



**ST. JOHN BOSCO ACADEMY
APPLICATION FOR ADMISSION
FAMILY INFORMATION**

FAMILY NAME

(LAST)

HOME ADDRESS:

HOME PHONE:

(NUMBER / STREET / APARTMENT - P.O. BOX IF APPLICABLE)

(CITY)

(STATE)

(ZIP CODE)

FATHER'S NAME:

BUS. PHONE:

(LAST)

(FIRST)

(MIDDLE INITIAL)

PLACE OF EMPLOYMENT

POSITION

MOTHER'S NAME:

BUS. PHONE:

(MAIDEN NAME)

(FIRST)

PLACE OF EMPLOYMENT

POSITION

GUARDIAN'S NAME:

(APPLICABLE IF LEGAL CUSTODIAN OF THE CHILD IS OTHER THAN THE PARENT/S)

EMERGENCY CONTACT

IF PARENTS UNAVAILABLE:

(NAME AND RELATIONSHIP)

(TELEPHONE)

Is either parent, step-parent or guardian opposed to a Catholic education? _____ If so, explain:

What church do you attend:

What is the name of the pastor:

Is each parent a practicing Catholic:

St. John Bosco Academy can exist only through the volunteer efforts, and through financial gifts. Do you have skills or gifts that could be of assistance?

INITIALS:

I AGREE TO HAVE MY CHILD(REN) TAUGHT IN ACCORD WITH THE ATTACHED STATEMENT OF FAITH AND SCHOOL POLICY STATEMENT.

I HAVE READ THE DRESS CODE OF THE SCHOOL AND AGREE TO HAVE MY CHILD(REN) ABIDE BY IT.

I, AS A PARENT, AGREE TO SPEND VOLUNTEER HOURS TO HELP IN THE OPERATION AND/OR SUPPORT OF THE SCHOOL.

I HEREBY ATTEST THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION FOR ADMISSION IS TRUE.

SIGNATURE OF PARENT / GUARDIAN

DATE



Field Trip and Activities Release

I hereby authorize any representative of St. John Bosco Academy, including parents volunteering for transportation duties, to transport this child in a private automobile on all field trips sponsored by the school. I understand and agree that SJBA and the parent volunteer will not be held responsible or liable in any way for any injury sustained as a result of this activity. My child has permission to attend all activities sponsored by SJBA unless I have notified the teacher or administrator to the contrary.

SIGNATURE OF PARENT OR GUARDIAN

DATE

I hereby authorize any representative of St. John Bosco Academy including parents volunteering for transportation duties, to give consent for emergency medical care while in the custody of that representative between August 20, 20__ and June 15, 20__.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF WITNESS

DATE



STATEMENT OF FAITH

We the Directors and the Catholic employees of St. John Bosco Academy hereby acknowledge our acceptance of the following beliefs and teachings of the Roman Catholic Church and agree to live by and practice these teachings in cases where such teachings have bearing on our actions in relation to the School:

That there is One God with Three Divine Persons in that One God;

That God the Son, Jesus Christ, was born of the Virgin Mary; that He was crucified, died, and was buried, and rose bodily on the third day; and that He reigns today in Heaven at the right side of the Father;

That Jesus Christ established on earth the Roman Catholic Church as the One, True Church; and that He appointed St. Peter as its first Pope;

That today, Benedict XVI reigns as successor of Peter and head of the Church on earth, and that he, the Pope, is infallible in matters of Faith and morals;

That abortion is an act of killing an innocent human being and, as such, can never be morally acceptable - nor can euthanasia and embryonic stem cell research;

That contraceptive birth control and homosexuality are serious violations of the nature of man and human sexuality as ordained by God, and, as such, can never be morally acceptable;

That the teaching authority of the Church, the Magisterium, is the absolute guide for all matters of Faith and morals, and is the authority for religious education.

STATEMENT OF POLICY

St. John Bosco Academy is a private school operating under the laws of the State of Arkansas and our nation. The School Board determines the policies of St. John Bosco Academy. We expect parents, students and teachers to cooperate fully with the policies as set forth.

At SJBA we promote standards of conduct and dress that we feel need to be part of the student's lives. Many standards are simply for the students' protection or for the orderly operation of our school. Our standards of conduct and dress are to avoid bringing discredit on you, your family, the School, or the Church.

Students are subject to the authority of any staff member at any time while on the school grounds or at school functions and will be courteous and respectful to teachers, aids, secretaries, and visitors at all times.

Attendance at Mass is required on certain days at SJBA. The Latin Mass is offered by the priests of the Fraternity of St. Peter according to the Roman Missal of 1962, and under the provisions of the Diocese of Little Rock. If this, or any practice which accompanies the Latin Mass presents a problem in spirituality for you or your child(ren), perhaps another type of school would better meet the educational needs of your child(ren).

Transportation to and from school is the sole responsibility of the parents. Parents are encouraged to form car pools when practical. SJBA is financially unable to provide transportation or insurance for students.



