



# Our Lady of the Valley [OLV] Catholic School

1201 E. Bogard Rd., Wasilla, AK 99654 Phone (907) 376-0883

2018-2019 School Year Website: olvwasilla.com Facebook: ourladyofthevalley-wasilla

## OLV School New Student Enrollment Packet-Grades K-8

Welcome to Our Lady of the Valley [OLV] Catholic School and thank you for your interest in enrolling your child. OLV will provide strong religious and academic instruction with a classical curriculum with emphasis on individualized attention. **If you are registering a preschooler for OLV, please use a separate preschooler registration form.**

Students from all faiths are welcome to enroll. We look forward to an exciting new school year. Our enrollment process is simple:

**1- Visit Our School:** Please stop by or call at the address above to set up a tour time. Classroom observations for all grades are encouraged. Please speak directly with a teacher to schedule a time to observe a classroom. We love visitors! **After your tour we ask that an appointment be made for your child to be screened by the principal and/or teacher.** To better serve our students and determine if OLV can be effective in the educational and personal development for your child/children, all new students will be screened before admission is finalized. This should be done prior to submitting an enrollment application.

**2- Submit an Enrollment Application:** Once the applicant's screening has been made and approved, you can then fill out this enrollment application. OLV uses the TADS Enrollment, Financial Aid and Tuition Management/Student Billing services. **Please** finalize the process by completing and signing all the necessary commitment and agreement forms. Please call the school office at (907) 376-0883 if you have questions regarding the enrollment process. Thank you.

It is most important that you access our website on a regular basis. It is tied to the Sycamore School Management System which will provide you with extensive information regarding your student[s] and school. **You will be required to enroll in both the TADS program and Sycamore school management system when you bring this form to our office. [If you have not already been enrolled in both systems]. Please complete the below checksheet as a part of successfully enrolling in our school. Check off the below checklist to make sure you are completely enrolled.**

The following forms and fees are required for the enrollment process for all returning and new students. Some forms can be filled out **one per family**, others must be filled out **one per each individual student**.

Please check off [√] below items as they are completed. \*=required

Page Title	Necessary For Family or Individual Student	Page #
Enrollment checklist (this page)	Family	page. 1
OLV Enrollment Form: Basic & Emergency Contact	Family*	page 2
Tuition and Financial Information	Family	page 3
Tuition and Fees Payment Contract*	Family*	page 4
Medical Information Form I*	Individual*	page 5
Medical Information Form II*	Individual*	page 6
Picture/Social Media Permission Form Electronics Policy, Homework	Family	page 7
Appearance code and student uniforms*	Family	page 8
Permission for Obtaining <b>Previous</b> School Records, Test Scores from MatSu*	Individual*	page 9
Family Share Hours Agreement, <b>Parent Volunteer Organization*</b>	Family*	page 10
Volunteer Ticket Sales, <b>Parent Volunteer Organization [PVO]*</b>	Family*	page 11
Volunteer form [when needed] & Family Talent & Interest Form	Family	page 12
Extended Day Program	Family*	page 13
Hot Lunch Program survey/sign-up	Family	page 14
Safe & Sacred Information & Background check[only if volunteering]	Family	page 15
Circle of Grace, Safe Environment Program	Family	page 16
Co-Enrollment Information [for allotment from Mat-Su School District]	Family	page 17
Guidelines for OLV Scholarship /Work Study	Family	page 18
School Year at a Glance <b>Summary OLV Yearly Events Calendar</b>	Family	page 19
Materials & Supplies Fees, Individual teachers have list for each semester	Family	See teacher[s]
<b>\$100 Non-Refundable Registration Fee/family*</b>		
Birth Certificate & Shot Record submitted or on file in our office		
Enrollment in <b>TADS</b> and <b>Sycamore</b> management systems at the time of registration—in office or at home		

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Facebook: Ourladyofthevalley- wasilla

OFFICE USE:	media		health	
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## [1 REQUIRED FORM/FAMILY] ENROLLMENT APPLICATION-BASIC & EMERGENCY CONTACT INFORMATION

Please check:  NEW FAMILY  RETURNING FAMILY [fill out returning family registration form]

Enrolled Child's Name (oldest to youngest) First Name, MI, Last Name	Grade Entering	Age Now	Date of Birth	Place of Birth City & State	Last School attended (if any)
1.					
2.					
3.					
4.					
5.					

Parent/Guardian #1 (Please Print Clearly)				Parent/Guardian #2 If address same as #1, check Box <input type="checkbox"/> SAME			
Name: Last		First		Name: Last		First	
		MI				MI	
Mailing Address: Street or PO Box,		City, State, ZIP		Mailing Address: Street or PO Box,		City, State, ZIP	
Contact Information				Contact Information			
Home Phone		Cell Phone		Home Phone		Cell Phone	
		Preferred E-Mail				Preferred E-Mail	
Work Phone		Work Place Name		Work Phone		Work Place Name	

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact #1			Non-Parent/Guardian Emergency Contact #2		
Name: Last		First	Name: Last		First
		MI			MI
Relationship to Student			Relationship to Student		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone

OTHER Authorized Drop Off / Pick Up Contact #1			OTHER Authorized Drop Off / Pick Up Contact #2		
Name: Last		First	Name: Last		First
		MI			MI
Brand, Model, Color, Year and License Plate of Vehicle			Brand, Model, Color, Year and License Plate of Vehicle		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone

### Special Services Received by your Children in Previous Schools: Please check (✓) all appropriate boxes.

What special services has your child received, or been referred for, while attending other schools?  Gifted/advanced  ESL program  
 Occupational Therapy  Modified Curriculum  Title I  Physical Therapy  Speech  I. E. P.  Ind. Ed. Program  
 Yes  No my child[ren] have been suspended (in school or out of school) or expelled.  
 Yes  No my child[ren] have had behavioral problems in previous schools

School[s] previously attended: \_\_\_\_\_

Falsifying any information will result in automatic dismissal from OLV. Explain above, or list concerns of which classroom teachers should be aware: \_\_\_\_\_

### Religious denomination:

Church Currently Attending: Church/City/State: \_\_\_\_\_

### Catholic Sacraments Received by Child[ren] (if applicable) Please fill out names, check [✓]

First Name	Last Name	Baptism>	no	yes	First Communion>	no	yes	If yes, church name/city/state

### Student Heritage [Racial Background]: Please check (✓) all appropriate boxes. (For NCEA purposes-This is Optional)

Alaskan Native  Asian  Hispanic/Latino  Other  
 American Indian  Native Hawaiian/Pacific Islander  Mixed Race [please check or list]  
 African-American  Caucasian

I have done my best to insure that above information is accurate and true.

