



St. Mary-Basha Catholic School



Kinder-Eighth Grade New Student Registration Information

Thank you for your consideration of St. Mary-Basha Catholic School. This Registration Packet must be completed and returned to the school office to be considered for the 2021-2022 school year.

The following required documents and fees must be submitted, along with the completed Registration Packet, in order to be considered for admission:

1. **Original** birth certificate with the state seal
2. Copy of the child's Certificate of Baptism (must include the address of the parish)
3. Copy of the child's Certificate of First Communion, if applicable
4. Copy of child's Certificate of Confirmation, if applicable
5. Official immunization record
6. Copy of child's most recent grading report from current school, if applicable
7. Copy of school/doctor documentation* (ie. IEP, 504, SSP, medical diagnoses, etc.), if applicable
 - *Conditional admission will be granted with a probationary period of up to 90 days.
 - *If admission is granted, and information regarding academic, behavioral, social, or emotional needs was knowingly withheld from the school, enrollment status will be jeopardized.
8. Copy of custody papers, if applicable
9. Payment for non-refundable \$25 application fee, per child
10. Payment of \$225 registration fee, per child

A completed Registration Packet includes the following:

1. Registration Form, per child
2. Parish Verification Form, per family
3. Tuition Agreement, per family
4. Fundraising and Eagle Hours Agreement, per family
5. Y.E.S. Program Registration, per family
6. Arizona Department of Health Form, per child
7. Photo/Publicity Release Form, per child
8. Records Release Form, per family, necessary for transfer students entering grades 1-8 only
9. Recommendation Form, per child, necessary for transfer students entering grades 1-8 only
10. State of Arizona Primary Home Language Form, per child
11. Free & Reduced Lunch Parent Survey, per family

The completed Registration Packet, all required documents, and fees must be submitted at the same time. Your child will be scheduled for an assessment, once the registration requirements are met. Based on assessment results, your child will then be placed on a waitlist. Once your child is accepted to St. Mary-Basha Catholic School, you will receive email confirmation regarding placement. *If transferring mid-year, expect a minimum of five business days after acceptance until start date.

If your child is offered acceptance to St. Mary-Basha Catholic School and you refuse placement, your registration fee of \$225 will be forfeited.

Priority Registration is given to current students at St. Mary-Basha Catholic School and their siblings.

Please contact the office with any questions regarding registration via email at smb@stmarybashacatholic.org or call (480) 963-4951.



St. Mary-Basha Catholic School



Kinder-Eighth Grade New Student Registration Form

Name (First/Middle/Last):			Male/Female:		
First name child goes by:		Date of Birth:		Age (as of 9/1/21):	
Grade Entering:	Last Grade Attended:	Has child ever received special services and/or behavior infractions? (Yes/No) Explain:			
Home Address:					
City:		State:		Zip Code:	
Primary Language:				Ethnicity: Hispanic (Yes/No)	
Race (check): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander					
Baptism Date:		Church (Name/City/State):			
First Communion Date:		Church (Name/City/State):			
Confirmation Date:		Church (Name/City/State):			
Registered Parish (Name/City/State):					
Previous School Attended (Name/City/State):					
Child lives with (check one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian					
Parents are (check one): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased					
Sibling(s) of Student					
Name (First/Middle/Last):				Age:	
Name (First/Middle/Last):				Age:	
Name (First/Middle/Last):				Age:	
Name (First/Middle/Last):				Age:	
Name (First/Middle/Last):				Age:	
Name (First/Middle/Last):				Age:	
Parent Information					
FATHER/STEPFATHER/LEGAL GUARDIAN (circle one)					
Name (First/Last):			Religion:		
Occupation:			Employer:		
Work Phone:		Home Phone:			
Cell:		E-mail:			
MOTHER/STEPMOTHER/LEGAL GUARDIAN (circle one)					
Name (First/Last):			Religion:		
Occupation:			Employer:		
Work Phone:		Home Phone:			
Cell:		E-mail:			
Signature of Parent/Guardian					
Signature of Parent/Guardian:				Date:	

Office Use Only

Date Received:

Birth Cert		Immunization		Parish Verification		ADHS Form		Perm File:
Baptism Cert		Grading Report		Tuition Agreement		Photo Release		Assessment Date:
Communion Cert		Special Documentation		Fundraising/Eagle		Records Release		Start Date
Conf. Cert		Language Form		YES Registration		Recommendation		Homeroom Assigned:
Fees - Check #		Transcripts Requested		Paperwork Distribution		Income Survey		Approval:



St. Mary-Basha Catholic School



Kinder-Eighth Grade Tuition and Financial Aid Parent Agreement

Family Name: _____ Parent Name: _____

Students: _____

Please Initial:

_____ Tuition is managed by FACTS Tuition Management System and a yearly enrollment fee must be paid annually. Financial information in FACTS must be kept-up-to date.

