

MOST PRECIOUS BLOOD SCHOOL
1529 Barthold Street
Fort Wayne, Indiana 46808
260-424-4832

Most Precious Blood School Registration for the 2012-2013 School Year

Registration Dates:

- | | |
|------------------|--|
| January 16, 2012 | Registration begins for current Most Precious Blood School families. |
| January 29, 2012 | Registration is opened to the public for all incoming Preschool and Kindergarten students. |
| March 1, 2012 | Registration is opened to the public for all incoming students Grades 1-8. |

School Entrance Requirements:

1. Only a person having legal custody of the child can enroll a child.
2. A certified copy of the student's birth certificate or a baptismal certificate shall be required for original entrance at all grade levels.
3. Proof of legal custody may also be required in cases where a child does not reside with both natural parents.
4. Written proof that the child meets state and country health requirements (immunization record) for enrollment shall also be required.
5. A new student interview for students entering grades 2-8 will be required for all students enrolling who are new to our school. To the interview, a family is required to produce:
 1. Copy of most recent ISTEP scores (if applicable)
 2. Copy of most recent report card
 3. Copy of most recent 1040
 4. Birth Certificate and (if applicable) proof of legal custody

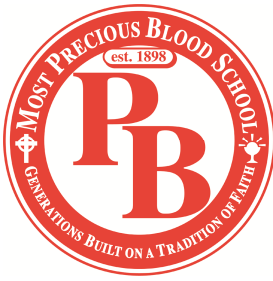
Registration Process:

To register for the 2012-2013 school year, and hold your child's seat, each of the following must be received in the school office:

1. Enrollment Form (2 pages)
2. Registration Fee (make checks payable to Most Precious Blood School)
3. Application for Parish Subsidy Scholarship & Multi-Child Scholarship Discounts (if applicable)

Registration forms and fees may be mailed to the school at the following address

Most Precious Blood School
Attn: Registration
1529 Barthold Street
Fort Wayne, IN 46808



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2012-2013 School Year Tuition Rates

Preschool Fees <i>per child</i>	Before June 1, 2012	After June 1, 2012
Registration	\$ 55	\$ 100
Supply Fee	\$ 60	\$ 75
Morning Milk (<i>optional</i>)	\$ 47 M-F \$ 32 M/W/F or T/Th	\$ 47 M-F \$ 32 M/W/F or T/Th
Preschool Tuition <i>per child</i>	Yearly Tuition	Monthly Tuition
3 year old (Tuesday & Thursday)	\$ 1,675	\$ 186.12
3 year old (Mon., Wed. & Fri.)	\$ 1,995	\$ 221.67
3 year old (Monday – Friday)	\$ 2,625	\$ 291.67
4 year old (Mon., Wed. & Fri.)	\$ 1,995	\$ 221.67
4 year old (Monday – Friday)	\$ 2,625	\$ 291.67

Monthly preschool payments are made in the school office on the first of each month.

K-8th Grade Fees <i>per child</i>		Before June 1, 2012	After June 1, 2012
Registration		\$ 55	\$ 100
Book Bill		\$ 200	\$ 250
Morning Milk (<i>optional</i>)		\$ 47	\$ 47
K – 8th Grade Tuition	Cost of Education, Non-Active Parishioner, Non-Registered Parishioner	Parish Subsidy Scholarship *	Active-Registered Parishioner **
1 st Child	\$ 4,345	- \$ 1,645	\$ 2,700
2 nd Child	+ 4,345 = 8,690	- additional 2,320 = - 3,965	+ 2,025 = 4,725
3 rd Child	+ 4,345 = 13,035	- additional 2,995 = - 6,960	+ 1,350 = 6,075
4 th Child	+ 4,345 = 17,380	- additional 3,670 = - 10,630	+ 675 = 6,750

* Parish Subsidy Scholarship is for Active-Registered Parishioners. An **Application for Parish Subsidy Scholarship** **MUST** be submitted and approved by the Pastor's office prior to receiving this scholarship.

** Application for Active-Registered Parishioner must be approved by Pastor's office prior to receiving this tuition scale.

