

PreK3 – 7th Grade

ASCENSION OF OUR LORD SCHOOL
NEW STUDENT REGISTRATION
2020 – 2021

Grade Entering _____

3 yr old _____

5 full days ___ 3 full days ___

PLEASE PRINT LEGIBLY!

STUDENT NAME: _____ HOME PHONE _____
(Last) (First) (Full Middle Name)

ADDRESS _____
(Street & PO Box) (City) (Zip Code)

EMail Address(es) _____

Name/Address of previous school in 2019–2020 _____

Place of Birth (City & State) _____ Male ___ Female ___

Date of Birth _____ Religion _____ Social Security # _____

African-American ___ Asian ___ Caucasian ___ Hispanic ___ Other _____

Church Parish _____ Envelope # _____

Date of Baptism _____ Church _____ City _____

Date of Communion _____ Church _____ City _____

List any health problems: _____

Natural Father **ONLY**

(Last) (First) (Initial) Deceased? ___ Religion _____

Occupation _____ Business Phone _____ Education (Years Completed) _____

Name & Address of Employer _____

Natural Mother **ONLY**

(Last) (First) (Initial) Deceased? ___ Religion _____

Occupation _____ Business Phone _____ Education (Years Completed) _____

Name & Address of Employer _____

Natural Parents Separated? ___ If yes, who does the child reside with? _____

Name of Step Parent/Guardian _____ Relationship _____

(Last) (First) (Initial)
Religion _____ Occupation _____ Bus. Phone _____

Name & Address of Employer _____

Name(s) of sibling(s) enrolled at AOL for the 2020 – 2021 term _____

I have read and concur with the terms stated in the Admission & Tuition Policies for the 2020-2021 school year.

Signature of Parent or Guardian _____ Date _____

* * * * *
Please check preferred financial option:
Pre-Paying _____ Monthly _____

***** For Office Use Only *****

Records Verified

Birth Certificate _____
Baptism Certificate _____
Immunization _____
SS Card _____
Court Custody _____
Stewardship Form _____
Smart Tuition _____

Registration Fee

child(ren) _____ \$ _____
PreK Snack Fee \$ _____
Check No. _____ Cash _____
Registration taken by _____
Date _____
Tuition Rate P NP NC V

AOL SCHOOL STEWARDSHIP FORM

Please complete the following information for registering your child (ren) for the upcoming school year.

NAMES OF THE CHILDREN

GRADE ENTERING

I am applying for the following tuition rate: (select and complete one)

A. **Parishioner (RAS): AOL envelope #** **Weekly offering \$** **Maintenance Fund \$**

Parishioner (RAS) you are **R**egistered (have an envelope number), **A**ctive (provide a minimum two hours per month in a church ministry/school volunteer activity) and **S**upport the parish financially using your church envelopes.

Weekly offering reflects your level of financial support of the parish. The Bible going back to the time of Cain and Abel called for an offering to God described as a 'tithe' or 1/10 of the harvest. That figure remains the standard for giving but the true amount depends on your ability to give and feel confident that your offering reflects the blessings God has bestowed on you. For purposes of tuition we set a minimum weekly giving of **\$15/week or \$780 a year**.

Maintenance Fund supports the maintenance of the Parish facilities. This monthly pledge averages **\$30.00**. This is also referred to as the CHURCH Building DEBT **OR** PARISH DEVELOPMENT FUND .

Ministry Service Form: Family commitment of 2 hours/month OR 24 hours a year.

B. **Church Voucher I belong to** _____ **Catholic Church Parish**

You meet the **(RAS)** status for a church parish without a school. That parish supplies AOL with a subsidy voucher, which entitles you to our **Parishioner (RAS)** tuition rate. This is obtained by the parent. **Parish Affiliation Form must be signed & returned with registration forms.**

C. **Non-Parishioner I belong to** _____ **Catholic Church Parish**

You meet the **(RAS)** status for a church parish with a school. You **must attach a letter** from your pastor confirming your **RAS** status. Envelope # Letter

D. **Non-Catholic/Other**

You are not Roman Catholic or do not meet the **RAS** status with AOL or another church parish.

Please Print Name (Head of Household)

Please Print Name (Spouse)

Signature

Date

*****OFFICE USE ONLY*****

 Parishioner (RAS) **Voucher** **Non-Parishioner** **Other**

Pastor's Approval

Date

ASCENSION OF OUR LORD CATHOLIC CHURCH

REV. WALTER J. AUSTIN

985-652-2615

AOLPARISH.ORG

TUITION ELIGIBILITY GUIDELINES

We, the church parish of Ascension of Our Lord, provide financial support to our parish school. In addition, we have established three levels of tuition rates reflecting each school family's status with the parish. At registration you will apply for one of these rates.