*Returning families are automatically re-enrolled in FACTS Tuition Management. NEW families must create an account.

_____ Tuition is withdrawn from your FACTS account on a monthly basis.

_____ A signed Parish Verification Form is required in order to receive the Active Catholic Tuition Rate. Failure to return a Parish Verification Form by **2/26/2021** will result in tuition being charged the Non-Active Tuition Rate.

_____ All families are required to apply to Catholic School Arizona (CEA) upon registering your children at St. Mary-Basha Catholic School. CEA is the largest financial assistance program servicing the Diocese of Phoenix Catholic Schools. Completing the FAIR app and applying to CEA is vital for St. Mary-Basha to provide emergency tuition assistance if necessary. ***students receiving ESA are exempt from applying to CEA**

The following two statements are optional. Read the statements carefully initialing.
LEAVE BLANK IF YOU ARE APPLYING TO CEA.

_____ My family **declines** the requirement to apply to CEA.

_____ I understand that by declining and not applying to CEA there will be **no possibility of financial support from St. Mary-Basha Catholic School throughout the school year**. I will be responsible for all charges on my FACTS account.

_____ It is strongly suggested that families apply to at least 3-6 Student Tuition Organizations (STOs).

_____ If you requested to modify your payment plan at any point for any reason during the previous school year, you must apply to at least 4 STOs and be prepared to show email verification that applications are complete.

_____ Any tuition accounts that are 60 days past due will be at risk for immediate withdrawal. In addition, all families must be current in payments by the last day of the trimester. When a family is not current, students are not admitted for the first day of classes of the next trimester, until a payment is made or an acceptable payment plan is established with administration.



St. Mary-Basha Catholic School



Kinder-Eighth Grade Tuition and Financial Aid Parent Agreement

_____ I understand that I will be responsible to ensure that my student's tuition is paid in full by April 30, 2022. If a balance remains after April 30, 2022, it will be deducted from FACTS on May 3, 2022.

K-8th Re-Registration Fees: \$150.00 per family

*Returning family registration fees will be withdrawn from your FACTS account after completed paperwork is received and processed.

Tuition rates* for the 2021-2022 school year are as follows:

Student	Actual Cost to Educate Student	Active Catholic Tuition Rate*	Non-Active Tuition Rate*
1	\$7,100	\$5,500	\$8,490
2	\$7,100	\$4,000	\$8,490
3	\$7,100	\$3,500	\$8,490
4+	\$7,100	\$2,000	\$8,490

*These tuition rates apply only to students in grades K-8. Refer to the Preschool Tuition Agreement for current preschool rates.

*Tuition will be withdrawn from FACTS accounts on a monthly basis.

Parent Signature: _____ Date: _____

Parent Phone Number: _____ Parent Email: _____



St. Mary-Basha Catholic School



Fundraising and Eagle Hours Agreement

Family Name: _____ Parent Name: _____

Students: _____

Fundraising Commitment

Tuition does not cover the entire cost to educate each child. Each registered family at St. Mary-Basha Catholic School, must commit to a minimum of \$350 of fundraising for the school year.

Company Matching Funds

Check with your employer to see if they offer matching funds for your donations to St. Mary-Basha Catholic School. Company matching dollars count toward your family fundraising commitment. Contact our finance office if you have any questions.

Please Initial:

_____ I/We agree to donate and/or fundraise a minimum of \$350 by April 30, 2022 to meet the fundraising commitment. Any balance remaining on April 30, 2022 will automatically be withdrawn from FACTS on May 3, 2022.

Eagle Hours

St. Mary-Basha Catholic School encourages involvement from each family through the Eagle Hours Program. In prior years, each family was requested to provide a minimum of 20 hours of service to St. Mary-Basha Catholic School. Due to COVID-19 limitations, the 20 hour request is waived for the 2021/2022 school year, however, we appreciate your participation in volunteer opportunities should they arise.