Signature: _____	Printed Name: _____	Date: _____
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**1 Form/Family Tuition & Financial Aid Information**

Our Lady of the Valley (OLV) strives to set a tuition rate that is affordable for families while ensuring the long-term financial stability of the school. Ideally Catholic school tuition covers at least 50% of the actual education costs; currently our tuition is covering 51%. To bridge the gap between tuition received and actual costs, we depend on the generosity of families, parishes and friends through a variety of fundraisers.

**2018-2019 Tuition** [does not include preschool]

<b>OLV Grades K-8 Tuition</b>	<b>Monthly Payments</b> We require that all K-8 families participate in the TADS Tuition Payment Plan. For a one time fee of \$45 paid directly to TADS you can set up this yearly payment plan. There is a 3 % tuition discount if the total bill is paid before August 15, 2018.	<b>“Tuition Plus”, [No Fund Raising or Share Hour Obligations Required]</b>	
		2 parent/guardian family**	1 parent/guardian family*
1 Child \$4,660		1 Child \$ 6,860	\$ 5,760
2 Children \$9,140		2 Children \$11,340	\$ 10,230
3 Children \$13,420		3 Children \$15,620	\$14,520
4 or More Children \$17,530		4 Children \$19,730	\$18,620

\*Single parent/guardian family--fund raise at least \$600 and do at least 20 share hours/year or pay \$500 for share hours for a total of \$1,100.  
\*\*Two parent/guardian family--fund raise at least \$1,200 and do at least 40 share hours/year or pay \$1000 for share hours for a total of \$2,200.

Full Year payment is due August 15, 2018. Half year payments are due August 15 and January 15, 2019. Monthly payments are due Starting August 15, and due on the 15<sup>th</sup> of each month thereafter. Contact our office if you need to set up other payment plans or dates. Multi-child discounts are available for siblings in an immediate family only-2% for 2 students, 4% for 3 students, 6% for 4 or more students. Written quarterly report cards will not be given to those who are delinquent in paying their tuition. Students who are not up to date with their tuition payments at the end of the first semester will be dismissed from our school.

The cost to educate one child at OLV for the current school year is more \$9,100. This means that the school must raise more than \$4,440. per student in order to operate.

A 3% discount is offered to families paying full tuition prior to the start of school. The discounted one-time payment is offered until August 15th, 2018 .

OLV has partnered with Tuition Aid Data Services (TADS) for two services:  
[1] Tuition Management & Collection and [2] Financial Tuition Assistance.

**[1] Tuition Management & Collection Plan** Setting up a **Tuition Management & Collection Plan** is required for all families is easy and can be done by going to [www.tads.com](http://www.tads.com). You will receive a Tuition Payment Agreement directly from TADS, via email during, on or about, the month of July, where you can select your payment options. *(There is a one-time processing fee of \$45 paid to TADS for their payment options)*. A payment plan must be in place before your child(ren) will be allowed to begin class.

**[2] Financial Tuition Assistance** OLV has a limited amount set aside for financial tuition assistance. Those families who are active members of Sacred Heart Parish, St. Michael Parish or Our Lady of the Lake Parish are given first preference of receiving tuition assistance followed by currently enrolled families and then all other families. The maximum tuition assistance awarded is 50% percent of the family rate. The award process is determined by the acting principal. Your complete financial aid application should be received by TADS **by June 1, 2018** to qualify *(there is a \$35 financial assistance processing fee paid to TADS)*. Families must submit data through TADS for consideration for **scholarships**. Families who are behind in paying their school bills will loose their financial assistance. Please contact the school if you have any questions regarding tuition or financial tuition assistance. **For detailed cost breakdown, see handbook, pages 10, 11.**

It should be understood that inconsistent unexcused absences or tardiness and non participation in fund raising/share hours may result in revocation of financial assistance and/or scholarships. There is also a possibility of reducing some tuition obligations after volunteer hours have been completed. Families applying for financial assistance, scholarships, and tuition reduction must be registered and be updating the Sycamore share hours register. Contact our office for details. See page 18.

Depending on funding, there may be some other special **scholarships** available. See page 18 of this packet. There is also a possibility of reducing some tuition obligations after volunteer hours have been completed. Contact our office for details.



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## 1 REQUIRED Form/Family **Tuition Information & Tuition/Fees Payment Contract**

I have reviewed the tuition rate information on page 3  Yes  No

Payment is required in advance of attendance at our school. Payment may be made by credit card [add 3% processing fee for monthly transactions] check or cash. See financial assistance page [handbook, page 10] for financial assistance information.

Student #1	First Name	Last Name	Gender	Grade	Age
Student #2	First Name	Last Name	Gender	Grade	Age
Student #3	First Name	Last Name	Gender	Grade	Age
Student #4	First Name	Last Name	Gender	Grade	Age
Student #5	First Name	Last Name	Gender	Grade	Age

Parent/Guard. #1	First Name	Last Name	Best phone #	e-mail
Parent/Guard. #2	First Name	Last Name	Best phone #	e-mail

Please select one plan for TUITION PAYMENT, check one option and list your estimated yearly total.

**Monthly** by  Cash  Check  Credit Card [+3% monthly processing fee]  TADS Yearly Total \$

**Half Year** by  Cash  Check  Credit Card  TADS Yearly Total \$

**Full Year** by  Cash  Check  Credit Card  TADS Yearly Total \$

The optional **EXTENDED DAY PROGRAM @ \$5/hr.** Please check  one option. [No or Yes]

No, I am not interested  Yes, I am interested in my child[ren] enrolling in the extended day program. [See page 13]

If yes, see and please fill out the below information.

Regular School Hours: start at 8:15 AM and end at 3:15 PM.

Extended daily hours from 7 AM – 8:15 AM and/or 3:15 – 5:30 PM @ \$ 5.00/child per hour, \$8/hour for 2 students, \$10/hr. for 3 students., \$12/hr. for 4 students. Please check  one below and indicate how you will make payment.

Pay as you go  Invoiced monthly Estimated Yearly Total \$

Will pay by  Cash  Check  Credit Card [+3% monthly processing fee]

We are looking for volunteers to prepare meals for the lunch program. The extent of this lunch program will depend on volunteers. If there is a program and if a student wishes to participate in the **optional Tuesday /Thursday lunch program @ \$5/meal**, fill out the following information. Please check  one option.

No, I am not interested  Yes, I am interested in my student[s] participating in the hot lunch program if we have one. Please check one option below and indicate how you will make payment.

Monthly Pay as you go  Advanced Deposit Estimated Yearly Total \$

Will pay by  Cash  Check  Credit Card [+3% monthly processing fee]

I have paid my family non-refundable registration fee of \$100.  yes  no

I understand that accounts that are over 30 calendar days delinquent may result in my child being dropped from OLV. I agree to meet the terms of this agreement to enable my student[s] to attend OLV.

△ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## 1 Form/Student

## Medical Information I [REQUIRED]

Enrolled Child's Name			Gender	Birthdate	Birthplace [city,state]	Grade	Age
First Name	MI	Last Name					

Parent/Guardian #1 (Please Print Clearly)				Parent/Guardian #2 If address same as #1, check Box <input type="checkbox"/> SAME			
Name: Last		First		Name: Last		First	
MI		MI		MI		MI	
Mailing Address: Street or PO Box		City	State	ZIP	Mailing Address: Street or PO Box		City
State		ZIP	State		ZIP	ZIP	
Contact Information				Contact Information If same as #1, check Box <input type="checkbox"/> SAME			
Home Phone		Cell Phone		Preferred E-Mail		Home Phone	
Cell Phone		Preferred E-Mail		Home Phone		Cell Phone	
Work Phone		Workplace Name		Work Phone		Workplace Name	

If there are student custody or guardianship issues, please contact the OLV office and provide documentation.

Non-Parent/Guardian Emergency Contact #1			Non-Parent/Guardian Emergency Contact #2		
Name: Last		First		MI	
Name: Last		First		MI	
Relationship to Student			Relationship to Student		
Home Phone		Cell Phone		Work Phone	
Cell Phone		Work Phone		Home Phone	
Work Phone		Home Phone		Cell Phone	

### FAMILY DOCTOR AND EMERGENCY TREATMENT INFORMATION

FAMILY DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I give permission for my child to be transported by ambulance [after calling 911] if I cannot be located and immediate medical attention is necessary. I give permission for my family doctor or a qualified physician to treat my child. I will assume financial responsibility.  YES  NO

I give permission for an OLV staff to administer minor first aid treatment to my student[s].  YES  NO

**CHILD'S MEDICAL HISTORY:** Has your child ever had or has now? [Check [✓] and date all that apply.]

Head Injury/Concussion <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>	Scoliosis/Back Curvature <input type="checkbox"/>
Epilepsy/Seizures <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Substance Abuse Treatment <input type="checkbox"/>
Hearing Problems <input type="checkbox"/>	Leukemia/Cancer <input type="checkbox"/>	Behavior/Emotional Problems <input type="checkbox"/>
Frequent Ear Infections <input type="checkbox"/>	Thyroid Problems <input type="checkbox"/>	Depression <input type="checkbox"/>
Ear Tubes/Problems <input type="checkbox"/>	Kidney/Bladder Problems <input type="checkbox"/>	Eating Disorder <input type="checkbox"/>
Vision Problems <input type="checkbox"/>	Ulcer <input type="checkbox"/>	Hyperactivity/ADD <input type="checkbox"/>
Asthma <input type="checkbox"/>	Mononucleosis <input type="checkbox"/>	Coordination Problems <input type="checkbox"/>
Pneumonia <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>	Frequent Bedwetting <input type="checkbox"/>
Tuberculosis <input type="checkbox"/>	Skin Disease/Eczema <input type="checkbox"/>	Allergies <input type="checkbox"/>
Heart Problems <input type="checkbox"/>	Bone/Joint Problems <input type="checkbox"/>	Other: <input type="checkbox"/>

New students just arriving from a foreign country are required to have a current health physical to be submitted with registration.

I have submitted a copy of my child's Health & Immunization Records & Birth Certificate to OLV office.

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



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## 1 Form/Student **Medical Information II [REQUIRED]**

Enrolled Child's Name <small>First Name, MI, Last Name</small>	Grade	Age

MY CHILD HAS or HAS HAD: [Check (✓) all that apply and explain.]

1. Allergies:  \_\_\_\_\_ Reactions: \_\_\_\_\_
2. Surgery for:  \_\_\_\_\_ Date: \_\_\_\_\_
3. Hospitalized for:  \_\_\_\_\_ Date: \_\_\_\_\_
4. Dr. prescribed medication:  \_\_\_\_\_ Date: \_\_\_\_\_
5. Current year flu shot:  \_\_\_\_\_ Date: \_\_\_\_\_

6. Does your child take medication regularly?  No  Yes, If yes, how often, please explain

7. Do you have other specific concerns not covered above?  No  Yes, If yes, please explain

Immunizations: You will be notified when your child needs additional immunizations as required by Alaska State Law Title 4 AAC 06.055.

Release of Health Information: I give the Administrative Secretary permission to share health related information regarding my child to other school personnel on a need to know basis.

TB Skin Test: I understand that my child will need a TB Skin Test at intervals as required by Alaska State Law Title 7 AAC 27.213 during the period they are enrolled in the school unless documentation is provided showing negative results in the previous six months or positive results from a PPD test. (New Kindergarten & 7<sup>th</sup> grade Students)

Has your child ever had a positive reaction to a TB Skin Test?  Yes  No

If yes, date of result: \_\_\_\_\_ If yes, date of last chest X-Ray: \_\_\_\_\_

I give permission for the following medicines to be administered to my child when necessary:

[Check (✓) all that apply.] [Note: all medications must be in original containers]

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen [Tylenol etc.]  | <input type="checkbox"/> Antacid [Tums/Roloids etc.]                         |
| <input type="checkbox"/> Ibuprofen [Motrin/Advil etc.] | <input type="checkbox"/> Doctor prescribed medication [see # 1, 4, 5, above] |
| <input type="checkbox"/> Antihistamine [Benadryl etc.] | <input type="checkbox"/> Other:  |

**In case of an emergency** a parent/guardian will be contacted immediately. If the parent/guardian cannot be reached, other contacts from your child's Medical Information Form I will be called. If no one can be reached and the child needs medical assistance, the physician listed on page 11 [Medical Information Form 1] or 911 will be called. Fees for medical services are the parent's responsibility. Our protocol is to call 911 or take the child to the nearest medical facility if we are ever in doubt of whether or not a child needs medical assistance.

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





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[One form/family]

## Picture/Social Media Permission Form [THIS PAGE IS REQUIRED]

I give Our Lady of the Valley School permission to use video, media and/or pictures of my child(ren) in: (Please  $\Delta$  **initial** in all the box[es] that apply, place a **dash “-“** by the items you refuse to initial.)

Parent/Guardian/Printed Name _____	Media Information Release Category. Please <b>initial</b> all appropriate boxes				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Enrolled Child Names  ↓	$\Delta$ <b>OK</b> to use on OLV webpage [no names used]	$\Delta$ <b>OK</b> to use on OLV Facebook & YouTube. No names used except for first name for birthday wishes and congratulatory purposes.	$\Delta$ <b>OK</b> to use on OLV newsletter and newspaper articles to promote school [first name only].	$\Delta$ <b>OK</b> to use on OLV calendars, slide shows, Fundraisers [first name only]	$\Delta$ <b>I DECLINE PERMISSION</b> to allow use of videos/pictures of my child of any kind.*

**\*By initialing box [5], your child will not be included in any photographs of a group, individually, or videos. [The student will be asked to sit aside when media is being prepared.]**

$\Delta$  Parent/Guardian Initial:        $\Delta$  Parent/Guardian signature: \_\_\_\_\_      Date: \_\_\_\_\_

## OLV Personal Electronics Policy

**Computers & Electronic Notebooks** are available for students to use **while at school**. Laptop computers are available to our Students at our school. Kindle Fire notebooks are also available for students to use throughout the school. They are intended for classroom instructional use only, promoting effective study habits, providing resources for research and supporting our math and language curriculum. Students may bring personal computers/i-pads, etc. to school **only** with the approval of the teacher. The teacher will stipulate which sources of the web are suitable for use at OLV [and those that are not acceptable]. Unauthorized use of web sources and texting on any electronic device before, during or after school on campus will result in web or electronic device use restriction. **While at home**, parents/guardians are strongly encouraged to closely monitor student use of the WEB.

