>? Other</td>
</tr>
</tbody>
</table>

Mailing Address (if different than student’s)  ______________________________

City ___________________________ State ____________________ Zip ___________

Work Phone ___________________________ Cell Phone ___________________________

Occupation ___________________________

Employer Address ___________________________

Birth Place ___________________________

Religion ___________________________

Best Means to Contact
- ? Home No.  ? Cell No.  ? Work No.  ? Email ______________________________

Does your employer offer matching gifts donation?  □ Yes □ No

Why do you want your child(ren) to attend this school? ____________________________________________________________

Emergency Contact Information 1:

First Name: ___________ Last Name: ___________ Relationship to Child(ren): ___________

Address: ___________________________ Home Telephone: ___________________________

City: ___________ State: ___________ Zip: ___________ Cell Phone: ___________________________

Email Address: ___________________________ Best way to reach: ___________________________

Emergency Contact Information 2:

First Name: ___________ Last Name: ___________ Relationship to Child(ren): ___________

First Address: ___________________________ Home Telephone: ___________________________
FAMILY COMMUNICATION SURVEY
1. Can family member or extended family member speak English? ☐ Yes ☐ No
2. Can family member or extended family member read English? ☐ Yes ☐ No
3. What language do parent/s request oral communication from the school? ☐ English ☐ Spanish ☐ Other: ____________________________
4. What language do parent/s request written communication from the school? ☐ English ☐ Spanish ☐ Other: ____________________________

STUDENT REFERRAL PROGRAM
Our school has a referral program where if the family you have referred registers and meets the attendance requirements for a full year, you receive a $200 credit towards your tuition. Credit is given during the latter part of the school year. Do you know a family that would be interested in receiving information about our school? If so, please provide the following information:

1. Prospective Parent/Guardian Name: ____________________________ Telephone Number: __________ Address: _______________________________________________________

2. Prospective Parent/Guardian Name: ____________________________ Telephone Number: __________ Address: _______________________________________________________

How did you hear about our school? ☐ Word of Mouth ☐ Billboard ☐ Flyer ☐ Website ☐ Community Event-List __________________ ☐ Newspaper-Name ________________ ☐ School Family-Name ________________ ☐ Parish Bulletin-Parish Name __________________
School Tuition and Fees Agreement

Tuition and fees are a necessary source of funding for Catholic Partnership Schools. The financial health of our school is dependent on the timely collection of tuition and fees. It is expected that payments are made on time in order to maintain your child’s enrollment school in good standing.

As of September 2013, all CPS schools use the FACTS tuition management system to collect tuition. FACTS gives families a convenient way to pay and track their tuition payments. Families are billed on a monthly basis, and payments can be made online, by phone, or by mail. When you register your child for school, you will receive information on opening and accessing a FACTS account online where you can track payments, see balances, and pay tuition. It’s easy and convenient and available in both English and Spanish.

Please note: Families with students in Kindergarten and Eighth Grade must have tuition paid in full prior to the Kindergarten Closing Ceremony and Eighth Grade Graduation Ceremony.

Please complete the information below (please print):

Person responsible for tuition and fees:

First Name: ___________________________ M.I. ______ Last Name: ___________________________

Address (if different) ___________________________ Home Telephone ___________________________

City: ___________________________________ State: ______ Zip: _____________________________

Day Time Telephone Number ___________________________ Evening Telephone Number ___________________________

Cell Phone ___________________________ Work Phone ___________________________ Email: ___________________________

Full tuition varies by school. If you do not apply for Tuition Assistance, your tuition will be as indicated in the box to the right. Should you feel you need financial assistance, parents should request a tuition assistance application. Please apply early. Awards are determined by the financial information provided and are unique to each individual family. All information submitted is kept confidential and is solely used for the purpose of determining financial need. Applications will not be accepted without financial documents. Please initial that you understand and are aware of the Tuition Assistance and Children’s Scholarship Fund Requirements.

INITIALS: ________________________

Tuition payment, calculated without financial aid

1 child- $1,850-2,350
2 children- $3,000-4,200
3 or more children $3,750-5,550

Monthly Payments are collected on the 10th of each month:

1 Child $185-235
2 Children $300-420
3 or more Children $375-555

Statement of Accuracy and Authenticity

I have read and understood this application and I certify that the information submitted is complete and accurate to the best of my knowledge.

I understand and agree to the terms of the tuition plan. I also understand that excessive delinquent tuition and fees may result in the removal of my child/children from Holy Name School and other Catholic Partnership Schools. Furthermore, I agree that if I default on the payments for tuition and fees, I will be responsible for the balance due to Holy Name School plus any collection fee costs incurred by Holy Name School. I agree to communicate to Holy Name School and the Catholic Partnership Schools any changes contained herein as soon as they occur.

I understand that upon discovery of substantial inaccuracy or omission of information requested herein, Holy Name School reserves the right to revoke admission to the School.

Signature of Parent/ Guardian: ___________________________ Date: ___________________________

Signature of Parent/ Guardian: ___________________________ Date: ___________________________