



CORNERSTONE INCLUSION PROGRAM MISSION STATEMENT

Through intentional inclusion, the Cornerstone Inclusion Program at Mount St. Mary Catholic High School will empower, to the best of our ability, students with intellectual disabilities to excel in a Catholic, Christ-centered high school environment where we will celebrate the God-given potential of every MSM student. The Mount is a strong Mercy-centered and faith-filled environment where we believe all students are created in the image and likeness of God and can reach their full potential. Through mentorship, academic support, and social interactions, students will grow spiritually, intellectually, and socially. The Cornerstone Inclusion Program inspires students with diagnosed learning disabilities to grow and exhibit their skills and talents through inclusion-based learning in the regular classrooms with modifications, which Mount St. Mary is capable of providing through the Cornerstone Inclusion Program.

Eligibility Requirements

- Eighth grade student and at least 14 years of age
- Math and English proficiency at a 4th-5th grade equivalent
- The ability to follow high behavior expectations
- The ability to appropriately interact with peers
- The ability to initiate written and verbal expression
- The ability to participate in classroom and social activities without the use of an educational assistant

Application Process

The application process for the Cornerstone Inclusion Program will take place in two parts. The items needed for Part 1 include:

1. General Cornerstone Program Application for Admission
2. Current Psychoeducational Testing (**completed within the last 3 years**)
3. Individualized Education Program (IEP) from current school

All application materials for the Cornerstone Application are due to Mrs. Diane Wilson, MSM Admissions Coordinator, by January 10, 2020. After a thorough review from the Admissions Committee, Part 2 could include but not be limited to:

1. Interview with the prospective student and family
2. Cornerstone Inclusion Team attending student's IEP Transition Meeting at current school
3. Observation of the prospective student in their current educational placement
4. Shadow Day for prospective student at Mount St. Mary High School
5. Casey Life Skills Assessment

Final acceptance to Mount St. Mary Cornerstone Inclusion Program will be contingent upon all above requirements.

Contact Information

Stacy Hawley, Director of Inclusive Education
631-8865 ext. 501, shawley@mountstmary.org

Diane Wilson, MSM Admissions Coordinator
405.631.8865 ext. 270, dwilson@mountstmary.org



Mount St. Mary Catholic High School

Cornerstone Inclusion Program Tuition Tuition Assistance

Tuition

Rates listed are for the 2019-20 school year. We expect tuition for 2020-21 will increase by 3-5%.

Tuition is paid on a 10 month or 12 month plan. Quarterly & semester payments may also be arranged through the Business Office.

Catholic	\$9,350
Non-Catholic	\$11,325
International	\$16,925

PLUSS & Cornerstone students incur an additional \$1,000 fee each year.

Tuition Assistance Program - Work Grant

Mount St. Mary Catholic High School offers a needs based tuition assistance program called Work Grant. The application is processed through FACTS Grant & Aid Assessment. Online applications are available in English and Spanish.

Apply online at: www.online.factsmgt.com/aid beginning December 1, 2019 for the 2020-21 school year.

If you already have an account with FACTS for tuition payments you may log in with that information. If not, you will start an account.

The application will request 2019 tax returns, however, **you can use your 2018 return and copies of your 2019 W-2 forms** to complete the application.

The deadline to apply is April 1, 2020.

Families must re-apply each year.

A **Work Grant – work session preference form** will be found in your child's enrollment packet which is mailed following their acceptance for admission. Please complete and submit this form to the Business Office as soon as possible. This does not guarantee your acceptance to the work grant program, however, it will put your student high on the list of preference for work grant assignments.

Tuition assistance awards will be determined after the deadline (April 1, 2020) and **each family will be notified in May by letter or email** to inform them on the amount of assistance their child/children will receive, along with the Work Grant contract and work schedule that must be signed and returned promptly to the MSM business office.



Mount St. Mary Catholic High School

2801 S. Shartel
Oklahoma City, OK 73109
405.631.8865
www.mountstmary.org

Cornerstone Inclusion Program Application for Admission

Applying for admission for the _____ school year.

Student Legal Name: Last _____ First _____ Middle _____

Nickname _____ Date of Birth (month/date/year) _____ Current Grade Level _____

Address _____ City _____ State _____ Zip _____

Student phone _____ Student Email _____

Current School _____ # of years attending _____ Current Grade Level: _____

Religion _____ Parish or Church _____

Father (check one: Mr. Dr.) First Name _____ Last Name _____

Address (if different from student) _____ City _____ State _____ Zip _____

Daytime phone (____) _____ Cell# (____) _____ Email _____

Mother (check one: Ms. Mrs. Dr.) First Name _____ Last Name _____

Address (if different from student) _____ City _____ State _____ Zip _____

Daytime phone (____) _____ Cell# (____) _____ Email _____

Parents are: married/living together separated divorced mother deceased father deceased

With whom does the applicant live? _____

Person responsible for tuition? _____

Language(s) spoken at home: _____

Sibling(s) currently at MSM (list name and grad year): _____

Other sibling(s) (list name, grade, and school) _____

MSM Alumni relatives (list maiden name, year of graduation/attendance, and relationship to applicant) _____



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Cornerstone Inclusion Program Parent Form

The parent or guardian of the student applicant must complete this form.

