



ST. JOSEPH/ST. ROBERT SCHOOL
FOCUSED ON FAITH AND LEARNING

Pre-Kindergarten Student Application

PLEASE PRINT

Date _____

Child's First Name _____ Middle Name _____

Child's Last Name _____

Child's Social Security Number _____ Sex _____

Home Address _____

Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell# _____ Father's Cell# _____

Child's Date of Birth _____

Child's Place of Birth (City and State) _____

Child's Ethnicity _____

Your Parish _____

Your School District _____

Transferred from (school) _____

School Address _____

Grade entering in September _____ Full Day _____ Half Day _____

of older brothers _____ # of older sisters _____

Grade & Name of school(s) older brothers/sisters attend if other than St. Joseph/St. Robert's School:

Father's Full Name _____

Father's Occupation _____ Deceased (Y or N) _____

Father's Country of Birth _____

Father's Date of Birth _____ Religion of Father _____

Father's E-mail Address _____

Mother's First Name & Maiden Name _____

Mother's Occupation _____ Deceased (Y or N) _____

Mother's Country of Birth _____

Mother's Date of Birth _____ Religion of Mother _____

Mother's E-mail Address _____

Home Situation (Check all that apply):

OVER

___ Two biological parents
___ Mother/Stepfather
___ Father/Stepmother

___ One parent
___ Parents separated or divorced
___ Other (Specify) _____

Language spoken at home if not English _____

Parental Rights (in case of separation or divorce)

Attach copy of court order.

Legal Custody: _____ Joint Custody _____ Sole Custody
Physical Custody: _____ Joint Custody _____ Sole Custody
_____ Mother
_____ Father
_____ Guardian

Adopted: _____ Yes _____ No

Religion of Child _____

Child's Baptismal Date _____ Church _____
City & State _____

First Penance Date _____ Church _____
City & State _____

First Communion Date _____ Church _____
City & State _____

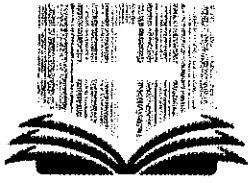
Confirmation Date _____ Church _____
City & State _____

Has your child received any of the following at school? (If yes, include a copy.)

Speech Service Yes ___ No ___ **Guidance Service** Yes ___ No ___
Reading Remediation Yes ___ No ___ **Educational Evaluation** Yes ___ No ___
Math Remediation Yes ___ No ___

Name any other services received by your child:

Date Received: _____
School Official: _____



ST. JOSEPH/ST. ROBERT SCHOOL
FOCUSED ON FAITH AND LEARNING

**Participation in Religious Education
&
Sacrament Preparation**

The following document pertains to all Non-Parishioners and Non-Catholic families enrolling in St. Joseph/St. Robert School.

Faith Formation and Religious Education is paramount here at St. Joseph/St. Robert School. If you are a Non-Catholic Family enrolling in St. Joseph/St. Robert School, it is imperative that you know your child/children will participate in Religious Education Classes as well as Religious Activities such as 1st Friday Masses, Prayer Services, Daily Prayers, etc.

Sacramental Preparation is a vital component of our faith. If you are a Catholic, but a member of a Parish other than St. Josephs or St. Roberts, your child/children should receive their Sacraments at your home Parish. Families should contact the Director of Religious Education at their home Parish to make arrangements.

I have read the information above and understand what the Religious Education and Sacrament Preparation expectations are when enrolling my child/children in St. Joseph/St. Robert School.

Family Last Name: _____

Signature: _____

Date: _____

Central Bucks School District
School Health Services Health History
(to be completed upon enrollment)

A copy of the student's current immunizations is required to register.

To Parents or Guardian: The following information is requested for our records.

Grade Entering _____ Date _____

Previous school attended _____ State _____

Address _____ City _____

Student's Name _____ Home Phone _____

Birthdate _____
 Last First Middle
 Male Female Parent's Work Phone _____
 Month/Day/Year

Mailing Address: _____
 Street City/Town Zip

Father _____ Mother _____
 Last First Last First

Guardian _____ Relationship _____
 Last First

Student's Physician _____ Date of last exam _____ Health Insurance _____

Student's Dentist _____ Date of last exam _____ Dental Insurance _____

Are Community Services needed? Free Dental and Health Care? Yes No
 Free/Reduced Lunch Program? Yes No

A. Disease History/ Illnesses

Check any of the following and put a date next to all that apply.

