



St. Catherine of Siena Catholic School

K. Renee Tolin • Principal

www.stcats.org

January 7, 2021

Dear Parents and Guardians,

Thank you so much for choosing a Catholic education at St. Catherine of Siena Catholic School! Enclosed you will find the tuition and fee schedule for the 2021-22 school year, along with the required registration papers. **PLEASE TAKE ADVANTAGE OF EARLY BIRD REGISTRATION! Tax information is not needed at this time for the registration process; however, the deadline for turning in your 1040 tax form and W2 will be April 16, 2021.** At that time, families who have paid registration but have not turned in tax forms will be automatically placed in the highest income category, category 6. This year we will again be offering our current families and siblings an **Early Bird Registration Special!** If you take advantage of this, your registration will be discounted by \$100. Registration fees can be found on the enclosed tuition schedule. We will hold registration in two phases.

- **Early Bird Registration Special** will begin on **February 1, 2021** and will end on **March 12, 2021.**
- **Open Registration for current and new families will begin on March 22, 2021.**

All families at St. Catherine receive a discount from true cost tuition. We are able to offer a limited amount of *additional* tuition assistance to qualifying families of kindergarten through eighth grade students. Parent volunteer efforts, diocesan subsidies, grants, annual giving contributions, and fundraisers make this possible. Your continued support in these important efforts is vital for us to be able to continue providing qualifying families with additional assistance. **Upon your acceptance of additional tuition assistance, the expectation will be that you participate in all fundraising efforts by donating your time, talent or treasure. We will notify you beginning in May 2021 by phone or email regarding your application status.**

- **Current K-8 families, who wish to be considered for additional assistance, must apply through FACTS by April 16, 2021.**
- **Please apply at <https://online.factsmtg.com/aid>**
- **No additional assistance applications will be accepted after this date.**

At this time the Early Childhood Program (PK3 & PK4) does not qualify for tuition assistance.

OVER

Payment Options:

1. Pay in full by Friday, May 21, 2021 and receive a 3% discount.
2. Pay using the FACTS 10-month payment plan through bank draft. The first tuition payment will be drafted from your bank account on July 5, 2021 and will end in April 2022. No tuition will be drafted in May 2022.

The following documents are required to finalize the registration process:

- The completed registration packet with all corrections.
- The signed FACTS Re-enrollment Information Form
- Your 2020 IRS 1040 form on which the student is claimed as a dependent, showing your Adjusted Gross Income, along with a copy of the W2 form. If you do not present the office a copy of the requested tax information by April 16, 2021, you will be placed in Category 6. All information is needed to prepare for the 2021-22 school year.
- If you paid 2020-21 tuition in full but will be using FACTS for the 2021-22 school year, you must enroll online with FACTS. You will find the link on the St. Catherine of Siena School website (www.stcats.org) under Parents. If you have any questions feel free to contact Mrs. Medina during school hours.
- All unpaid monies owed to FACTS, the cafeteria, and aftercare must be cleared before enrolling.
- Registration fees are non-refundable.

IMMUNIZATIONS:

Children entering Kindergarten and 7th grade are due for immunizations and must be up-to-date before August 1, 2021. Please check with your physician to make sure your child is current with all immunizations and will be current at the start of the new school year. No student will be allowed to enter school without proof of immunizations.

Thank you for choosing a Catholic education for your child(ren). May God bless and keep you at St. Catherine. We look forward to continuing our partnership in the education of your child(ren).

