



St. Joseph Pro-Cathedral School

“ A Beacon of Light in the City of Camden...”

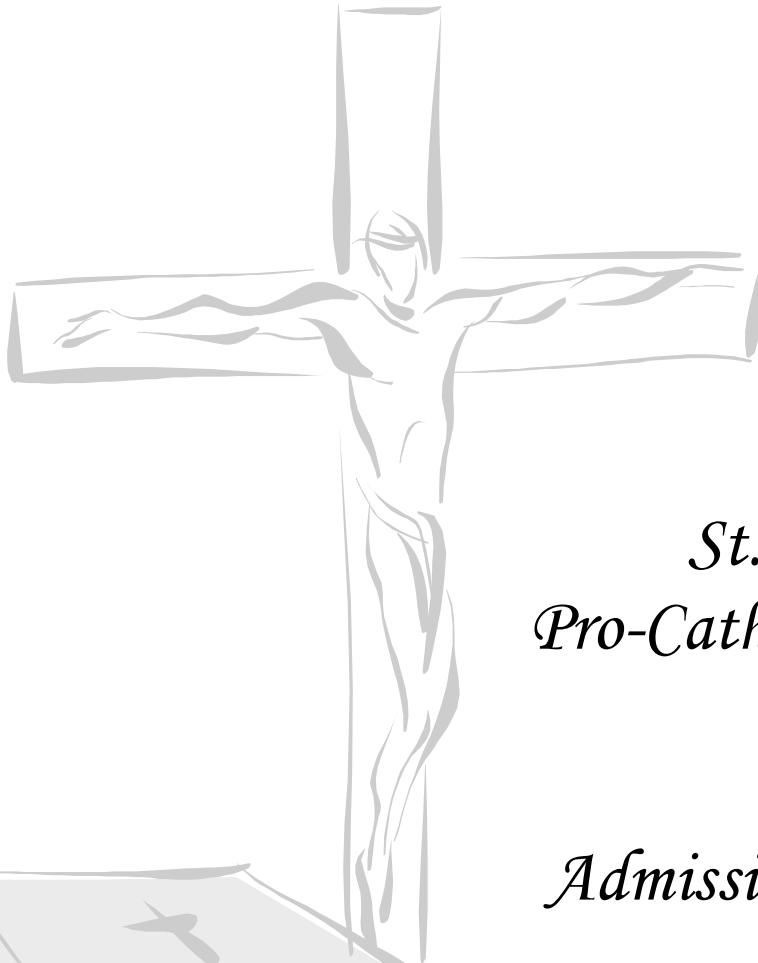
2907 Federal Street

Camden, NJ 08105

Tel. 856-964-4336

Fax 856-964-1080

www.sjprocathedral.org/school.htm



*St. Joseph
Pro-Cathedral School*

Admissions Packet



“...Lighting the Way to Excellence in Education!”





We appreciate your interest in St. Joseph Pro-Cathedral School, an educational environment that promotes excellence and growth in the Catholic Faith where each child can strive to reach his potential.

We believe that you are the primary educators of your child. It is only through parents and teachers working together and showing mutual respect that we hope to achieve what is best for each child at St. Joseph Pro-Cathedral School.

Please look through this enrollment packet and complete it in its entirety. In order for your application to be considered, please return application along with documents in a timely manner.

Mission Statement

St. Joseph Pro-Cathedral School serves a multi-cultural community of students in K-8 in the City of Camden, New Jersey. By our commitment to the individual, we are dedicated to the intellectual and spiritual growth of each child through the development of morals and values such as integrity, honesty, service and personal and social responsibility.

Admissions Policy

St. Joseph Pro-Cathedral admits students of any race, color, sex, national and ethnic origin to all rights, privileges, programs and activities generally accorded or generally made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admission policies, athletic programs or other school-administered programs.