**Possession of cell phones, MP3 players, or other personally owned electronic devices:** Student electronics which are brought to school are to be turned in to their teacher promptly upon arriving to school or school events. Failure to observe this rule will result in the confiscation of the item. The first time an item is confiscated, it will be returned to the student at the end of the day. The second time an item is confiscated, it will not be returned until after a conference with parents/guardians.

**I AGREE TO THE SUPPORT AND FOLLOW THE PERSONAL ELECTRONICS POLICY.**

$\Delta$  Parent/Guardian Signature: \_\_\_\_\_      Date: \_\_\_\_\_

## OLV Homework Support Policy

Student completion of homework is an important part of successful education at OLV. I agree to support and help, if necessary, my student[s] in timely completion of all assigned homework.

**I AGREE TO THE SUPPORT AND FOLLOW THE HOMEWORK SUPPORT POLICY.**

$\Delta$  Parent/Guardian Signature: \_\_\_\_\_      Date: \_\_\_\_\_



[One form/family]

APPEARANCE CODE & UNIFORMS

Uniforms are checked every day by the classroom teacher. If your child is not in uniform including proper haircut, shoes, length of jumper/skirt, etc., the child’s Parent/Guardian may be called to bring such items to school and/or to pick up your child. No logos other than OLV allowed. Generally speaking, purchasing uniforms for our private school is cheaper than purchasing clothing for public schools. You may purchase items locally or use www.Landsend.com. Our school code is 900124652. There are some “out grown” uniforms available at no cost. Contact our office. We encourage parents/guardians to donate their child’s outgrown uniforms for others to use, when possible.

Table with 3 columns: Uniform Attire, Male Student, and Female Student. Rows include ALL DAYS, Monday, Tuesday and Thursday, Wednesday, and Friday & Special Occasions/Sunday Masses & Special Performances.

I accept and will support the uniform and appearance requirements:

Student First Name[s]: [ ] [ ] [ ] [ ] [ ] [ ]

△ Printed Parent/Guardian Name

Parent/Guardain Signature

Date



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## [One form/family]—List Students Separately—THIS FORM IS REQUIRED!

### Permission for Testing Data From the Mat-Su School District

Students in K-8 who are enrolled at Our Lady of the Valley are required to take the following tests throughout the school year:

- Grades K-3 AIMS Web Reading Assessment
- Grades 3-8 MAP Tests (Fall, Winter & Spring)

Classroom teachers use the results of these tests to plan their lessons and direct instruction more efficiently. By signing the statement below the advisory teachers at Mat-Su Central School or Twindly Bridge Charter School will be able to share testing results with your child's teacher.

I give Mat-Su Central School and/or Twindly Bridge Charter School permission to release results of AIMS & MAP testing to OLV.

Student First Name	Grade	Student First Name	Grade	Student First Name	Grade	Student First Name	Grade
--------------------	-------	--------------------	-------	--------------------	-------	--------------------	-------

\_\_\_\_\_  
 Printed Parent/Guardian Name                      Parent/Guardian Signature                      Date

### REQUEST FOR PREVIOUS SCHOOL RECORDS [IF NECESSARY]

I understand that the student and/or I may, upon written request, receive from the school district a copy of the released records at my expense. I understand that I have the right to interpretation of records by competent school personnel and that I may review and challenge the contest of such released records.

Previous School Name:				
Previous School Address:	Street Address	City	State	ZIP
Dates of attendance at this previous school:				

\_\_\_\_\_  
 Δ Printed Parent/Guardian Name                      Parent/Guardian Signature                      Relationship to Student                      OLV Staff member                      Date

*Under Public Law 93-380, amended in Section 99.32, PL 93-568, no Parent signature is req'd for educational records sent to another Educational agency. 05/1980.*

Student's Name	Other Name(s)	Date of Birth	Grade	Previous School Attended	Date Withdrawn

### RECORDS FOR SCHOOL USE:

<input type="checkbox"/> Basic State Mandated Cumulative Records <input type="checkbox"/> Health Records <input type="checkbox"/> Grades and/or Credits <input type="checkbox"/> Standardized Test Results <input type="checkbox"/> Attendance Records	<input type="checkbox"/> Vocational Interest Inventory and Aptitude Test Results <input type="checkbox"/> Activities Records <input type="checkbox"/> Awards and Scholarships <input type="checkbox"/> <b>All of the Above</b>
--	---

### SPECIAL EDUCATION AND PSYCHOLOGICAL SERVICES:

<input type="checkbox"/> Medical Records <input type="checkbox"/> Psychological Records and Other Assessment Data	<input type="checkbox"/> Speech and Hearing Records <input type="checkbox"/> Student's Individual Education Program (IEP)
--	--

\_\_\_\_\_  
 Signature of Previous School Official                      Date                      Position

Please submit all records requests [SCANNED & E-MAILED OR REGULAR MAIL] to:

Attention Karen Smith,  
Our Lady of the Valley Catholic School  
1201 E. Bogard Rd , Wasilla, AK 99654

Phone: (907) 376-0883  
E-Mail: [ksmith@valleycatholicschool.org](mailto:ksmith@valleycatholicschool.org)



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## [One form/family]

### Family Share Hours Agreement, Parent Volunteer Organization

Each **two** parent/guardian family (TPF) at OLV is required to perform 40 hours or 20 hours for a **single** parent/guardian family (SPF) of service to the school. Hours spent performing the following types of activities qualify as meeting the mandatory “Share Hours” requirement. It is recommended that families participate in several different activities. Being active in the school is a great way to meet other families and establish lifelong friendships. Being active in the Parent Volunteer Organization [PVO] is a key to helping this school be successful.

<ul style="list-style-type: none"> <li>• Serve as PVO or Fundraising Chair / Co-Chair</li> <li>• Shopping for school supplies, needs, etc.</li> <li>• Helping with building and grounds maintenance</li> <li>• Uniform maintenance / Recess Duty/Box Tops</li> <li>• Developing class materials at home</li> <li>• Assist at poker nights</li> </ul>	<ul style="list-style-type: none"> <li>• Driving for Extended Activities [Field Trips]</li> <li>• Assisting a teacher in the classroom</li> <li>• Assist at Dinners and Auction or other functions</li> <li>• Assist with the Hot Lunch Program</li> <li>• Prepare food at home for snacks or hot lunch</li> <li>• Assist at spring plant sale</li> </ul>
--	---

A “Share Hours Register” is on the Sycamore Web site keeping track of share hours beyond the expected 40 TPF (20 SPF) hours is important. At least 20 TPF (10 SPF) hours need to be completed by the end of first semester while the remaining 20 TPF (10 SPF) hours are to be completed before the end of the school year. This demonstrates the commitment of families toward the success of the school.