Peace and Blessings,



K. Renee Tolin
Principal

St. Catherine of Siena Catholic School
2021 - 2022 Yearly Tuition Schedule

True Cost Tuition \$7,058.00 yearly	Catholic	Non-Catholic	True Cost
Per Child	Discounted Tuition	Discounted Tuition	
	Per Year	Per Year	
Category 1 \$0 - \$15,000			
1 child	\$ 3,132.00	\$ 3,651.00	\$ 7,058.00
2 children	\$ 3,937.00	\$ 5,285.00	\$ 14,116.00
3 children	\$ 4,847.00	\$ 6,869.00	\$ 21,174.00
Category 2 \$15,001 - \$30,000			
1 child	\$ 3,983.00	\$ 4,662.00	\$ 7,058.00
2 children	\$ 5,791.00	\$ 7,139.00	\$ 14,116.00
3 children	\$ 7,173.00	\$ 9,195.00	\$ 21,174.00
Category 3 \$30,001 - \$50,000			
1 child	\$ 4,829.00	\$ 5,505.00	\$ 7,058.00
2 children	\$ 7,473.00	\$ 8,825.00	\$ 14,116.00
3 children	\$ 9,172.00	\$ 11,218.00	\$ 21,174.00
Category 4 \$50,001 - \$75,000			
1 child	\$ 5,336.00	\$ 6,011.00	\$ 7,058.00
2 children	\$ 7,982.00	\$ 9,330.00	\$ 14,116.00
3 children	\$ 9,549.00	\$ 11,572.00	\$ 21,174.00
Category 5 \$75,001 - \$100,000			
1 child	\$ 5,674.00	\$ 6,348.00	\$ 7,058.00
2 children	\$ 8,589.00	\$ 9,937.00	\$ 14,116.00
3 children	\$ 10,105.00	\$ 12,128.00	\$ 21,174.00
Category 6 \$100,001 - over			
1 child	\$ 6,162.00	\$ 6,751.00	\$ 7,058.00
2 children	\$ 10,240.00	\$ 11,589.00	\$ 14,116.00
3 children	\$ 13,240.00	\$ 15,263.00	\$ 21,174.00
PreK 3 & PreK 4 Yearly Tuition	\$ 4,100.00	\$ 4,100.00	\$ 7,058.00
REGISTRATION FEES			
<i>Current Family Registration</i>			
EARLY BIRD			
2/1/2021 - 3/12/2021			
1 child	\$ 350.00		
2 children	\$ 450.00		
3 children	\$ 500.00		
4th child - Free			
Open Registration			
3/22/2021			
1 child	\$ 450.00		
2 children	\$ 550.00		
3 children	\$ 600.00		
4th child - Free			
Yearly Tuition is divided by 10 months			
Monthly Tuition begins July 5 & ends April 5			



ST. CATHERINE

of Siena Catholic School

*Helping to guide children
on the path to heaven*

Date: _____ School year: 2021 / 2022

Student's Name: _____

DOB: ____ / ____ / ____ Grade: _____

APPLICATION CHECKLIST FOR CURRENT STUDENTS

Thank you for choosing a Catholic education at St. Catherine of Siena Catholic School. If you have questions during the registration process, please contact the school office. Forms necessary to complete your 2021 -2022 registration are included in this packet and listed below. Registration will not be considered complete until all items have been received. Please complete all forms in their entirety.

- Registration packet
 - Registration form
 - Emergency card
 - Youth Liability Waiver (front & back)
 - Copy of student's health insurance card
 - Right to object
 - Acceptable Use Policy/Agreement
 - Home Language Survey
 - PAISD Family Survey & Title 1 LEA Survey

- Physical form - mandatory for all 7th - 8th grade students
*Physicals are mandatory before a student is allowed to play any sport at SCS

- Immunization records (most current)
*If child is entering Kindergarten or 7th grade

- Custody agreements/Court orders (if applicable)

- IRS 1040 form - Kindergarten - 8th grades only

- Registration fee

Name of sibling enrolled at SCS: _____ Grade: _____

Name of sibling enrolled at SCS: _____ Grade: _____



2021-2022 STUDENT EMERGENCY CARD

STUDENT INFORMATION

LAST	FIRST	MIDDLE	GRADE	BIRTHDATE
------	-------	--------	-------	-----------

HOME ADDRESS

STREET ADDRESS	CITY	ZIP
STUDENT RESIDES WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER _____		

PARENT/GUARDIAN INFORMATION

MOTHER: _____	FATHER: _____
EMPLOYER: _____	EMPLOYER: _____
EMAIL: _____	EMAIL: _____
WORK PHONE () _____ - _____	WORK PHONE () _____ - _____
CELL PHONE () _____ - _____	CELL PHONE () _____ - _____

EMERGENCY CONTACT/PERSONS AUTHORIZED TO PICK UP

Relatives, neighbors, or friends who will assume temporary care of your child, if you cannot be reached.

Please use the following in the CONTACT/PICK UP section: C=Contact only, P=pick up only, B=both

NAME	RELATIONSHIP	CONTACT NUMBER () _____ - _____	CONTACT/PICK UP
NAME	RELATIONSHIP	CONTACT NUMBER () _____ - _____	CONTACT/PICK UP
NAME	RELATIONSHIP	CONTACT NUMBER () _____ - _____	CONTACT/PICK UP
NAME	RELATIONSHIP	CONTACT NUMBER () _____ - _____	CONTACT/PICK UP

PLEASE COMPLETE ADDITIONAL INFORMATION ON THE BACK.