Parent Signature: _____ Date: _____



St. Mary-Basha Catholic School



Parish Verification Form

Select one:

- Our family is registered at **St. Mary's/St. Juan Diego** parish. (Please complete family information portion and return to school office to complete verification process)
- Our family is registered at another parish within the Diocese of Phoenix. (Please complete family information portion and submit to your parish for verification. Return to school office by **2/26/21** when complete)

This completed form is due to the school office by February 26, 2021 in order for your registration paperwork to be considered complete.

Family Name: _____ Parent Name: _____

Home Address: _____
Street City State Zip

As an active (registered and contributing) members of _____ Parish in the Diocese of Phoenix, we are requesting the **Active Catholic Tuition Rate(s)** for the following children:

First Name	Last Name	Grade

Parent Signature: _____ Date: _____

Verification from Parish:

This family is active (registered and contributing) to our parish on a regular basis.

Pastor Signature: _____ Date: _____



St. Mary-Basha Catholic School



Y.E.S. Program Registration Form

All families must complete and return the Y.E.S. Program Registration Form to be held on file in case of an emergency. You will only be charged the registration fee if you use our Y.E.S. Program before or after school.

Family Name: _____ Parent Name: _____

Home Address: _____
Street City State Zip

Student First Name	Student Last Name	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration fee will be withdrawn from FACTS upon your child(ren)'s first use of the program.

****\$30 registration fee for first child and a \$10 registration fee for each child thereafter****

Please initial each statement indicating that you have read the information and agree:

_____ I agree to read and sign the Y.E.S. Program handbook and acknowledgement form upon its publication in the fall of 2021.

_____ I understand that all Y.E.S. Program payments will be automatically withdrawn from my FACTS account on the month after the program is used. Payments will be withdrawn every first Wednesday from September to June.

_____ I understand that the Y.E.S. Program does carry insurance; however I assume all risks associated with my child's participation in the program. I release St. Mary-Basha Catholic School, and any and all of its employees, from any and all liability for any and all harm arising to my child while in the Y.E.S. Program.

_____ In an emergency, I understand that 911 will be called. I give authority to any hospital, doctor, or paramedic, to render immediate aid as might be required at the time for my child's health and safety. I understand any expense resulting from this service is my obligation.

_____ I request that my child be allowed to participate in the St. Mary-Basha Catholic School Y.E.S. Program.

Parent Signature: _____ Date: _____

Parent Phone Number: _____ Parent Email: _____



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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St. Mary-Basha Catholic School



First-Eighth Grade Release of Records Form

I authorize the release of school records (including academic, behavioral, medical, psychological, and confidential) to St. Mary-Basha Catholic School for my child(ren) listed below:

First Name	Last Name	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Records will be used by administration to determine student acceptance and placement at St. Mary-Basha Catholic School.

Parent Signature: _____ Date: _____

Parent Phone Number: _____ Parent Email: _____

School Name: _____ School Phone: _____

Address: _____
Street City State Zip

Please mail, fax, or email complete records to:

St. Mary-Basha Catholic School
Attention: Admissions
200 W. Galveston Street
Chandler, AZ 85225
Phone: 480.963.4951
Fax: 480.963.8959
Email: smb@stmarybashacatholic.org



St. Mary-Basha Catholic School



First-Eighth Grade New Student Recommendation Form

_____ has applied for admission to St. Mary-Basha Catholic School for the 2021-22 school year. St. Mary-Basha Catholic School offers a rigorous academic program, which could pose a challenge to students transferring, especially in middle and junior high grades. St. Mary-Basha Catholic School is able to accommodate students with varied ability levels, however, the school has limited supportive resources for students with remedial, emotional, or behavioral issues. The information provided on this form will be used to determine acceptance to St. Mary-Basha Catholic School.

St. Mary-Basha Catholic School has my permission to receive the information requested on this Recommendation Form.

Parent Signature: _____ Date: _____

The Recommendation Form must be kept confidential. Please mail, fax, or email complete records to:

St. Mary-Basha Catholic School
Attention: Admissions
200 W. Galveston Street
Chandler, AZ 85225
Phone: 480.963.4951
Fax: 480.963.8959

Email: smb@stmarybashacatholic.org

Current grade: _____ Recommended grade for 2021-22: _____ Total years of attendance: _____

Has the student been recommended for or identified as needing the following? (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> psychological testing | <input type="checkbox"/> grade retention |
| <input type="checkbox"/> counseling | <input type="checkbox"/> speech therapy |
| <input type="checkbox"/> special education | <input type="checkbox"/> gifted program |

