



Phone (330) 262-8671
Fax (330) 262-0967
515 Beall Avenue
Wooster, Ohio 44691

February 9, 2023

Dear Parent,

I would personally invite you to consider St. Mary School for your child's further education. I'm thrilled to share the many wonderful opportunities available to prospective St. Mary School families. Please feel free to schedule your school tour and classroom visitation by contacting us.

Saint Mary School is a parish school operated within the Cleveland Catholic Diocesan School System. Nearly one hundred fifty students in grades PreK-8 attend St. Mary School. Our faculty continues to be committed to a superior level of professional development. Many of our faculty members have Masters or Doctoral Degrees. Paraprofessionals support teachers and assist students in grades K-3.

Our school mission statement is "Growing in Character, Faith, and Knowledge". In our quest to facilitate student growth in character we participate in service projects. To establish a strong faith, the school community celebrates Mass weekly. To advance student knowledge, we offer high quality instruction across all subject areas. Our students display outstanding achievement in academic excellence. Students are encouraged to participate in Diocese-wide competitions for Science, Writing, Technology, Engineering, Math, and Public Speaking. We received the Thomas Edison Science Award for STEM Education and student research.

In addition, we offer a wide range of "extras" including Academic Challenge, Choir, Drama Club, Social Justice Club, Enrichment, Extended Day Program, "Pop-up" Clubs addressing student interests, and some sports. Speech therapy, tutoring services, and school psychological services are available for those students in need of specific accommodations.

Please also visit our school website, www.stmwoo.org, for more information.

Thank you for your time and consideration.

Sincerely,

Mrs. Laura Marvin
Principal

REGISTRATIONS for placement in ST. MARY SCHOOL Fall 2023/2024 Class, are being accepted at St. Mary School Office on school days from **8:00a.m. -3:30 p.m.**

Parents, you will need to have the following items with you on the day you complete your child's application:

- Your child's birth certificate
- Your child's Social Security card
- Your child's baptismal certificate if baptized
- Copy of child's Immunization Records
- When applicable, information regarding legal custody

There is a \$50.00 Registration Fee payable at the time you apply.

If you have questions, or for more information, please call the School Office at (330)262-8671.



St. Mary of the Immaculate Conception School

Tuition Worksheet for 2023-2024 School Year

Every student in St. Mary of the Immaculate Conception School can apply to apply for scholarships and financial aid. Working in partnership with parents, who are the primary educators of their children, St. Mary Catholic School wants to ensure that young people in our school community have an opportunity to receive an affordable Catholic education. Please apply for scholarships and financial aid using this worksheet. Once you have completed the form, please return it to the school office for processing. Families will receive the necessary application forms once we receive your request. Families will be notified of scholarship and financial aid awards as soon as possible.

FAMILY NAME (please print) _____

Please list student(s) and Grade(s):

_____	_____	_____	_____
_____	_____	_____	_____

Tuition per Student: \$5800 (Actual per pupil cost \$9790.00)

Please indicate which scholarships and/or financial aid options you are applying for by placing a checkmark in front of the appropriate option(s):

_____ **1. I am not applying for a scholarship or financial aid at this time.**

_____ **2. Parish Member Scholarship** –\$1900 scholarship for one student
OR

_____ **3. Parish Multi-Child Scholarship** – (scholarship: \$2800 for 2nd student, \$3650 for 3rd student)

By selecting either option 1 or 2, parents are indicating that their family is registered as members of St. Mary of the Immaculate Conception Parish and regularly participate in the life of the parish through various parish events, including regular attendance at Mass as determined at the parish's discretion and as evidenced by the use of offertory envelopes, whether or not a donation is included.

_____ **4. Community Member Scholarship** – (\$1200 for 2nd student, \$2000 for 3rd student)

By applying for this scholarship, parents indicate that their family is not a registered member of St. Mary of the Immaculate Conception Parish but is active in the life of the St. Mary School community.

_____ **5. EdChoice/EdChoice Expansion Scholarship (State of Ohio)**

This state voucher program provides qualifying students (family income at or below 250% of the poverty level the opportunity to attend participating private schools. Applications will be available on February 1, 2023, to apply or renew your current scholarship.

