

# Divine Savior Catholic School

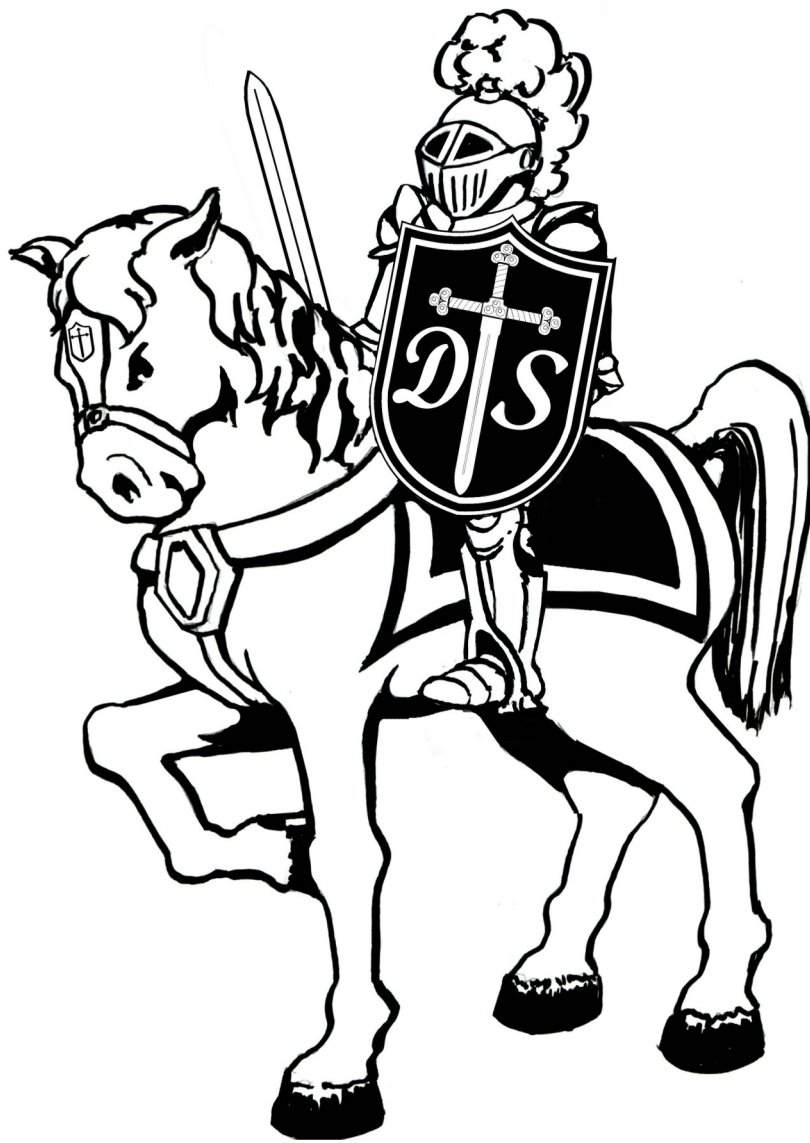
2019-2020      Registration Packet

## Our Mission

*The mission of Divine Savior Catholic School is to provide a high-quality, personalized, Catholic-based education that inspires and empowers its learners to achieve academic excellence and develops life-long learning skills. Learners are challenged to walk as disciples in the footsteps of Christ valuing knowledge, prayer and service to others.*

423 Fremont Street  
Kiel, WI 53042  
920.894.3533

*[www.divinesaviorschool.org](http://www.divinesaviorschool.org)*



# Welcome!

Dear Parents/Guardians,

Thank you for your interest in Divine Savior Catholic School. We are proud to offer you an opportunity to have your child educated in a school serving both Catholic and non-Catholic families, welcoming children of all faiths. We serve children from 3K through Grade 8.

Divine Savior Catholic School is accredited by the Wisconsin Religious and Independent Schools Association. We are also a Wisconsin Parental Choice Program school, enabling qualifying families to receive a voucher for school tuition.

Our mission statement as printed on the cover page details our commitment to a comprehensive quality academic and religious program. We recognize that parents and teachers work as a team in providing a solid foundation for learning. Our philosophy acknowledges that parents are the primary educators of their children and that we, as a school, provide the facility, the resources, and the trained personnel to facilitate the ongoing education of each child.

This registration packet contains the information and forms needed to enroll your child(ren) at Divine Savior School. If there are questions or if you would like to visit the campus, please call 920-894-3533 or e-mail dsprincipalsievert@gmail.com.