If any of the above items were checked, please explain further:



St. Mary-Basha Catholic School



First-Eighth Grade New Student Recommendation Form

Please describe the student's behavior and study habits by completing the table below:

	Always	Sometimes	Seldom	Never
Completes assignments on time				
Works up to his/her ability level				
Is respectful to adults/authority figures				
Is respectful to other students				
Follows school rules				

Please rate the following areas using the criteria below:

1=Outstanding

2=Above Average

3=Average/Satisfactory

4=Below Average

5= Poor/Unsatisfactory

NA=Not Applicable

Religion		Reading		Writing		Spelling	
Math		Science		Social Studies		Technology	
Foreign Language		Physical Education		Art		Music	

How would you describe the degree of this student's parental support?

Have the parents cooperated with school policies and teacher recommendations?

Based on your knowledge and experience with this student, would you recommend him/her for a rigorous academic setting?

Are there any other encumbrances on the transfer of this student's records? If yes, please explain.

Signature of school official: _____ Date: _____

Title: _____ School Name: _____

Email: _____ Phone Number: _____



St. Mary-Basha Catholic School



Parent Free & Reduced Lunch Income Guidelines Survey

Although St. Mary-Basha Catholic School does not provide free or reduced lunches at this time, the school receives monies based on the information provided below.

Please answer the questions below based on the income guidelines provided. All information shared is for school use only.

Federal Eligibility Income Chart for School Year 2020-2021			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$23,606	\$1,968	\$454
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
5	\$56,758	\$4,730	\$1,092
6	\$65,046	\$5,421	\$1,251
7	\$73,334	\$6,112	\$1,411
8	\$81,622	\$6,802	\$1,570
Each additional person:	+\$8,288	+\$691	+\$160

What is the total number of members in your household? _____

Does your family meet the income guidelines for the free/reduced lunch program? Y/N

Address: _____
Street State Zip

Public School District in which you reside: _____

Public School your child(ren) would attend: _____

List the grade level(s) of your child(ren) attending private school: _____



**Roman Catholic Diocese Of Phoenix
PHOTOGRAPHIC AND INTERVIEW RELEASE**

Appendix F.1

PHOTO/PUBLICITY RELEASE

I, _____ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following person, who is under eighteen (18) years of age, _____ (print full legal name of minor) (hereinafter "the Minor"), hereby authorize the Roman Catholic Diocese of Phoenix (hereinafter "the Diocese"), all of its parishes, affiliated organizations and entities, and _____ (print full name of school) (hereinafter, the "School") to record the Minor's picture, voice and likeness in photographs, films, videotapes or other media during and in connection with the Minor's education or participation in School or Diocesan activities or events, and to use the Minor's picture, voice or likeness on the Diocese website, in the Catholic Sun newspaper, or in any other media or publication without further compensation or permission.

I further authorize the Diocese, its parishes, affiliated organizations, entities and agents, and/or the School to edit any recordings of the Minor's likeness and/or voice and incorporate any such recordings into print publications, electronic publications, software, movie and sound films or tapes, broadcasts (radio and television), programs or otherwise, and to use and license others to use such publications, recordings, software, movie and sound films and tapes and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, information, advertising and sale promotion. I understand that the Diocese exclusively owns all rights to these recordings irrespective of the form in which they are produced or used.

I further agree to indemnify and hold the Diocese, its parishes, affiliated organizations, entities, licensees, employees and agents, and the School harmless from and against any claims and liability for damages, losses or expenses of any kind arising from the making or use of any recordings, including, without limitation, claims with respect to the Minor's privacy or publicity.

I have read and understand the contents hereof, and have the right and authority to execute this release and to give this indemnification. I understand that this Release is to be interpreted under the laws of the state of Arizona without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the state of Arizona with respect to any action arising under this Release.

Parent/Guardian Consent

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

Parent/Guardian Name: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

City, State, Zip Code: _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendizajes del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

3. ¿Qué idioma habló o entendió el estudiante primero?

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Fecha _____	
Distrito o Charter _____	
Escuela _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

Arizona Public School Enrollment Verification

This information is to be completed by the public school. Depending on the student's current enrollment status, you may need to provide information for both the current school year and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

Student Name:

Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year:	Grade:
Student was enrolled for one full semester of the school year. Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, student was enrolled for _____ days of the school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	

Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year:	Grade:
Student was enrolled for one full semester of the school year. Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, student was enrolled for _____ days of the school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	