_____ **6. Diocese and/or Parish Financial Needs-Based Assistance**

The St. Mary Parish School application to assess assistance through our Guardian Angel Fund and other scholarship opportunities is available in the school office. Awards for need-based financial assistance will be made to eligible families no later than June 1, 2023). The Diocesan Financial Needs Application is completed online through FACTS. The FACTS Grant and Aid Assessment instruction sheet detailing the process will be sent to you. There is a (\$30) fee per family applied. The application deadline is May 1st,

_____ **7. Jon Peterson Special Needs Scholarship**

The application is available through ODE to students with special needs who have an individualized Education Program through their district. The parent is responsible for applying, obtaining funds, and signing o them over to the school for services.

Parent/Guardian Signature

Date

2023/2024 INFORMATION REGARDING LEGAL CUSTODY

To be completed as part of the registration/re-registration agreement



Parent/s, residential parent/guardian:

Name: _____

Address: _____

Phone: _____

Child/ren & Grade: _____

Child lives with:

- _____ both natural parents
- _____ natural mother, step/adoptive father
- _____ natural father, step/adoptive mother
- _____ only mother
- _____ only father
- _____ grandparents (with legal custody)
- _____ other relative (with legal custody) – relationship _____
- _____ other – explain _____

Is there a court order (or pending order) affecting the custody and/or residency of the child/ren?

_____ YES _____ NO

Please provide a certified copy of the entire court order including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent:

Name: _____

Address: _____

Phone: _____

Does the non-residential parent have visitation rights? _____ YES _____ NO

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? _____ YES _____ NO

Is the non-residential parent responsible for paying tuition? _____ YES _____ NO



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Has your child had (privately or through preschool/school):

Speech Therapy	Yes	No
Occupational Therapy	Yes	No
Physical Therapy	Yes	No
Early Intervention Services	Yes	No
Does your child have an IEP or Service Plan	Yes	No

Which public school district do you reside in:

Office of Catholic Education - Diocese of Cleveland - Permanent Record Card



Date Entered:			Student Full Name:	Student ID#:		Birthplace (City, St., Country)	Gender:	
School Name:			Student Birthdate:				Class of:	
School City:								

Student Residential Address	City	County	Zip	Phone	Student Parish/City	Language Spoken at Home

Name of School Student Entered From	School City	School State	Type of School	Entering Grade
			<input type="checkbox"/> Parochial <input type="checkbox"/> Public <input type="checkbox"/> Home School <input type="checkbox"/> Other	

Existing Educational Support	Public School District of Residence	Name of Public School in Student Area	Miles to School
<input type="checkbox"/> IEP <input type="checkbox"/> Accommodation Plan			

Ethnicity				
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Pacific Islands
			<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races
				<input type="checkbox"/> Unknown/Other
				<input type="checkbox"/> Do Not Wish to Disclose

Sacraments	Date	Church, City, State		
Baptism				
First Communion				
Confirmation				

Student Lives With	Last Name	First Name	Email Address	Occupation	Employer	Best Contact Number
<input type="checkbox"/> Natural Mother						
<input type="checkbox"/> Natural Father						
<input type="checkbox"/> Custodial M						
<input type="checkbox"/> Custodial F						
<input type="checkbox"/> Legal Guardian/Other						
<input type="checkbox"/> Parenting Plan/Custody Plan - Copy of plan needs to be provided to the school						

Parents/Custodial Parents	Religion	Parent Status
<input type="checkbox"/> Natural Mother		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Natural Father		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial M		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial F		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Legal Guardian/Other		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased

Other Children in the Household/List Names & Birthdates				
1.	2.	3.	4.	5.

ST. MARY'S SCHOOL
515 BEALL AVENUE
WOOSTER, OHIO 44691
330-262-8671

Date: _____

To: _____ School

_____ Address

Please send the cumulative folder, including health records, and a teacher's assessment for:

Student's Name: _____

Student's Name: _____

Student's Name: _____

All records and any additional information, including special classes and I.E.P.s, should be mailed to the following address:

St. Mary's School
Mrs. Laura Marvin, Principal
515 Beall Avenue
Wooster, Ohio 44691

Thank you very much!

_____ Parent/s Signature _____ Date

