



Our Lady of the Valley [OLV] Catholic School

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

2016-2017 School Year Website: olvwasilla.com Facebook: ourladyofthevalley-wasilla

OLV School New Student Enrollment Packet

Welcome to Our Lady of the Valley [OLV] Catholic School and thank you for your interest enrolling your child. OLV will provide strong religious and academic instruction with an emphasis on individualized attention.

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 acting 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 must 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.

All bills from the previous school year must be paid in full in order to be allowed to re-enroll in OLV.

It is most important that you access our website on a regular basis. It is tied in to the Sycamore School Management System which will provide you with extensive information regarding your student[s] and school.

If you are interested in **enrolling in our preschool**, you will need to fill out the **preschool enrollment packet**.

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 <input type="checkbox"/> below items as they are completed.	*= required	Necessary For Family or Individual Student	Page #
Page Title			
Enrollment checklist (this page)		Family	page. 1
OLV Enrollment Form: Basic & Emergency Contact Information*		Family*	Page 2
Tuition and Financial Information		Family	page 3
Tuition and Fees Contract*		Family*	page 4
Guidelines for OLV Scholarship Applicants		Family	Page 5
Medical Information Form I*		Individual*	page 6
Medical Information Form II*		Individual*	page 7
Permission for Obtaining Previous School Records, Test Scores*		Individual*	page 8
Parent/Guardian Commitment Form- "I will"*		Family*	page 9
Family Share Hours Agreement, Parent Volunteer Organization*		Family*	page 10
Volunteer Ticket Sales, Parent Volunteer Organization [PVO]*		Family*	page 11
Picture/Social Media Permission Form*		Family*	Page 12
Family Talent & Interests Form		Family	Page 12
Volunteer form [when needed]		Family	Page 13
School Uniform Requirements & Appearance*		Family*	page 14
Extended Day Program		Family	page 15
Hot Lunch Program survey/sign-up		Family	page 16
Safe & Sacred Information [only if volunteering]		Family	page 17
Dioceses Safe & Sacred & Background Check Form [only if volunteering]		Family	page 17
Circle of Grace, Safe Environment Program		Family	page 18
Co-Enrollment Information [for allotment from Mat-Su School District]		Family	page 19
School Year at a Glance Summary OLV Yearly Event Calendar		Family	Page 20
\$ 25 material & supplies fee (per student)*		Individual*	Please turn funds in to the office with this packet. Thank you.
\$100 Non-Refundable Registration Fee*		Family*	



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[1 FORM/FAMILY] ENROLLMENT APPLICATION-BASIC & EMERGENCY CONTACT INFORMATION

Please check: NEW FAMILY RETURNING FAMILY [fill out only the items that have changed]

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.					

Parent/Guardian #1 (Please Print Clearly)				Parent/Guardian #2				If address same as #1, check Box <input type="checkbox"/> SAME							
Name: Last		First		MI		Name: Last		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		Preferred E-Mail		Home Phone		Cell Phone		Preferred E-Mail					
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		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		MI		Name: Last		First		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
- American Indian
- African-American
- Asian
- Native Hawaiian/Pacific Islander
- Caucasian
- Hispanic
- Mixed Race [please check or list] _____

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

[signature] _____

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 30%-42%. 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.

2016-2017 Tuition

[does not include preschool]

<u>OLV</u> <u>Grades K-8</u> <u>Tuition</u>	<u>Monthly Payments</u>		<u>“Tuition Plus”, [No Fund Raising or Share Hour Obligations Required]</u>	
	The cheapest way to pay monthly is to go through the TADS Tuition Payment Plan . [see below]. For a one time fee of \$45 you can set up your yearly payment plan. If you choose to pay directly to OLV by monthly credit card and not use TADS , there will be 3% added to each transaction.		2 parent/guardian family**	1 parent/guardian family*
1 Child \$4,330			1 Child \$6,530	\$ 5,430
2 Children \$8,030			2 Children \$10,230	\$ 9,130
3 Children \$11,230			3 Children \$13,430	\$12,330
4 or More Children \$13,700			4 Children \$15,900	\$14,800
Families must fund raise an additional * or **			But “Tuition Plus” does not include any fees or other expenses. See Parent/Guardian handbook, page 11	

*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, 2016. Half year payments are due August 15 and January 15, 2017.