To be considered for the multi-child rates, you **MUST** complete the **Application for Multi-Child Scholarship Discounts**.

Monthly payments must be made through direct withdrawal from a checking or savings account, paid in full by the first day of school, or paid half by the first day of school and half by December 1.



Diocese of Fort Wayne – South Bend

Office Use Only - Last Name: _____

Most Precious Blood School – FAMILY Enrollment

[Please Print!]

School Year _____ Returning Family _____ New Family _____ Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information

 First Name
 Last Name

____ Living ____ Deceased

Education (check highest level reached):
 ____ Grade School ____ High School ____ College Courses
 ____ College Degree ____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Father's or Guardian's Information

 First Name
 Last Name

____ Living ____ Deceased

Education (check highest level reached):
 ____ Grade School ____ High School ____ College Courses
 ____ College Degree ____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

List Children who will attend Most Precious Blood School:

List all other children in family:

NAME	BIRTH DATE (mon/day/year)	AGE	NAME	BIRTH DATE (mon/day/year)	AGE
1			1		
2			2		
3			3		
4			4		
5			5		

Children live with: ____ Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather
 ____ Other: _____

Parents' Marital Status: ____ Married ____ Single, never married ____ Divorced* ____ Separated*
 ____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent read English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____



Diocese of Fort Wayne – South Bend

Office Use Only

Last Name: _____ Student ID: _____

Baptism Certificate on file? _____ Birth Certificate on file? _____

Most Precious Blood School – STUDENT Enrollment

(Each child attending Most Precious Blood School must have this form on file)

[Please Print!]

Entering Grade _____ in _____ (school year).

Preschool Options: ___ 3 Year Old: M-F ___ 3 Year Old: M/W/F ___ 3 Year Old: T/Th
___ 4 Year Old: M-F ___ 4 Year Old: M/W/F

(An interview will be required for students new to the school and enrolling in grades 2 – 8)

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth (Mon/Day/Year) _____

City, State & Country of Birth _____

Address: _____
(Street Address)

Home Phone: _____

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please be specific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

___ No, not Hispanic / Latino
___ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

___ American Indian or Alaskan Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White

Student's Religion: _____

Baptism: Date: _____ Church: _____ City: _____ State: _____

Holy Communion: Date: _____ Church: _____ City: _____ State: _____

Confirmation: Date: _____ Church: _____ City: _____ State: _____

Did this child attend Most Precious Blood School last year? _____ If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Has this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? ___ Yes ___ No If yes, what services were received? _____

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school). (P4020).

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current (4020).



Most Precious Blood School

Application for Parish Subsidy Scholarship & Multi-Child Scholarship Discounts

Date _____

Application for School Year of _____

Family Name _____

Child _____	Grade _____	Child _____	Grade _____
Child _____	Grade _____	Child _____	Grade _____
Child _____	Grade _____	Child _____	Grade _____

Application for Parish Subsidy Scholarship – Active Registered Parishioner

Please check all that apply.

- _____ 1. We are registered members of _____ Parish.
- _____ 2. We include our envelopes in the weekly collection at the above named parish on a regular basis.
- _____ 3. We contribute the suggested \$500 during the fiscal year to the above named parish.
- _____ 4. We actively participate in the above named parish through parish functions, missions, and volunteering.

Application for Multi-Child Scholarship – Multi-Child Discount

Please check all that apply.

- _____ 1. We are registered members of _____ Parish.
- _____ 2. We have more than one child registered for Kindergarten – Eighth Grade for the application dated school year.
- _____ 3. We have applied for additional tuition assistance through the school or Diocese.
- _____ 4. We have applied for a School Choice Voucher for one or more of our children.

Please indicate which child(ren): _____

Please return this form to the school office by the published date to ensure your family will be considered for these scholarship discounts.

For Office Use Only:

Application Reviewed By Parish Office: _____ Application Reviewed By School Office: _____ Notes: _____

___ Approved ___ Denied ___ Approved ___ Denied _____

Date _____ Initial: _____ Date: _____ Initial: _____ _____