Sincerely,

Kerry Sievert  
Principal

## Registration Procedure

### For Returning and New Students.....

Registration for the upcoming school year for returning families begins during Catholic Schools Week at the end of January. **The completion of the registration form and the tuition agreement form is required at the time of registration. The Family Handbook also needs to be read and the Verification Page at the end of the handbook must be signed and returned with the other registration forms.** A family volunteer fee of \$600 is added to the tuition cost and then credited \$300 for helping at each of the major school fundraisers in Fall and Spring as required for the fulfillment of required volunteer hours.

Tuition grant application forms are available by contacting the school office or by checking the appropriate box on the Tuition Payment Agreement Form. No student will be denied a Catholic education because of financial reasons.

### For WPCP (CHOICE Students).....

Registration for WPCP (Wisconsin Parental Choice Program) runs from February 1 to April 20. There is an on-line application form that needs to be completed in addition to the school's registration form in this packet. Please contact the school office for further information and assistance. The other information above is not applicable for CHOICE students/families.

## **Admissions Policy**

Children entering 3K, 4K, or 5K must be three, four, or five respectively, on or before Sept. 1. Registration begins in January for the upcoming school year. New students may register at any time by contacting the school office. Registration forms include a general information form and a signed tuition agreement form. A non-refundable registration fee is required at the time of registration, unless applying under the Choice Program on-line registration. Choice program applications are only accepted from February 1 to April 20. This on-line application requires verification of income and residency requirements. Choice student applications will only be rejected if the student does not meet the income and residency requirements. Any supplementary information that is required of Choice parents must be received by the school no later than April 20. If a Choice application is rejected due to an incomplete application or failure to provide required proof of income or residency, the parent may appeal within 5 days of notification and no later than April 20. No appeals may be made after April 20.

Children enrolling in 4K have the option of choosing a half-day or a full-day program. This decision must be made at the time of registration. Changes during the school year will not be made.

Non-Catholic students are expected to participate in all religion classes and prayer experiences. They will not participate in the reception of the Sacraments. Note: Parents of Choice students may opt out of religious activities.

All students transferring from another school need to have a transfer of records form completed. Transfer students will be accepted based upon the availability of space and the ability of the school to meet the needs of the student. These students will be placed in the appropriate grade as recommended by the previous facility based upon the completion of the coursework and standards and benchmarks of the previous school's curriculum.

Our school welcomes students who have disabilities, and we will make reasonable accommodations for students with disabilities. Whenever a student seeks admission into Divine Savior School, the school will inquire as to whether the student has a history of or is presently eligible for special education and related services. Students with disabilities who require special education will only be admitted if a program and resources are available to meet the student's needs.

At the time of registration, parents are required to inform the school if the student has a special need or if the child was ever suspended or expelled from a previous school. Parents are also required to supply all relevant documentation and/or give written permission for the school to access the documentation.

In the event the student seeking admission has any special needs, the school principal, the parents, and any other staff or external agencies if needed, will meet to determine the level of need and necessary adjustments.

All students transferring from another school need to have a transfer of records form completed.

**NEW STUDENT PROBATION:** All new students admitted to Divine Savior School are enrolled on a probationary status for one semester. Principal and staff assessments will be made within this time period to determine if the school can meet the student's needs.

The education of a child is a partnership between the parent(s)/guardian(s) and the school. All parents are expected to actively participate in the education of their child(ren). If, in the opinion of the administration, that partnership is irretrievably broken, the school reserves the right to require the parent to withdraw the child from the school. If a Choice student is suspended or expelled, parents have a right to appeal following the guidelines found in the parent/family handbook.

## **Benefits of a Catholic School Education**

As a parent, you have many options in selecting an education path for your child. The primary reasons that parent give for sending their children to a Catholic school are:

- Academic Excellence
- Emphasis on Catholic Values
- Healthy Social Relationships
- A Supportive Environment

We believe:

- In assisting with the total faith formation of children;
- That children can succeed;
- In setting high expectations with a challenging curriculum;
- In promoting self-discipline with moral values to serve others and to help develop leadership;
- In employing caring and effective teachers working in a safe and disciplined environment;
- In teaching respect of self and others.