HEALTH INFORMATION

IF ALLERGIES OR ASTHMA IS NOTED BELOW, AN INDIVIDUALIZED PLAN MUST BE ON FILE

FORMS CAN BE FOUND ON OUR WEBSITE UNDER THE PARENTS TAB UNDER CLINIC

DOES YOUR CHILD...

HAVE ANY HEALTH ISSUES? [] YES* [] NO	TAKE REGULAR MEDICATION(S)? [] YES* [] NO
HAVE ANY ALLERGIES, INCLUDING DRUG REACTIONS? [] YES* [] NO	HAVE ANY DISABILITIES (LEARNING, MENTAL, OR PHYSICAL)? [] YES* [] NO

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SPECIFY HERE.

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

give permission for my child, _____, to be given first aid/emergency treatment by St. Catherine of Siena Catholic School located at 3840 Woodrow Drive, Port Arthur, TX 77642.

When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, healthcare provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

CONFIDENTIAL RECORDS

Thank you for assisting us in providing the best care for your child.



EXHIBIT J-h

YOUTH REGISTRATION, CONSENT, LIABILITY WAIVER

Parish/School _____

Last Name _____

Diocese of Beaumont

PLEASE PRINT OR TYPE

NAME _____ SEX: _____ Male _____ Female
Last First Middle

ADDRESS _____ PHONE _____
P.O. Box or Street City State Zip
Name Business Address Business Phone/Page/Cell, etc.

Mother _____

Father _____

LIST TWO NEIGHBORS OR RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name _____ Name _____
Address _____ Tel _____ Address _____ Tel _____

Note any health conditions such as heart disease, diabetes, eye or ear problems, epilepsy, severe allergies, chronic ailments, etc.
Explanation: _____

RELIGION _____ CHURCH YOU ATTEND _____

GRADE (Fall 20 __) _____ AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

I/WE THE PARENT(S) GUARDIAN(S) OF THE ABOVE NAMED INDIVIDUAL HEREBY GIVE MY/OUR CONSENT AND APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES SPONSORED BY THE DIOCESE OF BEAUMONT, MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, INCLUDING PARTICIPATION IN ATHLETIC EVENTS. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENT TO THE CONDUCT OF SUCH ACTIVITIES, INCLUDING ANY AND ALL TRANSPORTATION, AND FOR AND IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION HE/SHE WILL RECEIVE IN CONNECTION THEREWITH, I/WE HEREBY AGREE TO RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS, AND DO BY THIS INSTRUMENT RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE DIOCESE OF BEAUMONT, MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, AND/OR THIS PARISH AND/OR THIS SCHOOL, AND ANY AND ALL ORGANIZERS OR SPONSORS, OF AND FROM ANY AND ALL LIABILITY FOR AN INJURY TO MY/OUR AFORESAID YOUTH, AND I/WE WAIVE ALL CLAIMS OF ANY KIND AGAINST ANY OR ALL OF THE ORGANIZATIONS OR PERSONS HEREINABOVE ENUMERATED, INCLUDING ANY AND ALL CLAIMS AGAINST ANY PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ANY SUCH ACTIVITIES HEREINABOVE NAMED. I WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A PRE-BOARDING SEARCH OF OUR SON'S/DAUGHTER'S LUGGAGE AND/OR BACKPACK AND/OR PURSE FOR ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS OR PERSONNEL. I/WE AUTHORIZE THE PARISH AND/OR SCHOOL AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A SEARCH UPON OUR SON/DAUGHTER IF HE/SHE IS SUSPECTED TO BE IN POSSESSION OF ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS, OR PERSONNEL.

Date _____

Father's Signature _____

Mother's Signature _____

MUST BE SIGNED BY PARENTS OR GUARDIANS
REVERSE SIDE OF FORM MUST BE COMPLETED

I give permission for my son/daughter to attend and participate in events sponsored by this particular parish and/or this school and/or Diocese of Beaumont.

Please fill in ALL blanks below. If the answer is none or does not apply, write none or N/A in that blank. Every line needs response

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, mark only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby Do Not Grant Permission for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby Grant Permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

Has had an episode of the following or has been diagnosed: Seizures Asthma Diabetic (Circle all that apply)

Allergic reactions to the following (food, dyes, latex etc.) _____

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No (Please circle) Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.):

Parent(s) or Guardian(s) Signatures Date Signed

Insurance Company: _____
Information

Policy Carrier (Name Employer or Individual): _____

Policy Number: _____

Video/Photography Consent

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during diocesan events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting diocesan events.