Questions should be directed to Diane Wilson at
dwilson@mountstmary.org or 405.631.8865 ext 270.

Student's Name (first, last) _____

Parent/Guardian Name(s) (first, last) _____

Please explain why you want your child to participate in the Cornerstone Inclusion Program. _____

What are your expectations for your child as a student of Mount St. Mary Catholic High School? _____

How do you see your child adapting to the Cornerstone Inclusion Program? _____

What are the areas where this student excels? _____

How would you describe this student's personality? _____

Is this student currently enrolled in any tutoring or special education programs or classes outside of his/her regular school day? No Yes

If yes, please explain. _____

Have there been any changes in this student's family in the past 5 years (divorce, death, moves, remarriage)? No Yes — Please explain.

Are you aware of any emotional or behavioral changes in this student in the past 5 years? _____

Has this student received counseling in the past 5 years? No Yes—Why, with whom, and how often? _____

With whom does the student live? Both Mom and Dad Mom Only Dad Only Parents are separated, equal time at both

Other _____

Cornerstone Inclusion Program
Student Form page 2

What are your favorite subjects in school and why?

What do you want to do when you are older and are out of school?

What are you favorite community activities that you participate in? For example: athletics, science fairs, art shows, musical groups, service projects, etc.

Is there any additional information you feel we should know about YOU?



Mount St. Mary Catholic High School

2801 S. Shartel
Oklahoma City, OK 73109
405.631.8865 office
405.631.9209 fax

Cornerstone Inclusion Program Recommendation Form

This form is to be completed by the applicant's Special Education Teacher at his/her current school.

Questions should be directed to Diane Wilson at
dwilson@mountstmary.org or 405.631.8865 ext 270.

Student's Legal Name _____

Student's Current School _____ Student's Current Grade Level _____

Your Name and Title _____

Your Signature _____ Contact Phone # _____

Why do you recommend the above named student for the Cornerstone Inclusion Program at Mount St. Mary Catholic High School?

How do you see him or her fitting in to the Cornerstone Inclusion Program and Mount St. Mary?

What accommodations and/or modifications are currently being made for this student?

Do you have any additional information about this student that would help in his/her academic or social success in high school?

Does this student have any diagnosed learning disabilities? NO YES—Please list disability: _____

Does this student currently have a 504 Plan, an IEP, or ISP? NO YES

Does this student have any physical needs that could affect his/her educational success? NO YES

Does this student have any psychological or emotional needs that could affect his/her educational success? NO YES

If yes was selected above, please explain:



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Cornerstone Inclusion Program Release of Records

**Parent should forward this form to applicant's
current school.**

Please be advised that this student is an applicant for admission to Mount St. Mary Catholic High School's Cornerstone Inclusion Program. You will greatly assist this applicant and Mount St. Mary by providing the requested information as soon as possible. *The student's application for admission to The Mount will not be reviewed until all requested information is received.* Thank you for your cooperation. If you have any questions, please contact Diane Wilson, Admissions Coordinator, at 405.631.8865 ext. 270 or at dwilson@mountstmary.org

I hereby give my permission for _____ school to release the following information requested by Mount St. Mary Catholic High School:

- Copy of Transcripts for **sixth, seventh and eighth** grade (first semester)
- Copy of student's current psychoeducational testing and IEP
- Attendance Records for 7th and 8th grade
- Immunization Records
- Birth certificate
- Behavioral Observations
- Teacher Recommendation (separate form)

We respectfully request that the above information be forwarded by mail or fax to the address below as soon as possible:

Fax: 405 / 631-9209

Admissions
Mount St. Mary Catholic High School
2801 S. Shartel
Oklahoma City, OK 73109

Student's Legal Name: _____

Parent/Guardian Signature: _____

Date: _____



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Cornerstone Inclusion Program Statement of Understanding

I, _____, the Parent or Legal Guardian of

_____, understand that my child is applying for the Cornerstone
Inclusion

Program at Mount St. Mary Catholic High School. If my child is accepted into the program, I understand that he/she
will

receive a Certificate of Completion at Mount St. Mary and will not receive a high-school diploma. I also understand
that students in the Cornerstone Inclusion Program will incur an annual fee of \$1,000 in addition to their tuition.

Parent Signature: _____

Date: _____