



**Our Lady of Loreto Catholic School**  
**Intent to Enroll Checklist – Current Families**  
**Due 12/02/2016**

**December 2, 2016**

**December 7, 2016**

**January 12, 2017**

**Intent to Enroll & Payment Due in School Office**

**Registration for Registered OLOL Parishioners**

**Open Registration**

Our Lady of Loreto School's affiliated tuition rates for the 2017/2018 school year have been restructured to more closely align with the teachings of the Catholic Church, enabling larger families the affordability of a Catholic education. To qualify for affiliated rates, a family **MUST** meet the criteria set forth by the Archdiocese of Denver (see the attached criteria). All others will be charged the non-affiliated rate.

Parents wishing to re-enroll their child/children in Our Lady of Loreto Catholic School for the 2017-2018 school year must complete the following documents and return them to the school office by December 2, 2016.

**REQUIRED: FORMS**

- Intent to Enroll Form/Family Census information for current enrolled immediate families.
- Parish Affiliation Form or Out-of-Parish Affiliation Form

**DOCUMENTS FOR NEW SIBLINGS:**

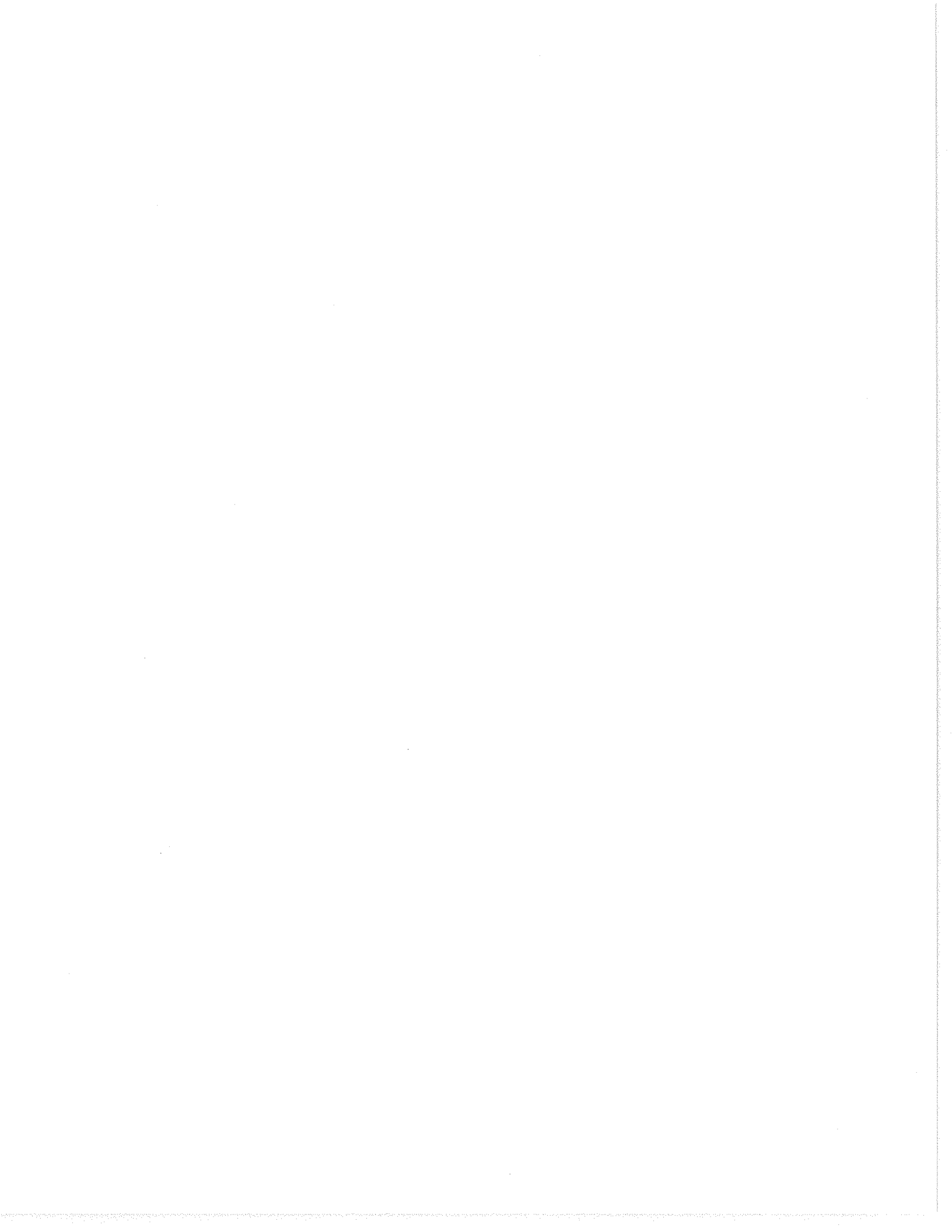
- Birth certificate
- Baptismal certificate and other sacramental certificates
- Health Information form (updated immunizations due in the fall before child starts school)

