

SAINT JULIANA SCHOOL

7400 West Touhy Avenue · Chicago, Illinois 60631

Tel 773 631-2256 · Fax 773 631-1125

school.stjuliana.org · school@stjuliana.org

ADMISSION INFORMATION FOR 2018-2019

Thank you for inquiring about admission to St. Juliana School. We are a Catholic school dedicated to promoting the spiritual, emotional, physical, and social development of each student, while providing an educational setting which fosters the Christian values of peace, justice, and concern for others.

ADMISSIONS APPLICATION CHECKLIST:

Please submit these items for admission review; all are required and originals will be returned:

- One **admission application** for each child (use appropriate grade form.)
- Child's **original birth certificate** with birth number. *See **Correct Birth Certificate** below.
- Child's **original baptismal certificate**, if applicable. If child was baptized at St. Juliana Parish only the date of baptism is required.
- Report cards from previous school for transfer students entering grades 2-8.
- St. Juliana Parish envelope number, if applicable.

PreSchool for Three-Year-Olds and and PreKindergarten for Four-Year-Olds

- **PreSchool sessions (3 years old by September 1, 2018):**
 - Five full days 8:00 AM to 2:45 PM
 - Five half-days 8:00 to 11:00 AM
 - Three full days (MWF) 8:00 AM to 2:45 PM
 - Three half-days (MWF) from 8:00 to 11:00 AM
- **PreKindergarten Sessions (4 years old by September 1, 2018):**
 - Five full days 8:00 AM to 2:45 PM
 - Five half-days 8:00 to 11:00AM
- All children must be capable of independently using the bathroom and able to dress themselves after using facilities. No pull-ups or diapers allowed.
- Extended care is available mornings from 6:30 AM until school begins; afternoons from 2:45 until 6:00 PM on full days school is in session; additional fees apply.

Kindergarten through Eighth Grade

- Kindergarten students must be five years old by September 1, 2018.
- K-8 students are in session five days per week from 8:00 AM to 2:50 PM; (no half-days.)
- Extended care is available mornings from 6:30 AM until school begins; afternoons from 2:50 until 6:00 PM on full school days; additional fees apply.

*Correct Birth Certificate

An original birth certificate (with proper birth number) is required by the State of Illinois. For Illinois births, the number is in the upper right corner and begins with 112-followed by the year the child was born-followed by additional numbers. If your child's certificate is missing this number you will need to contact the Cook County Clerk at 312-603-7799 or 312 603-7538 to obtain a corrected birth certificate before your child can be admitted. The original certificate will be copied and returned.

Admission Policy

St. Juliana School does not discriminate on the basis of race, color, sex, national or ethnic origin. We accept children whose parents seek to have them admitted for the purpose of religious and academic formation. We educate all students within the limits of the school's educational program. Since we are a parish school priority is given in the following order: *to current school families, participating parishioners, transfer students from other Catholic schools, children of non-parishioners, and transfer students from non-Catholic schools.*

If the enrollment number exceeds the admission number we will take all parishioner applications and choose by lottery. All applicants will be reviewed and parents will be notified of their child(ren)'s admission status as soon as possible.

Tuition and Fees

Participating or Non-Participating: St. Juliana School operates as a ministry of St. Juliana Parish to provide a quality Catholic education for the children of our community. The cost to educate one child is more than \$5,000 per year, which is covered in part by tuition and fees, auxiliary group donations and fund-raising activities. In addition, the parish provides financial support to the school through a budgeted annual subsidy. The generosity of our parishioners in supporting our school through their church offerings allows us to maintain lower tuition rates than if the school were fully self-supportive. Participating families are registered parishioners who make an annual contribution commitment through Sunday, Easter and Christmas offerings. Non-participating families opt to pay a commensurately higher tuition rate.

FACTS Tuition Management: All fees and tuition are billed and payable through the online FACTS system. Please do not include payment for enrollment fees or tuition with this application. Once your enrollment has been processed you will receive a custom email invitation from FACTS to establish a customer profile and submit payment for your enrollment fee.

Please note: Your student's enrollment is not complete until you have activated your FACTS profile for St. Juliana School, paid the enrollment fee and confirmed your tuition agreement.

Please feel free to contact our office with any questions or concerns, at school@stjuliana.org, or 773.631.2256.

Sincerely,

Margie Marshall
Principal

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MEDICAL FORMS 2018-2019

The Illinois Department of Public Health requires a health examination for all children entering preschool, kindergarten, sixth grade and any new student entering St. Juliana School for the first time. Please note: **A preschool/prekindergarten student who had a health exam to enter preschool must have another exam to enter kindergarten.**

The Illinois Department of Health form requires information from a parent/guardian and a qualified health care provider.

PARENT'S RESPONSIBILITY:

STUDENT'S DEMOGRAPHIC INFORMATION (front)

HEALTH HISTORY – Allergies Medication and Parent/Guardian signature (back)

HEALTH CARE PROVIDER'S RESPONSIBILITY:

IMMUNIZATIONS (front)

This section is completed and signed by a health care provider. All Board of Health Clinics offer services free of charge. Their telephone number is 312.746.5380.