Monthly payments are due Starting August 15, and due on the 15th 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.

Written quarterly report cards will not be given to those who are delinquent in paying their tuition.

The cost to educate one child at OLV for the current school year is approximately \$12,000. This means that the school must raise an additional \$7,700 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, 2016.

All tuition and fees must be paid from the previous year or the student[s] are not allowed to re-enroll in OLV.

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 easy and can be done by going to 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 10 and 12 month payment option*). 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’s 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 amount of tuition to be paid for tuition assistance is dependent on the OLV Principal and Scholarship Committee. Your complete financial aid application **MUST** be received by TADS **by June 1, 2016** to qualify (*there is a \$35 financial assistance processing fee paid to TADS*). Please contact the school if you have any questions regarding tuition or financial tuition assistance. Families must submit data through TADS for consideration for **scholarships**.

I understand that inconsistent unexcused absences or tardiness and non participation in fund raising/share hours may result in revocation of financial assistance and/or scholarships.

Depending on funding, there may be some other special **scholarships** available. See page 5 of this packet.

There is also a possibility of reducing some tuition obligations after volunteer hours have been completed. Contact our office for details.



1 Form/Family Tuition Information & Tuition/Fees 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

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.

<input type="checkbox"/>	Monthly	by	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card [+3% monthly processing fee]	<input type="checkbox"/>	TADS	Yearly Total \$	<input type="text"/>
<input type="checkbox"/>	Half Year	by	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	TADS	Yearly Total \$	<input type="text"/>
<input type="checkbox"/>	Full Year	by	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	TADS	Yearly Total \$	<input type="text"/>

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

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 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. I have paid my supplies & materials fee of \$25./child

yes no yes no

I understand that accounts that are over 30 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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GUIDELINES FOR OLV SCHOLARSHIP 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** for other deserving students.

The following are guidelines, in no particular order, for distribution of **scholarship funds** to enrolled OLV Families/students as set by the OLV administrative staff. The guidelines include, but are not limited to:

- Currently enrolled students
- Family hardship or emergency
- Academic achievements
- Timely tuition and fee payments
- Fundraising ticket sales met and and/or exceeded
- Satisfactory attendance and tardies
- Share hours met and/or or exceeded
- Family involvement with the school on campus, and with assigned tasks
- Volunteers in classroom, extended day program, recess duty, kitchen or recess duties, extra curricular activities
- Medical hardship

Candidates for scholarships must submit family financial information to the TADS program, and apply financial assistance. If TADS determines that a candidate is not eligible to receive financial assistance, the candidate is still eligible for consideration. The OLV Scholarship Committee will review TADS family data along with the above criteria in the awarding of OLV scholarships.

Prospective scholarship students must submit a letter of request for a scholarship in writing to the Administrative Staff and/or Parish Priest. This letter should state how much tuition you can afford to pay.

The Administrative Staff, the Scholarship Committee and Parish Priest are responsible for individual decisions with regard to the recipients and the amount of the scholarship award.

Recipients must meet all or the majority of the above criteria.

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

Outside donors may contribute to the scholarship fund with eligibility criteria with Scholarship Committee approval.



1 Form/Student

Medical Information I

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		MI		Name: Last		First		MI					
Mailing Address: Street or PO Box,			City	State	ZIP	Mailing Address: Street or PO Box			City	State	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			
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		Home Phone		Cell Phone		Work 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"/> |

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

△ **Parent/Guardian Signature:** _____ **Date:** _____



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Enrolled Child's Name First Name, MI, Last Name	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. Does your child take medication regularly? No Yes, If yes, how often, please explain

6. 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 4 Year Old Student)

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 you 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: _____



Our Lady of the Valley Catholic School ENROLLMENT PACKET
 1201 E. Bogard Rd., Wasilla, AK 99654 Phone: (907) 376-0883
 2016-2017 School Year