PARISHIONER TUITION RATE (RAS – Registered, Active, Supporting)

- Catholic families can receive the Parishioner tuition rate if the following criteria are met:
 - a. You are registered with AOL Church parish and have an envelope number.
 - b. You attend Mass faithfully.
 - c. You support the parish financially with an average **weekly pledge of \$15** for the calendar year.
 - d. **You participate in a church ministry or school volunteer activity.**
- Catholic families belonging to another church parish can receive the Parishioner tuition rate if the following criteria are met:
 - a. Your parish has no school or openings for your child
 - b. You present a letter with the registration signed by your pastor which verifies that you are a registered, supporting parishioner and qualify for a voucher from your home parish.
 - c. Your home parish agrees to pay the \$350 voucher by filling out the Parish Affiliation Form which is signed by you & your pastor.

NON-PARISHIONER TUITION RATE

- Catholic families from another church parish will qualify for the Non-Parishioner tuition rate if a letter from their home parish is submitted with the registration verifying their good standing (registered, active, and supporting) in that parish.
- If your home parish does not pay the voucher but you meet the above criteria, then you will qualify for the Non-Parishioner tuition rate.

NON-CATHOLIC TUITION RATE

- Any family, Catholic or non-Catholic, and not meeting the criteria for Parishioner or Non-Parishioner tuition rate will qualify for the Non-Catholic tuition rate.

I fully understand the above criteria regarding the Catholic Parishioner, Catholic Non-Parishioner and Non-Catholic tuition rates. I also understand that the financial office reviews my contribution record quarterly. If I do not fulfill my RAS (Registered, Active, Supporting) obligation and after a timely reminder, I may be switched to the Non-Catholic tuition rate for the remainder of the year.

Signature_____

Date_____





ASCENSION OF OUR LORD CATHOLIC SCHOOL

TONI RUIZ, PRINCIPAL

985-652-4532

OFFICE@AOLCRUSADERS.ORG

ACKNOWLEDGEMENT

The undersigned, who represent that they are the parents and/or legal guardians of:

Name _____	Grade/Teacher _____
_____	_____
_____	_____
_____	_____

presently enrolled in Ascension of Our Lord School, acknowledge that this school does not provide special education services or facilities. The undersigned further acknowledge that Ascension of Our Lord School, its principal, faculty and staff are only required to make minor adjustments in Ascension of Our Lord School's education program to attempt to accommodate whatever special needs their child/student may have and that the nature and extent of such minor adjustments is within the sole discretion of the principal of Ascension of Our Lord School. The undersigned further acknowledge that, should the principal of Ascension of Our Lord School determine in her own discretion that minor adjustments in Ascension of Our Lord School's education program have not resulted in satisfactory accommodation of the program to the special needs of their child and that it is in the best interest of both the school and the child that he/she be placed in a more appropriate learning environment, then the principal may ask the undersigned to withdraw their child/student from Ascension of Our Lord School and/or the child/student will be removed from rolls of the school and/or not allowed to re-enroll.

_____	_____
Parent/Guardian	Date

_____	_____
Parent/Guardian	Date



ASCENSION OF OUR LORD CATHOLIC SCHOOL

1809 Greenwood Drive

LaPlace, LA 70068

985-652-4532

office@aolcrusaders.org

Authorization and Release

I/We, parents of _____ (*student name*), hereby authorize any school previously attended by my/our child, _____ (*student name*), including but not limited to any school denominated as a Catholic School by and/or under the vigilance of the Archbishop of the Archdiocese of New Orleans pursuant to Canon Law of the Roman Catholic Church and which my/our child has attended in the past, to send a copy of any and all school records, including but not limited to any and all transcripts, standardized test scores, attendance records, special education records, disciplinary records, financial records in regard to payments of fees and/or tuition, and/or any and all other educational and/or social or informational records of _____ (*student name*) to Ascension of Our Lord School.

The foregoing authorization also applies in the event that Ascension of Our Lord School, which is the school authorized to receive the foregoing records, receives an inquiry in the future from any other Catholic School, as described above, for records and/or information; and, in that event, Ascension of Our Lord School is then authorized to send such records and/or information to the requesting Catholic School. Further, in consideration of the sending and receipt of such records or any related consideration, I hereby agree to release, defend, indemnify and hold harmless the owners of and/or any such schools that send and/or receive the aforementioned records, The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans, from any and all claims, demands and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such records.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

