

St. Joseph Catholic School Distance Learning Program Registration

Part 1: Student Information

First Name: _____ Last Name _____

Date of Birth _____ Grade Level _____ Male Female

Student Cell phone _____ Texting enabled? yes No (limited or unlimited?)

Student Email Address: _____

Home Phone Number _____

Address _____ City, _____ State, _____ Zip _____

Part 2: Parent Information

Parent or Guardian information:

Father's Name _____ Mother's Name _____ Married Divorced

(custody: _____) Religion Mother _____ Religion Father _____

Father's employer _____ Work address: _____

WK number _____ Cell _____ (texting Y N)

Mother's employer _____ Work address: _____

WK number _____ Cell _____ (texting Y N)

Distance Learning Environment Information:

Where will this student study and work during the day? _____

Who will supervise this student if not parent or guardian? _____

(append supervising adult's contact info with this document)

Will this student be unsupervised during any online study at any time? no yes

Do you have your student's Internet access filtered or restricted? no yes

If yes, what filtering application are you using? _____

Type of Computer: MAC PC

Operating System : WinXP Vista Win 7 MAC OS X

Part 3: School Information *Please Note: If student is home educated, please print "Home Educated" in lieu of "School Name". "District/Parish/Diocese Name" or county of residence is still required.

Country _____ School District/Diocese/Parish Name _____

School Name _____ School Address _____ City, _____

State _____, Zip _____

School Contact Name _____ School Contact Email: _____

For help, please call St. Joseph Catholic School at: 870-540-0413

Part 4: Course Selection: Four Core Courses and at least 2 Elective credits constitutes full enrollment

Course Title	Course #	Course Title	Course #
First choice	_____	Option 2	_____
First choice	_____	Option 2	_____
First choice	_____	Option 2	_____
First choice	_____	Option 2	_____
First choice	_____	Option 2	_____
First choice	_____	Option 2	_____

Part 5: Payment Information

Please provide information regarding who will pay for the above courses by checking one of the following choices. **Please Note: Students residing outside the US will be charged an additional \$25 per semester.**

Description of Services - Virtual School Classes	Cost per Student	
	per term .5 sem. credit	per year 1.0 credit
Single courses (1-5)	\$187.50	\$375
Full Time Catholic School Online (full course loads more than 5 subjects)	\$1000	\$2000
Full Time Catholic School Online (full course loads more than 5 subjects; second child)	\$920	\$1840
Full Time Catholic School Online (full course loads more than 5 subjects; each add'l child)	\$800	\$1600
AP or Adv. High School Science Wet Lab Kit	\$50	
Registration fee (refundable before first login)	\$250	
Note; in some cases, novels for the literature classes may be required; obtainable at bookstores, online, or the public library	varies	

Registration Fee: \$250 (Must accompany Registration)

Payment options (Check one) or we will call you to get this information.

- Single course fees: \$375 each. 1-2 classes must be paid in full before first login. Number of courses x \$375= _____
- **3-5 Courses:**
 - Pay in full (5% tuition discount, pay before first login to receive discount)

- 50% down + two quarterly payments December and March. (no discount)
- **Full enrollment**
 - Pre-Pay discount 5% (Due within 10 days of registration).
 - \$250 down + 10 monthly payments (no discount).

Amount enclosed (Check) _____

(Note the multiple child discounts will be manually applied to monthly payments)

We, the undersigned parent/guardians, understand that we will be contacted by a faculty member of St. Joseph Catholic School for an interview to complete registration. We understand that enrollment will not be considered complete for transcript purposes until all requested documentation has been sent to the school and that course selections will be solidified with a phone interview with a St. Joseph staff member

_____ *Date: _____*
(signature 1)

_____ *Date: _____*
(signature 2)

Upon receipt of this form and the forms below:

We will contact you upon receiving these. The following documents must also be sent if your student will be enrolled in 6 or more classes and thus a full time student:

- Birth certificate (copy is fine)
- Immunization records
- Previous school records (sign and fax record release forms for each institution, in this packed)
- IEP (if your child has one)
- One school type photo for student file

Mail Registration Fee (refundable before first student login), registration form, Course selection form and the above documents (these can come in later) to:

***St. Joseph Catholic School
 1501 West 73rd Street
 Pine Bluff, AR 71603***