Please check [✓] **ONE** of the below options [I will or I will NOT]:

**I will** be able to complete my share hours according to the above agreement.

Please check **ONE** of the below about your family and then **skip to bottom of this page & sign the agreement lines** [Δ].

**Two Parent/Guardian Family [TPF] At least 20 hrs/semester or at least 40 hrs/year**

or

**Single Parent/Guardian Family [SPF] At least 10 hrs/semester or at least 20 hrs/year**

Please select one of the below payment options:

**I will NOT** be able to complete my share hours according to the above agreement

I will be required to pay for the remaining hours at the rate of \$25 per hour (\$1000 for TPF, \$500 for SPF)

Please check [✓] one:

\$1000 for a Two Parent/Guardian Family

or

\$ 500 for a Single Parent/Guardian Family

**Please select one of the below payment options [Go through TADs for a monthly cheaper payment fee.]**

**Monthly** by  Cash  Check  TADS  Credit Card [+3% processing fee] Yearly Total

**Half Year** by  Cash  Check  TADS  Credit Card Yearly Total

**Full Year** by  Cash  Check  TADS  Credit Card Yearly Total

**Another option is “Tuition Plus.” This is when families pay an amount that exempts them from any fund raising or share hours. [See “Tuition Plus” column on page 3 of this packet or page 10 of the handbook.]**

Δ I agree to complete this share hour agreement. My student’[s] first names is/are: \_\_\_\_\_

Δ Parent/guardian printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Our Lady of the Valley Catholic School

1201 E. Bogard Rd., Wasilla, AK 99654 (907) Phone: 376-0883

2018-2019 School Year Website: olvwasilla.com Facebook: ourladyofthevalley-wasilla

## [One form/family]

### Volunteer Ticket Sales, Parent Volunteer Organization [PVO]

(Please read carefully & initial/sign where indicated)

Tuition alone does not cover all of the necessary resources needed to operate OLV. The actual cost to educate one child at OLV for a year is about \$9,100. This means that the school must raise an additional \$4,440. per student. The success of OLV depends on the faithful involvement of the school community. We rely on the parents of our students to provide resources which are not covered by tuition. It is important for parents to be involved in the educational process and to provide educational assistance, fundraising and leadership help. The **P.V.O.** is a vital link in these fundraising activities.

There are several major fundraising events that require participation from every family in order for the school to meet its annual fundraising goal, which is needed to support the daily operations of the school and to keep tuition costs down. Fundraising activities may include: steak dinner-shows, spaghetti dinner-talent shows, poker nights, spring plant sale, annual dinner auction tickets or donations, special fundraising drawings or raffles, etc. The finance committee, advisory committee, and P.V.O. are considering some other fund raising options.

Please initial ONE of the two columns below:

TWO PARENT/GUARDIAN FAMILY [TPF]	SINGLE PARENT/GUARDIAN FAMILY [SPF]
<p>The <b>fund raising events</b> may be different but your family is responsible for raising at least a <b>total of \$1,200</b> including:</p> <ul style="list-style-type: none"> <li>• Sell at least \$400 raffle tickets for our Annual Cash Raffle</li> <li>• Sell at least a total of \$800 worth of tickets for our Fundraising Activities including the Annual Dinner Auction [individual ticket prices may vary] or donate to the events.</li> <li>• Donate materials for a basket to be auctioned off at the annual dinner auction</li> <li>• Volunteer for our Annual Auction (this may be done by a friend if the parents/guardians are not available this day). [volunteer at least 5 hours included in your 40 hours]</li> <li>• Attend PVO Meetings and procure auction items.</li> </ul> <p style="text-align: right;">_____ Δ initial</p>	<p>The <b>fund raising events</b> may be different but your family is responsible for raising at least a <b>total of \$600</b> including:</p> <ul style="list-style-type: none"> <li>• Sell at least \$200 raffle tickets for our Annual Cash Raffle</li> <li>• Sell at least a total of \$400 worth of tickets for our Fundraising Activities including the Annual Dinner Auction. [individual ticket prices may vary] or donate to the events.</li> <li>• Donate materials for a basket to be auctioned off at the annual dinner auction</li> <li>• Volunteer for our Annual Auction (this may be done by a friend if the parent/guardian is not available this day). [volunteer at least 2.5 hours—included in your 20 hours]</li> <li>• Attend PVO Meetings and procure auction items.</li> </ul> <p style="text-align: right;">_____ Δ initial</p>

Families have the option of either selling their allotted number of tickets, paying for the tickets themselves, or donating items for the annual dinner auction. All ticket stubs and monies must be accounted for on the due dates set for each fundraiser. Parents will be billed for unsold tickets. The school will secure selling locations for each fundraiser so that all parents have an opportunity to sell their tickets. Families not completing their auction obligations of procurement and hours will be billed.

Please check [✓] one of the below items:

I agree to sell tickets as a part of my fund raising obligation. See above chart. Skip to the bottom and please sign the 2 agreement lines. [Δ]

I will NOT sell tickets as a part of my fund raising obligation. See immediately below.

I agree to pay the following amount instead of ticket fund raising

Please check (✓) one and Δ initial.

_____ TWO PARENT/GUARDIAN FAMILY	\$1,200	Δ Initial:	_____
_____ SINGLE PARENT/GUARDIAN FAMILY	\$ 600	Δ Initial:	_____

Please select one of the below payment options Consider going through TADs for a lower monthly payment fee.

<input type="checkbox"/> Monthly by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> TADS	<input type="checkbox"/> Credit Card [3% processing fee]	Total	_____	
<input type="checkbox"/> Half Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check				Total	_____
<input type="checkbox"/> Full Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check				Total	_____

Please sign the 2 agreement lines below. [Δ]

Another option is "Tuition Plus." This is when families pay an amount that exempts them from any fund raising or share hours. [See "Tuition Plus" column on page 3 of this enrollment packet.]

Δ I agree to the above conditions. My student[s] first name[s] is/are: \_\_\_\_\_

Δ Parent/guardian printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Our Lady of the Valley Catholic School

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[One form/family]

## OLV Volunteer Information Form

Volunteer Name: \_\_\_\_\_  
Last First

Volunteer Mailing Address: \_\_\_\_\_  
Street or P.O. BOX [APT #] City State ZIP

### Volunteer Contact Information:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Place Name: \_\_\_\_\_

### REQUIREMENTS OF ALL VOLUNTEERS AND STAFF

[please check [√] when submitted to OLV office.