Admission Guidelines

Kindergarten

- *Child must be five years old on or before September 30th.*
- *All applicants must be screened.*

Grades 1—8

- *Screening and/or interview is required prior to acceptance.*
- *Local transfers of students from any public, private or diocesan school into grade 8 are generally not considered for admittance.*
- *Applications are processed and considered in order to determine if St. Joseph Pro-Cathedral School can meet the needs of the applicant. The decision is communicated through a telephone call and/or in writing.*

Expectations for St. Joseph School Families

- *Parent/Teacher Conferences—St. Joseph Pro-Cathedral School believes that parents and teachers are partners in the education of our students. In order to maintain good communication with each other, Back to School Night as well Parent/Teacher Conferences are mandatory for all parents.*
- *Families are expected to follow all policies and procedures as determined by St. Joseph Pro-Cathedral School.*
- *Families are expected to participate in any parent workshops as well as any fundraising activities that may arise throughout the school year.*

School Profile

Grade Levels: Kindergarten thru 8th grade
Religion Affiliate: Roman Catholic
School Day: 8:30 – 2:30 pm ; After School Program 2:30-5:30 p.m.
School Uniform: Required for all Students
Cafeteria Services: Breakfast, Hot Lunch and After School Snack Program
Curriculum: St. Joseph Pro-Cathedral School follows the recommended curriculum of the Diocese of Camden which consists of religion, math, reading and language arts, social studies, science, computer education, art, music and physical education.
Sports: Basketball
Extra-Curricular: Builder’s Club, Student Government, Computers, Science Fair, After School Program Activities
Support Organizations: PTA, Sponsor-a-Student Program
School Accreditation: Middle States of Association of Schools and Colleges

School Admissions

Admissions Packet: Contact Luz Camacho at 856-964-4336 ext. 510.
Registration Fee: \$100.00
Admissions: Kindergarten Screening; Interview with Principal for grades 1-8
Required Documents: Birth Certificate, Immunization Record, Proof of Address, Baptismal Certificate (if catholic), Report Card (transfer student), Parishioner Verification Form (if Catholic)
School Tours: Contact Luz Camacho at 856-964-4336 ext. 510 for an Appointment
Tuition Assistance: Financial Aid is available upon request. Contact Luz Camacho at 856-964-4336 ext. 510.

Tuition and Fees for the 2008-2009 school year

School Tuition:	1 Child	\$1,800.00 year / 180.00 monthly
	2 Children	\$2,900.00 year / 290.00 monthly
	3 Children or more	\$3,600.00 year / 360.00 monthly
After School Fee:	1 Child	\$700.00 year / 70.00 monthly
	2 Children	\$1,050.00 year / 105.00 monthly
	3 Children	\$1,400.00 year / 140.00 monthly

High Schools Attended by St. Joseph Pro-Cathedral School Graduates

Bishop Eustace Prep School
Camden Catholic High School
Camden County Technical Schools
Dr. Charles E. Brimm Medical Arts High School
Creative Arts High School
Paul VI High School



Explanations and Instructions

Applications will not be considered until they are complete.

Applications will only be accepted if it is complete and all forms signed by parent/guardian. A completed application consists of:

_____ **Application**

To be completed in full and signed by parent/s or guardian/s.

_____ **Registration Fee of \$100.00** (Upon acceptance into the school)

Make checks payable to St. Joseph School. Application fee is **non-refundable**.

_____ **Birth Certificate**

Original must be furnished.

_____ **Updated Immunization Record**

A copy from the doctor's office will be accepted.

_____ **Baptismal Certificate (Catholic applicants only)**

A copy is acceptable; original must be furnished upon request.

_____ **Proof of Address**

May bring in utility bill, lease or mortgage deed.

_____ **Report Card**

A report card must be furnished for students wishing placement in grades 1—8. Report card must have teacher's name, school name, school year and grades for the most recent marking period.

_____ **Previous School Transcripts**

Parent/guardian must sign and submit a *Release of Records Authorization* to St. Joseph Pro Cathedral School allowing us to request applicant's records.

_____ **Parish Verification Form (Catholic Applicants only)**

To receive consideration as an Active Parishioner, the Parish Verification Form must be on file. It is the responsibility of the parent/guardian to fill out the top portion of the form before sending it to the pastor of the church in which you are currently active. Applications without a signed Parish Verification form will be given the Non-parishioner rate.

_____ **Tuition Assistance**

Financial aid is available upon request. In order to be considered; an application must be completed in a timely manner. Contact Luz Camacho at 856-964-4336 ext.510 for information and/or to obtain an application.