Signature (Parent/Guardian)

Date

A PHOTOCOPY OF BOTH SIDES OF MAJOR MEDICAL INSURANCE ID CARD MUST BE ATTACHED.

St. Catherine School Acceptable Use Policy / Agreement

It is the intention of St. Catherine School to promote educational excellence by facilitating access to current technologies. Keeping with this intention we encourage our students to participate in all forms of information technology and the opportunities they afford.

The use of computer services at St. Catherine School is a privilege, not a right. Students and school employees are expected to make responsible, ethical and appropriate use of computers and information services at all times. Technology includes network and computer services, use of computers and peripherals, the Internet, campus e-mail and all associated software as well as televisions, overheads and any other electronic devices intended for educational purposes. Students and school personnel should realize that these services are finite and costly and that such things as time, money and hardware are wrongfully appropriated when these technologies are abused.

St. Catherine School holds specific expectations for students and school personnel regarding their use of the school's technology resources, particularly computers before, during and after school in either the computer lab or classroom. The following Rules of Conduct apply to information services.

- May only use assigned usernames and passwords and are responsible for keeping them private.
- May use equipment and services only for the purposes of educational /school related activity.
- Shall report security problems or misuse of the network to the teacher, network administrator or principal.
- May not reconfigure or change system settings in any way.
- May not unlawfully copy software or private information.
- May not use peer to peer file sharing for downloading copyrighted material such as music, videos, or software or violate any copyright laws.
- May not access instant messaging software.
- Must properly cite all information acquired from electronic sources and used in assignments.
- Will be held responsible for all activity conducted on his/her username.
- May not access or run unauthorized computer games.
- May not send, display or store offensive messages, pictures or documents.
- May not harass, attack or insult others or make use of suggestive or obscene language.
- May not violate others' intellectual property.

Use of the Internet

The Internet allows students and staff to interact with millions of computers in a global community. It must be understood that while St. Catherine School has security measures in place to provide protection from objectionable services or content, it is impossible to block all incidences of such material. Computer use is monitored electronically in the lab and in the classroom and St. Catherine School strictly prohibits the voluntary viewing of offensive content. Any violators of this policy will be subject to disciplinary action.

Acceptable Use Agreement

I have read and understand the Acceptable Use Policy and promise to follow all the rules outlined above.

User Signature _____

Date _____

I have read and understand the Acceptable Use Policy and have discussed it with my child.

Parent / Guardian Signature _____

Date _____

St. Catherine of Siena Catholic School
WAIVER INFORMATION & RIGHT TO OBJECT

Permission to Publish:

St. Catherine of Siena Catholic School, as part of your child's education program, takes the opportunity to publish different aspects of your child's classroom work through various forms of media outlets. Photos of your child may be published in the newspaper, magazine and different publications, videotaped, and other news media outlets as seen acceptable by the school.

Health Screenings:

St. Catherine of Siena Catholic School is in compliance with the Texas Department of State Health Services and annually reports the status of every child's immunization updates; and required vision, hearing, and spinal screening updates.

St. Catherine of Siena Catholic School has certified health professionals perform the required vision, hearing, and spinal screenings yearly at the school.

If a student is not screened at school, the parent/guardian must provide a current screening from the child's physician to the school before being admitted.

School Guidance Counselor:

St. Catherine of Siena Catholic School offers guidance classes that teach students how to interact well with their peers. The skills taught include how to identify ordinary conflict, solve conflicts peacefully, avoid violent situations and appropriately stand up for oneself, and the importance of reaching out for help when needed. All students are offered, separate from group classes, the opportunity to speak with the guidance counselor as needed on an individual basis, based on a request from either the student, teacher, or principal.

As a parent, you have the right to object to the publishing of your child's classwork or picture, participate in school health screenings, or speak individually to the school guidance counselor.

If you object to any of the above free services offered by the school, you must submit a letter to the principal indicating your objection. Both this document and your letter of objection must be signed, dated, and returned with the registration packet.

Your signature below indicates that you have read and understand this document.