I have taken the on-line adult "Safe & Sacred" course from the Diocese and submitted completion certificate to the OLV office. See <https://www.archdioceseofanchorage.org/>

I have submitted an Archdiocese of Anchorage Authorization for Release of Information Disclosure Regarding Background Investigation Form [see page 16 of this packet.]

I plan to volunteer at OLV in the following ways: [please √]

I plan to volunteer at school.

I plan to volunteer for chaperoning field trips.

I plan to drive my private vehicle while transporting other students on fieldtrip activities.

### Thank you for volunteering at OLV

If you are considering being a volunteer driver for transporting students other than your own on fieldtrips, please be reminded that it is necessary to provide booster or traveling seats for small children traveling on fieldtrips. Please contact our office for further information.

## FAMILY TALENT AND INTERESTS

### Family Contact Information

Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	E-mail

Family Skills, Talents, and Interests: [sewing, cooking, art, metalwork, carpentry, classroom help, etc.]

Other useful information, comments, and suggestions:

### Optional

Weekly times available for volunteering at school or working at home on school projects

Time	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	to	to	to	to	to	to	to



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[One form/family]

EXTENDED DAY PROGRAM [IF NECESSARY]

[Before and after school program for OLV preschool & K-8 students]

OLV is available to help families that are in need of child care both before and after school. We ask that your child spend 30 minutes of their afterschool time on homework or academics in general.

The fee for the Extended Day Care is \$5 per hour per child and \$8 for 2 children, \$10 for 3 children, and \$12 for 4 children. Students should bring a snack for the before and or after school program.

Before School Hours: Location to be determined

- 7:00 AM to 8:15 AM
• Early fee before 7:00 AM = \$10.00 [Staff must be contacted in advance]

24-hour notice must be given if before care is needed

Before School Location: To Be Determined

After School Hours:

- 3:15 PM to 5:30 PM
Late fee after 5:30 PM = \$1.00 per minute charge after that. [Please contact staff in advance]

After school location: To Be Determined

Students are encouraged to bring a snack for the after school extended day program.

I DO NOT NEED extended day care at this time: \_\_\_\_\_

Signature

I MAY/WILL NEED \_\_\_\_ Before \_\_\_\_ After School Care for my child(ren) listed below:

Table with 4 columns: Enrolled Child's Name, First Name, Last Name, Grade, Age. It contains four empty rows for data entry.

My child(ren)'s approx. school arrival time: \_\_\_\_\_ My child(ren)'s approx. pick-up time: \_\_\_\_\_

Please check the day[s] of the week my family will probably need these services.

Monday Tuesday Wednesday Thursday Friday (with checkboxes)

I authorize the Extended Day Care staff to have a copy of my child(ren)'s OLV medical record, pick-up and emergency contact information and place of employment. See student contract, page 4 for payment arrangements.



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## [One form/family]

### HOT LUNCH PROGRAM [IF NECESSARY]

In the past, on most Tuesdays and Thursdays Our Lady of the Valley offers a hot lunch in the Sacred Heart Social Hall. The school furnishes the cost of the food, but the procurement and preparation of the food is dependent on volunteers. There is a possibility of a tuition reduction for a family if a consistent commitment is made to be in charge of a day or week of this program.

The existence of this hot lunch this year will depend on the involvement of volunteers to prepare the food.

Please indicate on the form below if and when you can be involved in this program.

There will need to be three levels of involvement.

{1} A volunteer who will schedule the chefs for each semester

[2] A chef to be in charge of purchasing and preparing the food for each meal

[3] Chef's helpers to assist in setting up, preparing, serving and cleaning up after each meal.

In the past, these meals are prepared and carried out by volunteers and parents alike. The meals are healthy, nutritious and will offer a time for all the school to come together and share a meal. At times Sacred Heart church will need to use the social hall and this is usually known ahead of time. If this happens, meals are served in the classrooms. In the event volunteers are unavailable, pizza plus vegetable & fruit are ordered and served in the classrooms.

Recently, more and more parent/guardian volunteers are doing most of the food preparation in their homes and bringing it to the social hall before serving. The chef has a budget to prepare and serve each meal. In order to insure nutritional meals, the cost of each meal will be \$5.00 per student or adult.

In the past, our hot lunch program has started in September lasted through the middle of May.

Students and adults will check in on the Sycamore System each time they eat a furnished lunch.

Students have the option of bringing their own lunch on hot lunch days.

### Please initial the tasks you are willing to do.

I will schedule the chefs  first semester  second semester  not available  
 other: \_\_\_\_\_

I will be a chef in charge of preparing a noon meal  once a week,  once a month  
 once a semester  not available  other: \_\_\_\_\_

I will be a chef's helper  once a week,  once a month,  once a semester  
 not available  other: \_\_\_\_\_

Thank you for volunteering.

\_\_\_\_\_  
Δ Printed Parent/Guardian Name

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

\_\_\_\_\_  
Date

Calendar for scheduling **Tuesday/Thursday Volunteering** for Hot Lunch Program. **See Page 20.** Circle the dates that you are available and willing to volunteer to prepare or help serve meals. All dates are tentative and for planning purposes only.





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[One form/family] [IF NECESSARY]

## Archdioceses of Anchorage Safe & Sacred & Background Check

The Archdiocese of Anchorage requires that all employees and volunteers take and pass the “Safe and Sacred” course. If you do not have a computer available to you, you may use a school computer in the office. **This can be done now** and **must** be done prior to any volunteering involvement.

Go the website <http://www.archdioceseofanchorage.org> and in the **search box** type in: **Safe & Sacred**.

Select the Office of Safe Environment. On the left side of the page find and click on **Adult Training – Safe & Sacred**. Follow the instructions.

Take the course. Take the quiz. Score 90% or more. If you do not score at least 90% you may retake it immediately or review and take it again. Request that the certificate of completion be e-mailed to you. Email or personally bring a copy to the OLV office at: [ksmith@valleycatholicsschool.org](mailto:ksmith@valleycatholicsschool.org) for our files. This certificate is good for 2 years. Thank you!

## Background Check

The Archdiocese of Anchorage also requires that all employees and volunteers obtain a background check. This document is kept confidential and is on file in the school office and is good for three years. Please fill out the below request if you plan on chaperoning, assisting in the classrooms or working with the students in any way.

**One per person** Copies of this form may also be made. There are no fees required. It may be obtained from the Archdiocese of Anchorage web site.

## Archdiocese of Anchorage AUTHORIZATION FOR RELEASE OF INFORMATION DISCLOSURE REGARDING BACKGROUND INVESTIGATION

(Please print clearly)

Last Name: \_\_\_\_\_

First Name, Middle: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Mother’s Maiden Name: \_\_\_\_\_

Alias (required for some international searches) \_\_\_\_\_

Social Security\* #: \_\_\_\_\_ Driver’s License\* #: \_\_\_\_\_ State of Driver’s License\*: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other cities/states lived in during the past 7 years: \_\_\_\_\_

\*This information will be used for background screening purposes only by the Parish/School/Agency working for or volunteering with: Our Lady of the Valley Catholic School, Wasilla.