PHYSICAL EXAM & LAB TESTS

This section is completed and signed by a physician or nurse practitioner.

Height, weight, blood pressure, and BMI (Body Mass Index) must be filled out by the physician. Diabetes screening is a required component and the results of the **diabetes risk assessment** must be documented on the form.

Included here is a section on lead screening. **A lead blood test** is required for children through the age of six. If a physician chooses not to administer a lead blood test, documentation must accompany form. A **TB test** is recommended for groups at high risk. If the physician chooses not to administer a TB skin test, documentation must accompany form.

Please make sure you and your doctor have completed all required sections or the form will be returned to you for follow-up.

All medical forms are due to the office by June 15, 2018. Without these forms, a student cannot be placed on the classroom list and/or be admitted on the first day of school.

ST. JULIANA SCHOOL

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL YEARS GRADUATED

LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME

SIBLING INFORMATION:

NAME: DATE OF BIRTH:

NAME: DATE OF BIRTH:

NAME: DATE OF BIRTH:

NAME: DATE OF BIRTH:

HOW DID YOU HEAR ABOUT SAINT JULIANA SCHOOL?

ARE YOU A ST. JULIANA PARISHIONER? NO YES ENVELOPE NUMBER

IF NO, WHAT PARISH DO YOU BELONG TO ENVELOPE NUMBER

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER NON-PARTICIPATING PARISHIONER

RACE: American Indian or Alaskan Native (12) Asian (13) Black or African American (14) White (16) Native Hawaiian or Other Pacific Islander (15) Two or more Races

ETHNICITY: Hispanic Non-Hispanic

COUNTRY OF BIRTH YEAR IMMIGRATED (If applicable):

Please submit a non-refundable registration fee of \$165.00 (per student).

Submit this application and fee along with the original birth certificate, baptismal certificate, social security card.

These documents will be copied and returned to you.

OFFICE USE ONLY:

DATE OF REGISTRATION RECEIVED REGISTRATION FEE \$

CHECK NO: BIRTH CERTIFICATE

BAPTISMAL CERTIFICATE SOCIAL SECURITY CARD

PDS POWER SCHOOL

ST. JULIANA SCHOOL

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

SCHOOL NAME ADDRESS CITY, STATE GRADES YEARS ATTENDED

MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL YEARS GRADUATED

LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME _____

SIBLING INFORMATION:

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

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HOW DID YOU HEAR ABOUT SAINT JULIANA SCHOOL? _____

ARE YOU A ST. JULIANA PARISHIONER? NO ___ YES ___ ENVELOPE NUMBER _____

IF NO, WHAT PARISH DO YOU BELONG TO _____ ENVELOPE NUMBER _____

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER ___ NON-PARTICIPATING PARISHIONER ___

RACE: American Indian or Alaskan Native (12) ___ Asian (13) ___ Black or African American (14) ___
White (16) ___ Native Hawaiian or Other Pacific Islander (15) ___ Two or more Races _____

ETHNICITY: Hispanic ___ Non-Hispanic _____

COUNTRY OF BIRTH _____ YEAR IMMIGRATED (If applicable): _____

*Please submit a non-refundable registration fee of \$165.00 (per student).
Submit this application and fee along with the original birth certificate, baptismal certificate, social security card.
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OFFICE USE ONLY:

DATE OF REGISTRATION RECEIVED _____ REGISTRATION FEE \$ _____

CHECK NO: _____ BIRTH CERTIFICATE ___

BAPTISMAL CERTIFICATE ___ SOCIAL SECURITY CARD ___

PDS ___ POWER SCHOOL ___

ST. JULIANA SCHOOL

Please list medical conditions (i.e., allergies, illnesses), or physical limitations (i.e., vision, hearing) _____

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME	ADDRESS	CITY, STATE	GRADES	YEARS ATTENDED
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MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL YEARS GRADUATED

LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME _____

SIBLING INFORMATION:

NAME: _____ DATE OF BIRTH: _____

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HOW DID YOU HEAR ABOUT SAINT JULIANA SCHOOL? _____

ARE YOU A ST. JULIANA PARISHIONER? NO _____ YES _____ ENVELOPE NUMBER _____

IF NO, WHAT PARISH DO YOU BELONG TO _____ ENVELOPE NUMBER _____

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER _____ NON-PARTICIPATING PARISHIONER _____

RACE: American Indian or Alaskan Native (12) _____ Asian (13) _____ Black or African American (14) _____
White (16) _____ Native Hawaiian or Other Pacific Islander (15) _____ Two or more Races _____

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OFFICE USE ONLY:

DATE OF REGISTRATION RECEIVED _____ REGISTRATION FEE \$ _____

CHECK NO: _____ BIRTH CERTIFICATE _____

BAPTISMAL CERTIFICATE _____ SOCIAL SECURITY CARD _____

PDS _____ POWER SCHOOL _____