Chicken Pox _____ Lyme Disease _____ Kidney Disease _____ Bleeding Disorder _____
 Pneumonia _____ Heart Disease _____ Gastrointestinal _____ Seizure Disorder _____
 Diabetes _____ ADD ADHD _____ Headaches _____ Skin Disorder _____

Please describe: _____

B. Health History Please check yes or no.

1. Does your child have frequent ear infections or trouble hearing? No Yes
2. Does your child have any trouble with eyes or vision? No Yes
3. Has your child ever had a serious illness? No Yes
4. Has your child ever had any surgery? No Yes

Please describe if the answer was "yes" to any of the above questions

C. Allergy History

1. Does your child have any environmental allergies? No Yes

Explain _____

2. Has your child ever had an allergic reaction to any medications? No Yes

Please describe what happened. _____

3. Has your child had an allergic reaction to any foods? No Yes

Please describe what happened.

4. Has your child ever had an adverse reaction to an insect sting? No Yes

Please describe what happened.

5. Does your child have asthma? No Yes

A. What type of asthma (allergic, exercise induced, etc.)?

B. Your child's best Peak Flow reading

C. Please list any medication(s) your child takes for asthma and the frequency it is taken.

D. Medication History

Does your child take medication on a daily basis? No Yes

Please list any medications taken and describe what the medication is for.

Has your child ever had a serious illness? No Yes

What and when?

E. Social History

Have there been any changes in your family during the past year, such as:

1. Separation, divorce, or remarriage? No Yes

2. Death or serious illness? No Yes

3. Any other situation which may affect your son/daughter? No Yes

If yes, please explain

F: Miscellaneous

Please list any condition your child may have which might limit his/her activities in school. Please include any other comments you think might be helpful.

Thank you for completing this form



ST. JOSEPH/ST. ROBERT SCHOOL
FOCUSED ON FAITH AND LEARNING

Dear Parent/Guardian:

The Secretary of Education, pursuant to Section 9-923-A of the Public School Code, is authorized to purchase textbooks, instructional materials, and equipment, which may be loaned to all children residing in the Commonwealth who are enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren).

In order to participate in the program, a parent/guardian of each child attending the nonpublic or private school must individually request a loan of textbooks, instructional materials and equipment. The enclosed individual request form fulfills that requirement. Please sign the form, date it, and return it to the school immediately.

Thank you for your continued assistance and cooperation.

Sincerely yours,

Mr. Vince D'Andrea, Jr.

Principal

**Certificate of Individual Request
For Loan of Textbooks, Instruction Materials and Equipment**

I hereby request the loan of textbooks, instructional materials and equipment in accordance with the Pennsylvania Public School Code of 1949 for my child(ren) attending

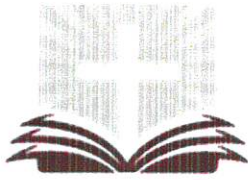
_____ School.

Date Signed: _____

Signature of Parent or Guardian: _____

This program is available only to Pennsylvania residents.

(This form is to remain on file *at the school*)



ST. JOSEPH/ST. ROBERT SCHOOL
FOCUSED ON FAITH AND LEARNING

Tuition & Fees for the 2022-2023 Academic Year

Early Childhood Program - Pre-K and Kindergarten (Parishioners)

| | Total Amount | Monthly Payment |
|-----------------|---------------------|------------------------|
| Full Day | \$5450 | \$545 |
| Half Day | \$4800 | \$480 |

Pre-K and Kindergarten (Non-Parishioners/Non-Catholic)

| | Total Amount | Monthly Payment |
|-----------------|---------------------|------------------------|
| Full Day | \$5800 | \$580 |
| Half Day | \$5000 | \$500 |

Grades 1 – 8 (Practicing Catholics of Supporting Parishes)

| | Total Amount | Monthly Payment |
|-----------------------|---------------------|------------------------|
| One Child | \$3950 | \$395 |
| Two Children | \$7505 | \$751 |
| Three Children | \$8888 | \$889 |
| Four Children | \$10270 | \$1027 |

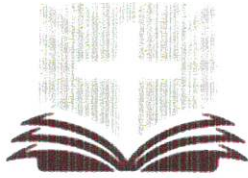
Families in other local Catholic parishes are required to have a letter of permission from their Pastor.

Grades 1-8 (Non-Catholic families): \$6100 per student

Registration Fee: \$150 per student for new students

\$75 per student for current students

Technology Fee: \$50 per family



ST. JOSEPH/ST. ROBERT SCHOOL
FOCUSED ON FAITH AND LEARNING

All families must enroll in FACTS Tuition Management.

**FACTS charges a yearly fee of \$42 for monthly plans
and \$15 for semi – annual plans.**

To complete the application process, the following documents are needed:

- Copy of birth certificate
- Copy of baptismal certificate
- Copy of immunization record
- A letter verifying parish affiliation for all Catholic families
- Registration fee