Parent/Guardian Signature

DIOCESE OF BEAUMONT CATHOLIC SCHOOL OFFICE

HOME LANGUAGE SURVEY (PK-12)

Student Name: _____ School: _____
 Student Address: _____ Phone: _____
 Date of Birth: _____ Grade: _____ ID#: _____
Month/Day/Year

The Texas Education Code requires schools to determinate the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions:

Part A:		
1. What language is spoken in your home most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
2. What language does the student speak most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____		
Grades PK-8	Grades 9-12	
_____ Parent or Guardian Signature	_____ Parent or Guardian or Student Signature	
_____ Date	_____ Date	
(M) Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Part B:		
(I) Place of Birth (Country of Origin) City _____ Country _____	(I) Date of initial entry into US Schools Month ____ Day ____ Year ____	(I) Number of complete academic years in a US School. _____
(I) When your child lived outside the US, did he or she attend school regularly? (Check One) <input type="checkbox"/> Yes, my child attended school regularly in all previous grades outside the US. <input type="checkbox"/> No, my child missed significant portions of one or more school years. Explain: _____ _____		

NOTE TO SCHOOL PERSONNEL:

1. A signed copy of the Home Language Survey (HLS) must be filed in the student's permanent folder.
2. In Part A, an answer of a language other than English to either question #1 or #2 identifies a student for oral language proficiency assessment (OLPT).
3. In Part B, items marked with an **(I)** are required for identification of **Immigrant students**. (refer to Bilingual/ESL Program Guidelines for identification procedures). An **Immigrant student** is one who was born outside of the US and has been attending schools in the US for less than three complete academic years. The item marked with an **(M)** is required for identification of **Migrant students**.

Yes, needs OLPT testing (If entering grades PK-12).
 Student must be tested, identified, and placed in an appropriate program within 4 weeks of their enrollment.

PORT ARTHUR INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF FEDERAL FUNDING
FAMILY SURVEY
2021-2022

Circle your family size and look at the annual gross income listed next to it on the chart printed below.

<u>Family Size</u>	<u>Annual Income</u>	
One	23,606	*This may be a foster child, an emancipated youth, or a special education child over age 18.
Two	31,894	
Three	40,182	
Four	48,470	
Five	56,758	
Six	65,046	
Seven	73,334	
Eight	81,622	

For each additional family member, add \$8,288

NOTE: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

Please check yes or no to the following questions!

Is your annual income equal to or less than this amount? Yes _____
No _____

Is your family eligible for food stamps? Yes _____
No _____

A) Are you receiving assistance under the Aid to Families with Dependent Children program? (Public Assistance) Yes _____
No _____

C) Are any of your children eligible to receive medical assistance under the Medicaid program? Yes _____
No _____

D) We have not checked any of the above boxes because we do not wish to share this information in writing. _____

Address (Print) _____

Public school your child would attend in PAISD _____

List the grade level and date of birth of your children enrolled at St. Catherine

Grade for 2021-2022 school year

Date of Birth

**PORT ARTHUR INDEPENDENT SCHOOL DISTRICT
DEPARTAMENTO DE FINANCIACIÓN EXTERNA
ENCUESTA FAMILIAR
2021-2022**

A) Encierre en un círculo el tamaño de su familia y mire el ingreso bruto anual listado junto a él en la carta impresa a continuación.

<u>Tamaño de Familia</u>	<u>Ingreso anual familiar</u>	
Uno	23,606	* esto puede ser un hijo de
Dos	31,894	crianza, un joven emancipado,
Tres	40,182	o un hijo/a de educación
Cuatro	48,470	especial mayor de 18 años.
Cinco	56,758	
Seis	65,046	
Siete	73,334	
Ocho	81,622	

Para cada miembro de la familia adicional, agregue \$8,288

Nota: Si a usted le pagan semanal o mensual, por favor multiplicar esa cantidad en una cifra anual de comparación basada en las semanas o meses que realmente trabaja cada año.

Por favor marque sí o no a las siguientes preguntas:

¿Es su ingreso anual igual o inferior a esta cantidad? Sí _____
No _____

¿Su familia es elegible para estampillas de comida? Sí _____
No _____

B) ¿está recibiendo asistencia bajo la ayuda a las familias con Programa de niños dependiente? Sí _____
No _____
(Asistencia pública)

C) ¿alguno de sus hijos son elegibles para recibir asistencia médica bajo el programa de Medicaid? Sí _____
No _____

D) nosotros no hemos contestado ninguna de las casillas anteriores porque no queremos compartir esta información por escrito. _____

Dirección (impresión) _____

Nombre de la escuela pública que le tocaría asistir su hijo en PAISD _____

Escriba **el grado y fecha de nacimiento** de su hijo(s) matriculados en St. Catherine

Grado para 2021-2022 ano escolar:

Fecha de Nacimiento:
