## ST. THERESE CATHOLIC SCHOOL

7277 N.W. Highway 9 Kansas City, MO 64152 • (816) 741-5400 • Fax (816) 741-0533 www.sttheresenorth.org

## Inquiry Form Lam interested in placing my child on the inquiry list for the 2018-2019 school year

	Requested Start Date				
Child's Name					
Boy or Girl Last	First			Middle	(additional children on back)
(Please Circle) Grade Lev	el:				
D.O.B	Age (as of A	ugust 1st)			
Address					
AddressStreet			City	State	Zip
Home Phone					
Mother's Name			Work Phone		
Cell Phone		E	Email address		
Father's Name				Work Phone	
Cell Phone		E	Email address		
St. Therese Staff Member?	Yes	No			
St. Therese Sibling?	Yes	No			
St. Therese Parishioner?	Yes	No	What Parish do you attend?		
What school does your child co	urrently att	end?			
Has your child ever been evalucopy of the evaluation:	ıated and/oı	r recommende	ed for special need	s? Yes No If yes,	please explain and submit a
Has your child ever been recon					
Has your child ever participat					
How did you find out about St					
Northland Catholic Schools W	ebsite	Other:			

## ENROLLMENT IN ST. THERESE CATHOLIC SCHOOL

**St. Therese is a stewardship parish.** This means that all parish members are asked to make a financial commitment to St. Therese Catholic Community to fund all ministries. Please keep in mind that the cost of educating each student at St. Therese School is \$5,800 per year.

The requirements for entry into St. Therese School are as follows:

- You must be a registered active member of St. Therese Catholic Community for at least one year prior to entrance in our school (or active member of your previous Catholic parish if moving from outside of our area ~ pastor letter required)

  OR
- You must agree to the terms of tuition for St. Therese School

All families are expected to accept financial responsibility for the church and school by honoring the financial admission requirements and the enrollment timetable set forth by the parish finance office. Admission priority is contingent upon the fulfillment of the requirements specified above.

If you have any questions or need further information, please contact Teri Jo Garitz, Executive Secretary at 741-5400, ext. 106, tjgaritz@sttheresenorth.org

Parent/Guardian Signature

Date

## **Additional Children:**

Child's Name			
Boy or Girl Last		First	Middle
(Please Circle)	Grade Level:		
D.O.B	Age (as of A	August 1st)	
What school does	your child currently at	tend?	
Has your child eve copy of the evaluat	r been evaluated and/o	or recommended for special needs	s? Yes No If yes, please explain and submit a
Has your child eve	r been recommended	for retention? Yes No	
Has your child eve	r participated in a spe	cial needs program? Yes No l	
How did you find on Northland Catholi		School? School/Parish Website Other:	Parish Bulletin Friend/Family Member
Child's Name			
Boy or Girl Last		First	Middle
(Please Circle)	Grade Level:		
D.O.B	Age (as of A	August 1st)	
copy of the evaluat	tion:	-	s? Yes No If yes, please explain and submit a
Has your child eve	r participated in a spe out about St. Therese S		If yes, please explain: Parish Bulletin Friend/Family Member
Child's Name Boy or Girl Last (Please Circle)	Grade Level:	First	Middle
	Age (as of A		
	1280 (45 01 1		
What school does y Has your child eve copy of the evaluat		tend? or recommended for special needs	s? Yes No If yes, please explain and submit a
		For retention? Yes No	
How did you find o		cial needs program? Yes No l School? School/Parish Website Other:	Parish Bulletin Friend/Family Member