At OLV, I will be volunteering to \_\_\_\_\_

Δ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Circle of Grace, Safe Environment Program for Children**

**Out of concern for all God's people and in response to the United States Conference of Catholic Bishops' *Charter for the Protection of Children and Young People*, we have a program for the safe environment education of children and young people supported and mandated by Archbishop Etienne of our Anchorage Diocese.**

*Diocese/parishes will establish 'safe environment' programs. They will cooperate with parents, civil authorities, educators, and community organizations to provide education and training for children, youth, parents, ministers, educators, and others regarding ways to make and maintain a safe environment for children. Dioceses/parishes will make clear to clergy and members of the community the standards of conduct for clergy and other persons in positions of trust with regard to sexual abuse.*

*Article 12 – Charter for the Protection of Children and Young People*

**This program is called *Circle of Grace*. It is meant to supplement and be integrated into the excellent programs and curricula for the formation of children and young people in our schools and religious education programs. *Circle of Grace* aims to equip our children and young people by arming them with essential knowledge and skills grounded in the richness of our faith. This program helps children and young people to understand their own (and other's) dignity in mind, body and spirit.**

### ***What is a Circle of Grace?***

**The Catholic Church teaches that God has created each of us as unique and special. Genesis 1:27 tells us that we are created "male and female in God's image" and that God saw this as "very good." In that goodness, we are meant to respect ourselves and everyone else as persons created and loved by God.**

**Adults assist children and young people to recognize God's love by helping them to understand that each of us lives and moves in a circle of grace. You can imagine your own circle of grace by putting your arms above your head then circle down in front of your body including side to side. This circle, front to back, holds who you are in your body and through your senses. It holds your very essence in mind, heart, soul, and sexuality.**

**Why is it important to help our children understand the Circle of Grace? God intends our relationships in life to be experiences of divine love. Respectful, nurturing, loving relationships increase our understanding of our own value and help us to love others. It is never too early to help children and young people understand how very special they are and how relationships in life are called to be sacred. Understanding this can help them to protect the special person they are and to be respectful of others.**

**Adults, especially parents, as they strive to provide a safe and protective environment, hold the responsibility to help children and young people understand and respect their own dignity and that of others. A truly safe and protective environment is one where children and young people recognize when they are safe or unsafe and know how to bring their concerns, fears, and uncertainties to the trusted adults in their lives. How is the Circle of Grace Program different from other protection programs? According to research, one in four girls and one in seven boys will be sexually abused by age eighteen. Many protection programs focus on "stranger danger"; however, up to ninety percent (90%) of the time the perpetrator of abuse is known to the child or young person such as a relative or family friend. Circle of Grace goes beyond just protection by helping children and young people understand the sacredness of who they are and how to seek help through their relationships with trusted adults.**



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### [1 Form/Family] **Co-Enrollment with the Mat-Su School District**

**When enrolling at Our Lady of the Valley Catholic School it is highly recommended that your child[ren] also be enrolled at one of the following Mat-Su School District sites:**

**Mat-Su Central Home School  
or Twindly Bridge Charter School**

#### **THIS IS BECAUSE:**

**The Mat-Su School District provides an allotment for electives, academics and enrichment (approximately \$2,200 per student) for students co-enrolled. This allotment can be used for your child's extended learning needs such as: tutoring, electronics, robotics, computers, ipads, Kindles, etc.; additional instructions - speech, physical education – [hockey, swimming, dancing, ice skating, gymnastics, music, art, theater, etc], educational materials - books, supplies etc. (this list is not all-inclusive).**

**You will have to enroll in four courses from one of these two schools and fill out an I.L.P. [Individual Learning Plan]. Student progress in these courses will be monitored by one of their school staff members. Your student will be asked to show academic growth by performance on certain tests depending of the age of the student to remain eligible to receive a full allotment.**

**To receive the full amount of this allotment, you must enroll on line in one of these two schools by September 30, 2018. Enrollment starts at the beginning of the summer break on the school district's I-Parent system.**

**Please feel free to contact one of these two schools and an advisor to your child to see the extensive variety of courses that are available for your child to enroll in.**

**Retain your receipts of educational materials or services and turn them in to your Mat-Su School District School for reimbursement (up to the allotted amount). This allotment may NOT be used to pay for OLV tuition or any fees towards OLV.**

**Please contact Mat-Su Central at ([matsucentral.org](http://matsucentral.org) or 352-7450)  
or the Twindly Bridge Charter School ([twindlybridge.us](http://twindlybridge.us) or 376-6680)  
for more information.**



## GUIDELINES FOR OLV SCHOLARSHIP & TUITION REDUCTION APPLICANTS:

Financial aid funds are distributed through the TADS program. See page 3.

In addition to financial tuition assistance funds, which are available based on family income, there are also funds available for **scholarships**.

**Applicants must submit family financial information to the TADS program, and apply for financial assistance. The OLV Scholarship Committee will review family data along with the above criteria in the awarding of an OLV scholarship.**

The following are some guidelines for distribution of scholarship funds:

- Hardship, extended illness or emergency
- Family involvement with the school on campus, and with assigned tasks
- Share hours met and/or exceeded. See handbook for clarification.
- Fundraising ticket sales met and and/or exceeded
- Attendance and tardies
- Active member in home parish
- Academic performance
- Timely tuition and fee payments

**Applicants must submit a confidential letter of request in a sealed envelope [marked: to Scholarship Committee]. Use the above guidelines in your letter, including the yearly amount you can afford to pay for tuition. Applications must be made for each new school year. Please submit this letter to the OLV office.**

The Scholarship Committee is responsible for all awards.

All awards are kept strictly confidential. If you desire more information about specific scholarships, please contact the OLV office.

---

## **Application for Reduction in Tuition for Services [Work Study]**

There are opportunities for Parents/Guardians to provide services to OLV for a reduction in tuition/fees in after their share hour obligations are met. After completing TADS information, please fill out the **Reduction in Tuition Application & Agreement** form from the office.

Families applying for financial assistance, scholarships, and tuition reduction must be registered and be updating the Sycamore share hours register.



Our Lady of the Valley Catholic School 2018-2019 Enrollment Packet  
1201 E. Bogard Rd., Wasilla, AK 99654, Phone 376-0883, Web: [www:olvwasilla.com](http://www.olvwasilla.com),

Facebook:  Ourladyofthevalley-wasilla

## School Year at a Glance Yearly Summary Calendar, 2018-2019 School Year

Please Place this Calendar on Your Refrigerator This calendar may be up-dated but is valid as of the date in the bottom footer.