ST. JOHN BOSCO ACADEMY
Support and Fees Worksheet

For families in which one or more family members supports the school by working as faculty or staff, tuition is not charged. Otherwise tuition is according to the following schedule:

Suggested Support: \$1500 per student

Child's Name	Age	Grade	Support	Discount	Adjusted
				x 1.00	
Oldest child					
				x .80	
2nd child					
				x .60	
3rd child					
				x .40	
4th child					
				x .20	
5th child					
				x .00	
6th child					
Total adjusted amount:					\$
Monthly installments (divide total by nine months):					\$

Payments are due on the tenth of each month. Installment payments may be prepaid at any time.

FEES:

Application Fee (new students only): Number of students x \$50

Registration Fee (returning students): Number of students x \$25

Total Fees (payable with registration)



Explanation of Fees

SUPPORT: Support is for the instruction for students enrolled at St. John Bosco Academy. Current fees are \$1500.00 per student.

Support: Discounts are offered for families with more than one child attending SJBA. The discount schedule is as follows:

<u>Number of Children</u>	<u>Discount</u>
First Child	Pay full amount
Second Child	Pay 80% for 2 nd child
Third Child	Pay 60% for 3 rd child
Fourth Child	Pay 40% for 4 th child
Fifth Child	Pay 20% for 5 th child
Additional Children	No tuition charge

APPLICATION FEE: \$ 50 (New Students only)

This fee covers the administrative cost of new student applications. This is a one time non-refundable fee for new students.

REGISTRATION FEE: \$ 25

This fee covers the administration cost of returning student applications. This is a one time non-refundable fee for returning students.

BOOK FEE:

Currently each family is responsible for purchasing or finding their own textbooks required for the classes they will be taking. A list will be provided for each student. Families in need of assistance finding the textbooks can contact the School Principal.



ST. JOHN BOSCO ACADEMY PLEDGE OF SUPPORT

THIS AGREEMENT is made between _____ (father) and _____ (mother) the PARENTS / GUARDIANS / SPONSORS (hereinafter referred to as PARENTS) of the child(ren) listed on page one of the Application for Admission and ST. JOHN BOSCO ACADEMY (hereinafter referred to as SCHOOL), 33 Divine Mercy Way, Hardy, Arkansas, 72542. The terms of this agreement are as follows:

- 1) The child(ren) listed below will be enrolled at St. John Bosco Academy during the 2009-10 School Year. The School Board reserves the right of acceptance and / or continued enrollment of the child(ren) during the School Year.
- 2) The PARENTS agree to pay a non-refundable application fee (due on presentation of this contract) of \$50 per child, for new students and \$25 per child for returning students plus book fees and support as figured on the worksheet which is attached hereto as well as any negligible fees which may need to be collected from time-to-time.
- 3) Unless otherwise stated by a handwritten addendum to THIS AGREEMENT, the PARENTS agree that support is due and payable on a monthly basis is nine (9) equal installments beginning September 10, 2009 and due thereafter on the 10th of every month with the final payment being due May 10, 2010.

I understand my financial commitment and the dates they are due, and agree to faithfully meet my obligation to the school.

SIGNATURE OF PARENTS / GUARDIANS / SPONSORS: (circle one)

Date

SIGNATURE OF PRINCIPAL:

Date



ST. JOHN BOSCO ACADEMY

**33 Divine Mercy Way
Hardy, Arkansas 72542
PHONE (870) 856-4494**

Dear Parents:

St. John Bosco Academy begins Fall Semester on Monday August 16, 2010. Enclosed you will find all the necessary paperwork to register your child(ren) as well as know what supplies they will need to start the year prepared. If you will be interested in enrolling your child(ren) please complete and return the application

If for any reason the support rates present an obstacle for any family, please call me to discuss the situation. We will strive to deal with each case in a spirit of Christian charity.

If you have any questions, comments, concerns, suggestions or inquiries, please feel free to call me anytime at 870-834-8993.

May God bless and keep you all healthy, safe and happy during the remainder of your summer vacation.

Sincerely,

Lorri Sonnier

Enclosures



ST. JOHN BOSCO ACADEMY Emergency Medical / Insurance Form

An Emergency Medical / Insurance form must be completed for each child and placed in their school records file.

FAMILY NAME _____

HEALTH INSURANCE _____

INSURANCE COMPANY ADDRESS: _____

POLICY NUMBER: _____

GROUP NUMBER _____

COVERAGE BEGAN: _____

ENDS: _____

(MONTH / DAY / YEAR)

(MONTH / DAY / YEAR)

POLICY HOLDER: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

The information provided above is true and correct to the best of my knowledge. I understand that as the PARENT I am solely responsible for any financial obligations incurred as a result of health care / emergencies:

Parent/Guardian: _____

Date: _____



ST. JOHN BOSCO ACADEMY
Immunization Record / Exemption

A copy of immunization records for each child are to be maintained on file. Parents are required to provide a copy of the current immunization records, or request exemption from immunization.

FAMILY NAME _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

(Check one of the following and sign)

I understand that as the PARENT I am responsible for maintaining current immunization for my child.

Parent/Guardian: _____

Date: _____

As the PARENT of _____ I request that my child be enrolled in St. John Bosco Academy without immunization.

Comments:

Parent/Guardian: _____

Date: _____

Chaplain: _____

Date: _____