**FEES**

- Check payable to OLOL for registration fee of \$200 for the first child & \$175 for each additional child attached to Intent to Enroll.  
Registration fees will not be billed through FACTS this year.  
Registration Fees are Non-Refundable.

Registration forms and documents may be mailed or turned into the school office.

**A registration is not considered complete until ALL registration fees are paid in full and forms and documents have been received by the school office.**





## Intent to Enroll for 2017-2018 DUE 12/02/2016

By filling out this form and providing the registration fee for each child we will secure a spot for your returning child and/or new sibling. Registration Fee: \$200 for the first child and \$175 for each additional. **Registration fees are non-refundable.**

### Please Print Clearly

	Father/Guardian	Mother/Guardian	Publish in Directory?
Name			YES NO
Address			YES NO
City, State, Zip			YES NO
Home Phone			YES NO
Cell Phone			YES NO
E-mail			YES NO
Religious Affiliation			YES NO

Student Name	Sex M/F	Birthdate	Dates of Sacraments For New Siblings Only			Grade 2017/2018	Allergies/Medical Conditions & Medications	
			Baptism	Communion	Confirmation		YES	NO
							YES	NO
							YES	NO
							YES	NO
							YES	NO

**Will you be applying for Financial Aid: YES NO**

### Tuition Schedule - Affiliated

	Plan "A"	Plan "B"
<i>Grades K - 8</i>	<i>Payment in Full</i>	<i>Monthly</i>
1 Child	\$5,650	\$5,900
2 <sup>nd</sup> Child	\$5,400	\$5,650
3 <sup>rd</sup> Child	\$3,390	\$3,540
4 <sup>th</sup> Child	\$2,825	\$2,950

### Tuition Schedule - Non-Affiliated

	Plan "A"	Plan "B"
<i>Grades K - 8</i>	<i>Payment in Full</i>	<i>Monthly</i>
1 Child	\$7,050	\$7,450
2 <sup>nd</sup> Child	\$6,800	\$7,200
3 <sup>rd</sup> Child	\$6,800	\$7,200
4 <sup>th</sup> Child	\$6,800	\$7,200

**Disclaimer:** This form and a non-refundable deposit must be received by December 2, 2016 to guarantee enrollment for the 2017/2018 school year. Once Parish enrollment begins, no preference will be made for returning students not yet registered. To avoid being put on a waiting list, it is imperative you submit your registration on time AND your check clears the bank. Thank you!