Information furnished is strictly confidential and used solely by the administration.

ST. JOSEPH PRO-CATHEDRAL SCHOOL APPLICATION FOR ADMISSION

ALL SPACES MUST BE COMPLETED. IF IT DOES NOT PERTAIN TO YOUR CHILD, PLEASE MARK n/a.

STUDENT INFORMATION

Grade applying for: _____

Full Legal Name: First _____ Middle _____ Last _____ Male Female

Birth Date: ____/____/____ City & State of Birth _____

Address: _____ Home Telephone: _____

City _____ State _____ Zip _____

Religion _____ Church Attending _____

School Transferring from: _____

Ethnicity of Child: African American Asian Caucasian Hispanic Multi-cultural Other _____

Sacramental Information	Date	Church	Location
Baptism			
Penance			
First Communion			

PARENT/GUARDIAN INFORMATION

Single Married Together Married Separated Divorced Other: _____

Who has legal custody? Both Father Mother Other: _____

Student resides with: Both Father Mother Other: _____

Responsible for tuition: Both Father Mother Other: _____

Father

Legal Name: First _____ M.I. _____ Last _____

Cell Phone: _____ Work Phone: _____ Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Home Address (If different) _____

Religion: _____ Birth Place _____

Best means to contact: Home Tel. Work tel. Cell Tel. Email

Mother

Legal Name: First _____ M.I. _____ Last _____

Cell Phone: _____ Work Phone: _____ Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Home Address (If different) _____

Religion: _____ Birth Place _____

Best means to contact: Home Tel. Work tel. Cell Tel. Email

Medical History of Student

Does the child have a medical condition of which school should be aware of? Yes No

If yes, please describe _____

Does the child have any skin or food allergies of which school should be aware of? Yes No

If yes, please describe _____

Is the child currently on any medication? Yes No Please list: _____

Has the child had an educational/psychological evaluation: Yes No Date which testing took place: _____
If yes, please include the child's Individualized Educational Program (IEP) with this application.

Has the child had: Remedial Help Yes No Outside Tutoring Yes No
If yes, indicate what subject: Math Reading Language Arts What grade/s: _____

Has the child been diagnosed with speech or language disorder: Yes No Date of evaluation: _____

If yes, has child received therapy: Yes No Date/s of therapy: _____

Has the child ever been referred for or received professional, psychological or personal counseling? Yes No

If yes, please describe: _____

Has the child ever attended a school or program designed for students who have academic or other needs such as programs for gifted, special learning, etc.? Yes No If yes, Date/s: _____

Please describe: _____

ADDITIONAL INFORMATION

Has applicant ever applied to St. Joseph School before? Yes No Ever been home schooled? Yes No

Has applicant ever been put on probation, suspended, or dismissed from another school for disciplinary and/or academic reasons?
 Yes No If yes, please list name of school, grade and school year _____

How did you hear about St. Joseph School? Website Flyer Church Bulletin/Announcement Referral

If referral, please list the name of the person who referred you: _____

Is either parent an alumni of St. Joseph School? Yes No Who: _____

Does applicant have a sibling attending St. Joseph's School? Yes No Name: _____

Statement of Accuracy and Authenticity

I have read and understood this application and I further certify that the information I have submitted is complete and accurate to the best of my knowledge.

I agree to communicate to St. Joseph Pro-Cathedral School any changes contained herein as soon as changes occurs.

I understand that upon discovery of substantial inaccuracy or omission of information requested herein, St. Joseph Pro-Cathedral School reserves the right to revoke admission to the School.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



PARENT/GUARDIAN HOME LANGUAGE SURVEY

Student's Name: _____ Grade: _____

Relationship of person completing survey:
 Mother Father Guardian Other Specify who: _____

If the student's primary language is English, **STOP**. Do not complete this form

Check the correct response for each of the following questions and indicate other languages if appropriate.