# Student Registration Form

Date: _____		School Year: ____/____	
Parent Name (Print Last, First)		Cell Phone:	Home Phone:
Religion and Parish:		Email:	
Address:		City/State/Zip:	
Employer:			Phone:
Parent Name (Print Last, First)		Cell Phone:	Home Phone:
Religion and Parish:		Email:	
Address:		City/State/Zip:	
Employer:			Phone:

Children live with: **(please check one)**  Mother  Father  Both  Other (explain): \_\_\_\_\_

If separated or divorced, should school information be sent to non-custodial parent?  Yes  No

Does the other parent, if separated or divorced, have visitation rights?  Yes  No

Does your child require bus transportation?  Yes  No      School District of Residence: \_\_\_\_\_

Information about the Child (Children) to be enrolled			
1. Child's Full Name (Print Last, First, MI)	Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth:	Religion:
Health Concerns: (allergies, medicated conditions)		Grade (In Fall):	Ethnicity:
2. Child's Full Name (Print Last, First, MI)	Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth:	Religion:
Health Concerns: (allergies, medicated conditions)		Grade (In Fall):	Ethnicity:
3. Child's Full Name (Print Last, First, MI)	Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth:	Religion:
Health Concerns: (allergies, medicated conditions)		Grade (In Fall):	Ethnicity:
4. Child's Full Name (Print Last, First, MI)	Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth:	Religion:
Health Concerns: (allergies, medicated conditions)		Grade (In Fall):	Ethnicity:

# Parental Release/Emergency Information

Please complete this form and return with your application.

Notify the school if this information changes during the school year.

School Year \_\_\_\_\_

Child (ren) : \_\_\_\_\_

In the event of an emergency, do we have permission to contact your family doctor?  Yes  No

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event school personnel cannot reach a parent please list several emergency contacts:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the names of people who have the right to pick-up your child in your absence:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an illness or emergency, who should Divine Savior contact?

First Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Third Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Divine Savior Catholic School Tuition Payment Agreement Form 2019-2020**

Parent Last Name: \_\_\_\_\_ Parent First Names: \_\_\_\_\_  
 Children(grade): \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
 In Parish (circle one): SSPP Holy Rosary St. Ann Out of Parish (parish name) \_\_\_\_\_

**BAND FEE:** For students in grades 4 to 8 participating in the band program a \$145.00 per student NON-REFUNDABLE band fee is payable at the time of registration. Band fees will increase by \$15.00 after February 15.

TUITION	Parish	Non-Parish	# of Students	Total
Grade K5 to Grade 8	\$2000.00	\$2750.00	x _____	\$ _____
K4 (full day program)	\$2000.00	\$2750.00	x _____	\$ _____
K4 (half-day program)	\$ 925.00	\$ 925.00	x _____	\$ _____
K3 (2 day program)	\$ 675.00	\$ 675.00	x _____	\$ _____
			Volunteer Fee (See below)	\$ _____
			Band Tuition	\$ _____
			Total Tuition Due:	\$ _____

**VOLUNTEER FEE (4K-8):** A one-time per family volunteer fee of \$600 is added to the tuition total. Families are credited back \$300 for each major fundraiser for which they fulfill required volunteer hours.

**VOLUNTEER FEE (3K):** A one-time per family volunteer fee of \$300 is added to the tuition total. Families are credited back \$300 for the Apple Pie fundraiser for which they fulfill required volunteer hours.

**SCRIP PROGRAM:** For families participating in this program, your tuition credit will appear on your September tuition statement.

**FINANCIAL GRANTS:** \_\_\_\_\_ Please check here if you need a financial grant application form.

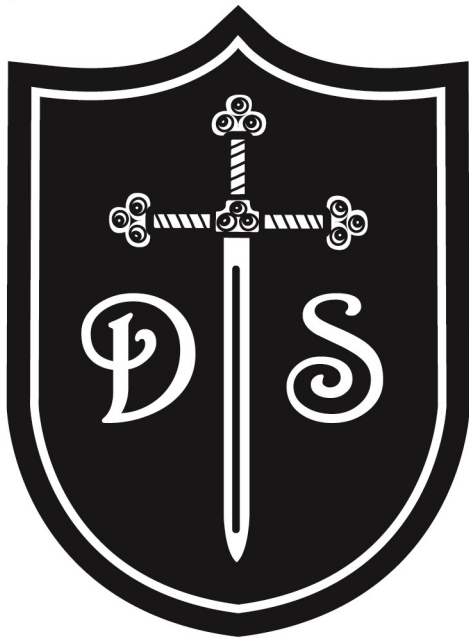
**PAYMENT OPTIONS:** \_\_\_\_\_ Full Payment by September 1  
 \_\_\_\_\_ Regular Monthly Payments (Due the 1<sup>st</sup> of each month, September through June)

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Date: \_\_\_\_\_ Cash/Check: \_\_\_\_\_  
 Band Registration: \_\_\_\_\_ Band Fee: \_\_\_\_\_ Cash/Check: \_\_\_\_\_

Divine Savior



Catholic School