For Office Use: Received By: _____ Date Received: _____ Registration Form(2): _____ Parish Aff _____ Check #: _____
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**Intent to Enroll for 2017-2018  
DUE 12/02/2016**

**Please Print Clearly**

**Family Census Information: Please answer all Questions**

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Remarried: YES NO Step Parents Name(s): \_\_\_\_\_

Primary residence of child: \_\_\_\_\_

*Please answer both of the following questions.*

**Race of Student** (used for Archdiocesan Demographic Reporting only):

American Indian/Native Alaskan \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

Asian \_\_\_\_\_ White (including Middle Eastern Countries) \_\_\_\_\_ Multi-Racial (two or more races) \_\_\_\_\_

**Ethnicity:** Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

Has your child(ren) ever been diagnosed with, or screened for learning disabilities? YES NO

If yes, please provide the student's name, describe the disability and provide results of the testing or a copy of the IEP

Please list all schools that your child(ren) have previously attended:

Has your child(ren) ever been enrolled in a Catholic School in the Archdiocese of Denver? If so, please identify the school:

Name of the Parish where you are registered: \_\_\_\_\_

**Statement of Non-Discrimination by Archdiocesan Schools - Archdiocesan Policy No. 6020**

**Assurance Statement of compliance with the purposes of Title IX Education Act**

The Catholic Schools of the Archdiocese, under the jurisdiction of the Archbishop, and at the direction of the Superintendent, attest that none of the Catholic schools discriminates on the basis of sex in its admission policies, treatment of students or its employment practices.

**Notice of Student Non-Discrimination Policy**

The Catholic schools of the Archdiocese of Denver, under the jurisdiction of Archbishop Samuel J. Aquila, S.T. L. and at the direction of the Superintendent, state that all of their Catholic schools admit students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools. Furthermore, Archdiocesan schools admit handicapped students in accord with the policy on Admissions, 4.2.1. These schools do not discriminate on the basis of race, age, handicap, color, national or ethnic origin in the administration of their educational policies, employment practices, scholarship and loan programs or athletic or other school administered programs.



Parent Name(s): \_\_\_\_\_

Student Name(s): \_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Parish Affiliation Form

**THIS FORM MUST BE SUBMITTED ON AN ANNUAL BASIS TO BE ELIGIBLE FOR THE AFFILIATED TUITION RATES**

\_\_\_\_ OUR FAMILY BELONGS TO OUR LADY OF LORETO PARISH

\_\_\_\_ OUR FAMILY IS AFFILIATED WITH ANOTHER PARISH IN THE ARCHDIOCESE OF DENVER AND WE WILL COMPLETE AND RETURN THE OUT OF PARISH AFFILIATION FORM

\_\_\_\_ OUR FAMILY IS **NOT** AFFILIATED WITH ANY ARCHDIOCESE OF DENVER PARISH.

If your family is affiliated with another Archdiocese of Denver Parish, please fill out the "Out of Parish Affiliation Form"

**IF YOU BELONG TO OUR LADY OF LORETO PARISH, RETURN THIS FORM TO THE SCHOOL OFFICE FOR PARISH VERIFICATION AND THE PASTOR'S SIGNATURE. THIS FORM (OR THE OUT OF PARISH AFFILIATION FORM) MUST BE RETURNED BEFORE REGISTRATION CAN BE COMPLETED AND THE AFFILIATED CATHOLIC TUITION RATE HONORED.**

Student's Name(s)

1. \_\_\_\_\_ School Year \_\_\_\_\_

2. \_\_\_\_\_ School Year \_\_\_\_\_

3. \_\_\_\_\_ School Year \_\_\_\_\_

4. \_\_\_\_\_ School Year \_\_\_\_\_

Families eligible to receive the affiliated Catholic tuition rate must meet the following criteria:

1. The family has been registered in the parish for at least 6 months prior to the 1<sup>st</sup> day of school.
2. The family verifiably contributes, according to their means, on a regular basis to the financial support of the parish, for example, monthly or weekly.
3. The family attends weekend Mass regularly and is involved in the activities, organizations or programs at the parish

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor Signature

*A Year of Faith – Grow in the Christian Faith. Be Valiant Witness of the Lord. Help Each Other to Live.*