- | | English | Other List Language/s |
|---|-----------------------|------------------------------|
| 1. What language did the child learn when she/he first began to talk? | <input type="radio"/> | <input type="radio"/> |
| 2. What language does the family speak at home most of the time? | <input type="radio"/> | <input type="radio"/> |
| 3. What language does the parent/s speak to his/her child most of the time? | <input type="radio"/> | <input type="radio"/> |
| 4. What language does the child speak to her/his parent/s most of the time? | <input type="radio"/> | <input type="radio"/> |
| 5. What language does the child hear and understand in the home? | <input type="radio"/> | <input type="radio"/> |
| 6. What language does the child speak to her/his brothers/sisters most of the time? | <input type="radio"/> | <input type="radio"/> |
| 7. What language does the child speak to his/her friends most of the time? | <input type="radio"/> | <input type="radio"/> |

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Can an adult family member or extended family member speak English? | <input type="radio"/> | <input type="radio"/> |
| 2. Can family member or extended family member read English? | <input type="radio"/> | <input type="radio"/> |
| 3. What language do parent/s request oral communication from the school?
<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other, specify _____ | | |
| 4. What language do parent/s request written communication from the school?
<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other, specify _____ | | |

Signature of Person Completing Survey: _____ Date: _____



St. Joseph Pro-Cathedral School

Date: _____

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Phone: _____

Address: _____

Please check all the appropriate areas below.

YES NO HEARING

- YES NO Child has a history of ear infection/s. If so, approximate number _____
Treated by Dr. _____
- YES NO Child complains of frequent earaches.
- YES NO Child has "draining ears" and some liquid other than wax has been noted more than once in the outer ear.
- YES NO Child may have a hearing problem.
- YES NO Child has a known hearing loss. If so, please describe: _____

YES NO SPEECH AND LANGUAGE

- YES NO Child has difficulty making and using many sounds.
- YES NO Child has difficulty making and using few sounds.
If possible, list examples: _____

- YES NO Child talks very little.
- YES NO Child speaks one or two words at a time and rarely uses complete sentences.
- YES NO Child may have a voice problem: pitch, volume, rate, quality (hoarseness, harshness, nasality).
- YES NO Child is not fluent; repeats, hesitates, prolongs sounds, or grimaces during speech.
- YES NO Child may need help from the Speech/Language Therapist concerning his/her Speech or language development.

ADDITIONAL COMMENTS, PLEASE LIST HERE: _____

St. Joseph Pro-Cathedral School
2907 Federal Street
Camden, NJ 08105
856-964-4336 856-964-1080 (Fax)

**Request for Information and
Release of Records Authorization**

Grades K thru 8

Full Name of Student: _____

Date of Birth: _____ Last grade attended: _____

School transferring from: _____

Address of School: _____

*I hereby request the above named school to release my child's records
and evaluative data to St. Joseph Pro-Cathedral School.*

Signature of Parent or Guardian

Date

Dear School Administrator,

The student named above is applying for admission to St. Joseph Pro-Cathedral School.

We would appreciate your assistance in obtaining a complete academic transcript by providing us with the following information:

1. The student's grades for the most recent completed term at your school.
2. Complete grade records from your school and any other schools from which you have received Records, including health and discipline records.
3. Scores for all standardized testing.
4. A copy of any psychological, 504 Plan or IEP on file for this child, including placement minutes.

Please mail transcripts to: St. Joseph Pro-Cathedral School
2907 Federal Street
Camden, NJ 08105
Admissions Office



"Catholic Schools-Handprints to the Good News in Education"

2907 Federal Street
Camden, NJ 08105
Tel. 856-964-4336
Fax 856-964-1080

PARISH VERIFICATION FORM

Parent/Guardian Name: _____ Home No. _____

Address: _____

Name of Parish: _____

Check one: Child/children currently enrolled at St. Joseph Pro-Cathedral School
 No children enrolled at St. Joseph Pro-Cathedral School

Student/s first and last name/s: _____ Applying to Grade: _____

Please list the name of ministries which your family is involved in:

Our family contributions to the parish are made:

Weekly Monthly Other (Specify) _____
 By Envelope By Check By Cash (not an identifiable source)

For Parish Office Use Only

This family is is not registered at _____ Parish.

Based on the commitment of Time, Talent & Treasure, this family considered:
 An active Catholic Family A non-active Catholic Family Not a Catholic Family

Pastor's Comments: _____

Parish Personnel Signature: _____ Date: _____