*This sheet left blank.*

*Please tear off this sheet and  
place the calendar on your  
refrigerator.*



## School Year at a Glance Yearly Summary Calendar, 2018-2019 School Year

Please Place this Calendar on Your Refrigerator This calendar may be up-dated but is valid as of the date in the bottom footer.

### AUGUST, 2018

Mon- 6*	Cross Country Starts Gr. 4 <sup>th</sup> Grade & up 3:15 PM Mon-Thr
Sun- 12	Welcome Back Picnic After 11:30 Mass- 12:30-2:30 at Sacred Heart. Students sing at mass
Mon- 13*	TEACHER INSERVICE *NO STUDENTS
Tue- 14*	All Diocese Staff Mass & orientation in Anchorage *NO STUDENTS
Wed- 15*	TEACHER WORKDAY *NO STUDENTS OLV Advisory Board, Election of officers
Thr-16	STUDENTS FIRST DAY - Annual raffle tickets sales start
Fri- 17	First Mass: 9 AM
Fri- 24*	TEACHER INSERVICE *NO STUDENTS OLV Advisory Board Meets— Officer Elections
Sun- 26	OLV sings at 11:30 Sacred Heart Mass Pancake Breakfast Sacred Heart after 9AM and 11:30 AM Masses Parish Hall PVO meeting after 12:30 brkfst
?	MAP testing Mat-Su Central Gr. 3-8
?	MAP testing Mat-Su Central Gr. 3-8

### SEPTEMBER, 2018

Mon- 3*	LABOR DAY *NO SCHOOL
Tue-4	Hot Lunch program starts
Fri-7	Mass & Mother Mary's Birthday Celebration
Sun-16	Knights of Columbus Pancake Breakfast Sacred Heart -Scholarship
Fri-21	Start of Faith & Knowledge Annual Appeal Mail-Out
Sat-22	?Catholic Truth Pursuit. contest. ?more details later
Sun-23	Annual Raffle Ticket Sales End
Sun-23	Pancake Breakfast: Our Lady of the Lake, OLV sings at mass
Fri-28	Gr 5-8 Mass at Hatcher Pass PS-4 Mass Sacred Heart
Sun-30	OLV sings at 11:30 Sacred Heart Mass PVO meets at 1 PM

### OCTOBER, 2018

Sat-6	Poker Night
Wed-10	OLV Advisory Board Meets-6 PM
Wed-17	1 <sup>st</sup> QUARTER ENDS
Sat-27	Halloween Party 6-7:30 PM Parish Hall
Sun-28	OLV sings at 11:30 Sacred Heart Mass PVO meets 1 PM
Mon-29*	TEACHER INSERVICE/ WORK DAY- *NO STUDENTS

### NOVEMBER, 2018

Thr-1	All Saints Day Mass 9AM
Fri-2*	Parent/guardian Conference Day *NO STUDENTS except by appointment
Sat-3	Poker Night-Palmer American Legion
Mon- 12	Veterans Day Mass 9AM followed by reception in Parish Hall if priest available
Sat- 17?	? Vendor Fair
?-TBA	OLV sings at St. Michael Mass
Tue-20	Preschool -4 <sup>th</sup> Grade Thanksgiving Celebration
Wed-21*	THANKSGIVING
Thr-22*	BREAK
Fri-23*	*NO SCHOOL

### DECEMBER, 2018

Sun-2	OLV sings at American Legion Day of Remembrance 2 PM
Wed-5	OLV Advisory Board Meets—6PM
Thr-6	Polar Express to Talkeetna
Fri-7	Feast of Immaculate Conception Mass 9 AM
Thr-13	Christmas Program & Refreshments 6:30 PM Parish Hall, Fruit -Cheese & Veggie Platters
?-TBA	OLV sings at St. Michael Mass
Thr-20	2 <sup>nd</sup> QUARTER ENDS
Fri-21*	CHRISTMAS BREAK *NO SCHOOL
Mon-24*	CHRISTMAS BREAK *NO SCHOOL
Fri-28*	CHRISTMAS BREAK *NO SCHOOL
Mon-31	NEW YEARS BREAK *NO SCHOOL

### JANUARY, 2019

Tue-1*	NEW YEARS BREAK
Fri-4*	*NO SCHOOL
Mon-7	Classes Resume
Fri-17	School Spelling Bee
Thr-24	School Geo Bee
Fri-25- Fri- 2/1	CATHOLIC SCHOOLS WEEK
Fri-25	Catholic Schools Week starts, team building
Sat-26	Staff Inservice in Anchorage
Sun-27	Staff Inservice in Anchorage
Sun-27	OLV sing at Sacred Heart 11:30 MASS
Mon-28	Catholic Schools Week Mass in Anchorage, OLV sings at Cancer Center and Beans Cafe
Tue-29- Thr-31	Catholic Schools Week Activities

### FEBRUARY, 2019

Fri-1	Last day of Catholic Schools Week-Awards Assembly
Wed-6	OLV Advisory Board Meeting-6 PM

### FEBRUARY [CONTINUED]

Mon-18*	TEACHER WORK DAY, INSERVICE *NO STUDENTS
Tue-19*	Parent/Guardian CONFERENCE DAY *NO STUDENTS except by appointment
Sun-24	OLV Sings at Sacred Heart Mass
Thr-28	Science Fair

### MARCH, 2019

Wed-6	Ash Wednesday Mass 9 AM Sacred Heart
Thr-7	3 <sup>rd</sup> QUARTER ENDS
Fri-8*	Teacher Work Day *NO STUDENTS
Mon-11*	SPRING BREAK
-Fri-15*	*NO SCHOOL
Fri-22*	Teacher Work Day *NO SCHOOL
Fri-29	OLV Soup & Stations of Cross- 6 PM Parish Hall
Sun-31	OLV sings at 11:30 Sacred Heart mass

### APRIL, 2019

Wed-10	OLV Advisory Board Meets- Election New Members-6PM
	? Preschool Open House
Fri-19	Good Friday *NO SCHOOL
Sun-21	Easter
Mon-22	Monday after Easter *NO SCHOOL
Sat-27	Annual Auction -Fund Raiser, Menard Center
Sun-28	OLV Sings at Sacred Heart Mass

### MAY, 2019

Fri-3	Teacher Appreciation Day
Fri-10	MOTHER'S DAY Mass/Brunch 9AM Parish Hall, Brunch-10:15 AM ? Talent Show
Thr-16	4 <sup>th</sup> QUARTER ENDS
Thr-16	Last Day of School, Awards Assembly, Parish Hall
Fri-17*	TEACHER WORK DAY *NO STUDENTS
Sat-18	Poker Night-Palmer American Legion
Sat-18 Sun -19	Spring Plant Sale, Sacred Heart Parish Hall

Mass will be held each Friday at 9 AM unless otherwise scheduled.

\*=students do not attend that day

?=Uncertain or TO BE ANNOUNCED