**FAMILY OUT-OF-PARISH AFFILIATION**  
**Our Lady of Loreto Catholic School**  
**2017-2018 Academic School Year**

1800 E. Arapahoe Road  
 Foxfield, CO 80016  
 303-951-8330



The family out-of-parish affiliation form is used to determine if a family/parent/guardian qualifies for the affiliated tuition rate as a registered member of their parish. On an annual basis, the family out-of-parish affiliation form must be submitted by the family and signed by their pastor in order for the family/parent/guardian to receive the affiliated tuition rate. Parish affiliation is defined as families who are registered members of Archdiocese of Denver parishes and whose children are enrolled in an archdiocesan elementary school not in their parish of membership for Kindergarten or a higher grade, or one of the two archdiocesan-operated high schools. These families are eligible to receive the affiliated Catholic tuition rate if they meet the following criteria:

- 1) The family has been registered in the parish for at least six (6) months.
- 2) The family verifiably contributes, according to their means, on a regular basis to the financial support of the parish.
- 3) The family attends weekend Mass regularly and is involved in the activities, organizations or programs at the parish.

**To be completed by Family/Parent/Guardian on an annual basis**

I/We are registered parishioners at \_\_\_\_\_ located in \_\_\_\_\_

Name _____	Student Name _____	Grade _____
Address _____	Student Name _____	Grade _____
_____	Student Name _____	Grade _____
Phone _____	Student Name _____	Grade _____
_____	Student Name _____	Grade _____

I/We have read and understand the parish affiliation policy and criteria used to determine parish affiliation and qualifying for the affiliated tuition rate. I/We understand that the information provided is subject to verification. If it is determined that I/we do not qualify, I/we will be notified and agree that the tuition rate will be increased to the unaffiliated rate for the school year. I/We understand that all paperwork and associated confirmation of parish affiliation must be on file with the school on or before September 15.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Parish Office on an annual basis**

- This family is eligible to receive the affiliated tuition rate at Our Lady of Loreto Catholic School.
- This family is not eligible to receive the affiliated tuition rate at Our Lady of Loreto Catholic School.

Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

If approved by the pastor, students in grades Kindergarten—12 qualify as Out-of-Parish Affiliated Students (OPAS).

**It is the responsibility of the local-level principal, pastor and business manager to determine the internal process to track and validate "in-parish" affiliation. The Family Out-of-Parish Affiliation form is used to track and validate out-of-parish family affiliation only.**  
 AoDCS, OCS February 10, 2014



## OUR LADY OF LORETO STUDENT HEALTH INFORMATION FORM

Your child's success in school depends upon good health and regular school attendance. To assist in providing your child health services at school, please complete the following and return to the School Nurse.

**PLEASE PRINT**

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Allergies:	YES	NO	Please list:
			Life threatening? Yes/No Epi-Pen: Yes/No Has emergency action been required? Yes/No Date:
<b>Asthma</b>	YES	NO	Triggers: Medications/Dose:  Rescue inhaler required at school? Yes/No
<b>Attention Concerns(ADHD/ADD)</b>	YES	NO	Medications/Dose:
<b>Diabetes</b>	YES	NO	Insulin? Yes/No Age when diagnosed: _____ Source: Injections/Insulin Pump Please submit your child's diabetic treatment plan to the nurse.
<b>Epilepsy/Seizures</b>	YES	NO	Type of seizure: Medications/Dose: Date of last seizure:
<b>Heart Disease</b>	YES	NO	Describe:  Surgery: YES/NO Medications/Dose:
<b>Kidney Disease</b>	YES	NO	Describe:
<b>Bone or Joint Disease/Condition</b>	YES	NO	Describe:
<b>Eye Problems</b>	YES	NO	Describe: Glasses? ___ Contacts? ___ Other? ___
<b>Ear Problems</b>	YES	NO	Frequent Infections? Yes/No Tubes? Yes/No Hearing Loss: Rt. Ear ___ Lt Ear ___ Hearing Aids: Yes/No
<b>Serious Illnesses/Injuries</b>	YES	NO	Describe:  Date:
<b>Surgeries/Hospitalizations</b>	YES	NO	Describe:  Date:
<b>Developmental Concerns</b>	YES	NO	Describe  Physical/Motor? Yes/No Speech/Language? Yes/NO
<b>Other Health Concerns</b>	YES	NO	Describe:



## OUR LADY OF LORETO STUDENT HEALTH INFORMATION FORM

Are there any health concerns/conditions which would prevent your child from fully participating in all school activities? Yes/No Describe:

### MEDICATIONS\*

Is your child taking any daily medications (prescription and/or over-the-counter)? Yes/No

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ When? \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ When? \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Will your child require any medication during school hours? Yes/No

### MEDICAL PROCEDURES\*

Will your child require any special medical procedure during school hours? Yes/No

Describe: \_\_\_\_\_

**\*IF YOUR CHILD REQUIRES MEDICATION OR MEDICAL PROCEDURES AT SCHOOL PLEASE OBTAIN THE NECESSARY PERMISSION FORMS FROM THE SCHOOL NURSE.**

**HAS YOUR CHILD RECEIVED ANY OF THE FOLLOWING SPECIAL EDUCATION SERVICES IN THE PAST?**

Speech/Language	Yes	No
Learning Difficulties	Yes	No
Reading	Yes	No
Physical/Occupational Therapy	Yes	No
Behavior/Emotional	Yes	No

Is there anything else that you would like the nurse to know about your child?

Would you like to meet with the School Nurse prior to the beginning of school to discuss your child's health concerns/conditions? Yes/No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent phone: \_\_\_\_\_ Parent Email \_\_\_\_\_



## Tuition Assistance

For families who may not be able to afford full tuition at Our Lady of Loreto, tuition assistance opportunities for grades K-8 are available. They include the following:

Alliance for Choice in Education (ACE) – The mission of the ACE Scholarship Fund is to have a direct impact in the lives of Colorado’s low-income children through the promotion of an accountable and competitive education marketplace that fosters effective private and public schools. ACE Scholarships are available to families who live in Colorado and qualify for the federal free or reduced lunch program. For more information visit [www.acescholarships.org](http://www.acescholarships.org). Applications are due to ACE on April 15th each year.

Schmitz Family Education Foundation - This family-run foundation is dedicated to helping middle-income families who desire a Catholic education for their children. Scholarship recipients must maintain an average to above-average academic record as determined by the school. This Foundation uses the same application as ACE (above), which can be obtained through the school office. Applications are due to the Schmitz Family Education Foundation on April 15th of each year.

The Our Lady of Loreto Youth Faith Fund also offers scholarships to OLOL students who meet specific guidelines. Applications must be submitted through FACTS by February 28<sup>th</sup>. Go to <https://online.factsmgt.com/signin/4JQTG> to apply. For more information, please contact Susan in the parish office at 303-414-2267.

**The below chart lists anticipated income projections for all programs.  
Actual figures for the 2017-2018 school year may vary.**

Household Size	ACE Annual Income	Schmitz Annual Income	OLOL Tuition Assistance Annual Income
2	< \$29,102	\$29,102 - \$46,561	\$29,102 - \$46,561
3	< \$36,613	\$36,613 - \$58,579	\$36,613 - \$58,579
4	< \$44,124	\$44,124 - \$70,596	\$44,124 - \$70,596
5	< \$51,635	\$51,635 - \$82,614	\$51,635 - \$82,614
6	< \$59,146	\$59,146 - \$94,632	\$59,146 - \$94,632
7	< \$66,657	\$66,657 - \$106,649	\$66,657 - \$106,649
8	< \$74,168	\$74,168 - \$118,667	\$74,168 - \$118,667
9	< \$81,679	\$81,679 - \$130,667	\$81,679 - \$130,667
10	< \$89,190	\$89,190 - \$142,702	\$89,190 - \$142,702