[1 Form/Student] Request for Previous School Records, Test Scores

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 AMP (Alaska Measure of Progress, April)
- Grades 3-8 MAP Tests (Fall, Winter & Spring)
- Grades 4 and 8 Science SBAs, April

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 Web, AMPs, and MAP testing for:

_____ Child's First Name

_____ Child's Last Name

_____ Printed Parent/Guardian Name

_____ Parent/Guardian Signature

_____ Date

REQUEST FOR PREVIOUS SCHOOL RECORDS

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:	
--	--

△ 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)	Birthdate	Grade	Last 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"/> All of the Above
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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 to:

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

Phone: (907) 376-0883 FAX: (907) 376-0853

E-Mail: ksmith@valleycatholicschool.org



Parent/Guardian Commitment Form

The following is a Parent/Guardian Code of Conduct that we ask each of our Parent/Guardians to adhere to as your child's most important educator. I understand that I teach my child best by my own example of reverence, responsibility, and respect. I ask Our Lady of the Valley Catholic School to assist me in making my child a disciple of Jesus Christ. I understand that my child's teacher is a dedicated professional who makes many sacrifices to teach in a Catholic school. In order to show my cooperation, support, and thankfulness:

I will ... (Δ INITIAL the line item to signify that you agree)

- | | |
|-----|--|
| 1. | ... have my child to school on time every day with the necessary school supplies, appropriately dressed and in appropriate appearance as stated in our uniform and appearance code. |
| 2. | ... show respect for the teacher and any other adult in authority in front of any student at all times. |
| 3. | ... never lie to the priest, the principal, or the teachers to protect my child from the consequences of his/her behavior. |
| 4. | ... stop rumors. I will go through proper channels when I have a problem. |
| 5. | ... speak respectfully with kindness and courtesy to other parents/guardians in front of students, especially when there is a disagreement. |
| 6. | ... speak to the teacher or adult in charge before I accept my child's version of an incident. I know the good of all children comes before my child's needs or wants. |
| 7. | ... follow the school's rules, calendars and deadlines and expect my child to do the same. |
| 8. | ... support my children and their teachers by actively assisting in the completion of all assignments and homework in the designated time. I understand that there will be daily homework [except for Kindergarten]. I will support my children in completing their homework. |
| 9. | ... support my child to make-up work when absent. In the event of planned absences, I will contact the teachers at least 2 weeks in advance to enable the teacher to plan for adequate make up assignments. I understand that my children are responsible for completing all assigned classwork when absent. Make-up assignments are due within two school days of the return. Failure to satisfactorily complete homework will result in zeros for the missed assignments. |
| 10. | ... build a bridge of acceptance and understanding, while expecting my child to do the same among the different cultures represented at Our Lady of the Valley and our community. |
| 11. | ... review the OLV Parent/Guardian/Student Handbook. Important information is in this book of all the necessary commitments needed. If I do not contact the OLV office within one month of my enrollment with concerns, this indicates my agreement with all of the terms required of OLV. |

With the example of the Holy Family and the guidance of the Holy Spirit, I will abide by this Code of Conduct while my child/children are enrolled at Our Lady of the Valley.

Δ Parent/Guardian Printed Name: _____ Signature: _____ Date: _____



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

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/Guardain Family [TPF] At least 20 hrs/semester or at least 40 hrs/year**
OR
 Single Parent/Guardain 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 [Consider going through TADS for a monthly cheaper 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]	Yearly Total	<input style="width: 50px;" type="text"/>
<input type="checkbox"/> Half Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> TADS	<input type="checkbox"/> Credit Card	Yearly Total	<input style="width: 50px;" type="text"/>
<input type="checkbox"/> Full Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> TADS	<input type="checkbox"/> Credit Card	Yearly Total	<input style="width: 50px;" type="text"/>

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 ENROLLMENT PACKET
 1201 E. Bogard Rd., Wasilla, AK 99654 (907) Phone: 376-0883
 2016-2017 School Year

[1 Form/Family] Fund Raising -- Parent Volunteer Organization P.V.O.

