

Welcome to Queen of Peace School.

Queen of Peace School serves as an educational ministry of Queen of Peace Parish. We dedicate ourselves to the spiritual and educational development of the whole child and are proud to offer an academically challenging educational program with a focus on family, service, community and learning. Thank you for your interest in Catholic education. We are grateful you have chosen to become a member of our Queen of Peace community.

NEW STUDENT ENROLLMENT

New families or returning families with first time students are asked to follow these steps to receive full enrollment status:

1. Carefully read, complete and submit the **NEW STUDENT ENROLLMENT APPLICATION PACKET** as itemized below.
2. Schedule appointments with the principal and classroom teacher through the school office.
3. Transfer students will be assessed for appropriate grade placement.
4. A letter of acceptance status will be sent by mail approximately the first week of June.
5. New students are conditionally accepted for a 90-day period.

Please read all material carefully and be aware of the enrollment timeline.

Enrollment is complete only when

ALL enclosed forms and fees have been received

and processed through the Queen of Peace School office

and the scheduled appointments have been kept .

Enrollment by May 1st: Comprehensive Fees of \$250 per child (if complete enrollment packet and fees received by May 1st) (*non-refundable*)

OR

Enrollment after May 1st. Comprehensive Fees of \$325 per child. (if complete enrollment packet and fees received after May 1st) (*non-refundable*)

AND

New Student Enrollment Application Form
 Tuition, Financial and Volunteer Agreements
 ~ PARTS A, B and C

Tuition Voucher (*parishioner only*)
 FACTS Form (*if applicable*)
 Records Transfer Request Form
 Certificate of Immunization Form
 Copy of Birth Certificate
 Copy of Baptismal Certificate (*if applicable*)
 Queen of Peace Parish Registration Form
(If applicable)
 Previous Parish Verification Form
(if applicable)
 Parent Background Check Form

SPECIAL NEEDS OF STUDENT

Is there anything we should know about your child’s physical health, especially allergies? ___Yes ___No If yes, please describe: _____

Is there anything we should know about your child’s psychological health or learning styles? ___Yes ___No If yes, please describe: _____

Is your child presently or often on medications ___Yes ___No If yes, please list the medication(s): _____

CULTURAL HERITAGE OF STUDENT: *please check all that apply*

___African American ___American Indian /Alaska Native ___Asian ___Hispanic
___Pacific Islander ___White ___Other (Please Specify)_____

U.S. Citizen? Yes _____ No _____

RELIGIOUS INFORMATION OF STUDENT

Religion _____ Baptism date: _____ Church _____

If Catholic, please include a copy of Baptismal certificate with this application.

First Eucharist date: _____ Church _____

First Reconciliation date: _____ Church _____

MEDICAL AND EMERGENCY INFORMATION OF STUDENT

___Yes ___No In a case of an accident or illness, *when neither parent can be reached*, do you authorize Queen of Peace School to act if medical services seem necessary?

Persons to be contacted in case of emergency (other than parents)

Name _____ Phone: _____ cell: _____

Name _____ Phone: _____ cell: _____

Name _____ Phone: _____ cell: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

OTHER INFORMATION PERTAINING TO THE STUDENT

Method of transportation to and from school for my child _____

Persons authorized to pick up my child/ren (other than parents):

Name: _____ Phone: _____ cell: _____

Name: _____ Phone: _____ cell: _____

Name: _____ Phone: _____ cell: _____

II. PARENT / GUARDIAN INFORMATION

Parents are (Check one that applies) _____ residing together _____ living separately _____ single parent

Student resides with: (circle) Both Parents Father Mother Grandparents Other: _____

Father, Stepfather or Guardian (circle one)

Mother, Stepmother or Guardian (circle one)

Mr., Dr., Rev. _____ Name _____

Mrs., Ms., Dr., Rev. _____ Name _____

Home address _____

Home address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone: _____

Home Phone: _____

Unlisted home phone number? ___Yes ___No

Unlisted home phone number? ___Yes ___No

May we publish the number in our school directory?
___Yes ___No

May we publish the number in our school directory?
___Yes ___No

E-mail address _____
May we send weekly news to this address? ___Yes ___No
May we publish this address in our school directory? Y ___ N ___

E-mail address _____
May we send weekly news to this address? ___Yes ___No
May we publish this address in our school directory? Y ___ N ___

Cell #: _____ Business# _____

Cell #: _____ Business # _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Religion _____

Religion _____

Member of _____ Church

Member of _____ Church

Did you attend Queen of Peace School ___Yes ___No

Did you attend Queen of Peace School ___Yes ___No

If so, during which years? _____ - _____

If so, during which years? _____ - _____

Please continue with Section III of this application ⇨ ⇨

III. PARENTAL PERMISSIONS

PHOTO PERMISSION

Oregon law requires us to receive your permission in order to release your student's photograph, address or phone number for use in recognition programs, school newsletter and publicity. Without your permission we will be unable to include your student's photo in:

- * Class pictures
- * School newsletters, Archdiocesan publications
- * School website
- * Yearbooks, play programs
- * Salem news releases

Please read the following statements and *initial and date the section you think is appropriate*:

_____ *I authorize* my child to be photographed, videotaped, or audio taped in connection with the educational program and activities of Queen of Peace School. I additionally consent to the public display of such photographs, videotape or audiotape image in connection with Queen of Peace School and the Archdiocese of Portland programs and activities.

initial & date

_____ *I do not authorize* my child to be photographed, videotaped, or audio taped in connection with the educational program and activities of Queen of Peace School.

initial & date

DRIVER INFORMATION

I/We do not intend to drive for field trips and are choosing not to provide this information.

1. DRIVER: Volunteer of Queen of Peace School

Name: _____ Date of Birth _____

Address: _____

Driver's License #: _____ Date of Expiration _____

Any restrictions Yes No Please explain: _____

2. VEHICLE THAT WILL BE USED:

Name of Owner: _____

Address of Owner _____

Make and Model of Vehicle _____ Year of Vehicle _____

License Plate # _____ # of seat belts available _____

3. INSURANCE INFORMATION:

When volunteers are using their privately owned vehicle(s), the vehicle's insurance coverage will always be considered primary. Please attach a copy of the declaration page of your policy *or* complete the following information:

Insurance Company: _____

Policy #: _____ Date of Policy Expiration: _____

Liability limits of policy: _____ *Please note: the Archdiocese requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000 / \$50,000 / \$10,000*

4. CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an employee or volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration and have the require insurance coverage in effect on any vehicle used on behalf of the Queen of Peace School and the Archdiocese of Portland.

The completeness of information you have provided in this Admission Application is very important to Queen of Peace School. Should any of this information change, especially addresses and telephone numbers, contact the school office so we may update our records.

Parent Signature date

Parent Signature date