(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 \$12,000. This means that the school must raise an additional \$7,700 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, 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 fund raising events may be different but your family is responsible for raising at least a total \$1,200 including:</p> <ul style="list-style-type: none"> • Sell at least 40 raffle tickets for our Annual Cash Raffle – Tickets are \$10 each. [\$400 total] • 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. • Volunteer for our Annual Auction (this may be done by a friend if the parents/guardians are not available this day). [suggestion at least 5 hours included in your 40 hours] • Attend PVO Meetings and procure auction items. 	<p>The fund raising events may be different but your family is responsible for raising at least a total \$600 including:</p> <ul style="list-style-type: none"> • Sell at least 20 raffle tickets for our Annual Cash Raffle – Tickets are \$10 each. [\$200 total] • 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. • Volunteer for our Annual Auction (this may be done by a friend if the parent/guardian is not available this day). [suggestion at least 2.5 hours—included in your 20 hours] • Attend PVO Meetings and procure auction items.
<input type="checkbox"/> Δ initial	<input type="checkbox"/> Δ initial

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 monthly cheaper 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="text"/>
<input type="checkbox"/> Half Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check			Total	<input type="text"/>
<input type="checkbox"/> Full Year by	<input type="checkbox"/> Cash	<input type="checkbox"/> Check			Total	<input type="text"/>

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 _____



[1 Form/Family]

Picture/Social Media Permission Form

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

Parent/Guardian PRINTED Name _____

Enrolled Child's Name: ↓

Information Release Category Please initial all appropriate boxes				
1	2	3	4	5
Δ OK to use on OLV webpage [no names used]	Δ OK to use on OLV Facebook & YouTube. No names used except for first name for birthday wishes and congratulatory purposes.	Δ OK to use on OLV newsletter and newspaper articles to promote school [first name only].	Δ OK to use on OLV calendars, slide shows Fundraisers [first name only].	Δ I decline permission 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.]**

Δ Parent/Guardian Initial: Δ Parent/Guardian signature: _____ Date: _____

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

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



[1 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 “Safe & Sacred” course from the Diocese and submitted completion certificate to the OLV office.
- 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 other students on fieldtrips, please contact our office for further information.



[1 Form/Family] Uniform and Appearance Requirements

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.dennisuniform.com. Our school code is

AK0450

Uniform Attire:	Male Student:	Female Student:
ALL DAYS	<ul style="list-style-type: none"> •Neat and clean appearance – conservative hairstyles •Long hair is pulled back tightly, no Mohawks or cut-in designs •No stud earrings, tattoos or stick-ons. •No hats or hoods. •Deodorant required for grades 5 through 8. •All pants and shirts to be ironed 	<ul style="list-style-type: none"> •Neat and clean appearance – conservative hairstyles, no hair colors or dyes. Hair must be brushed. •Headbands, barrettes or hair ties to match uniform. •Clear nail polish & chap stick permitted. No makeup. •No large earrings or necklaces. No tattoos or stick-ons. •No hats or hoods. •Deodorant required for grades 5 through 8. •All pants, skirts, jumpers and shirts to be ironed. •Skirts/Jumpers no shorter than 2” above the middle of the knee
Monday, Tuesday and Thursday	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige-ironed •Shirts –all ironed. Cotton polo: Navy, White or Light Blue Turtleneck: Navy, White or Light Blue Dress: White or Light Blue •Sweaters – Navy •Socks – White or Dark Colored •Shoes – Black/Dark Colored or Sneakers, no fluorescent shoes or bright laces or treads 	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige •Shirts –all ironed Cotton polo: Navy, White or Light Blue Turtleneck: Navy, White or Light Blue Blouse: White or Light Blue •Sweaters – Navy or White •Socks – White or Dark Blue/Black •Shoes – Black/Dark Colored or Sneakers, no fluorescent shoes or bright laces or treads •Dresses/skirts/jumpers – Navy or Khaki/Beige with white tights, knee high socks or leggings
Wednesday	All above and OLV shirts. No jeans.	All above and OLV shirts. No jeans.
Friday & Special Occasion	<ul style="list-style-type: none"> •Pants – Navy or Khaki/Beige -ironed •Belt- Black or Dark Brown •Shirt – Dress: White or Light Blue - ironed •Tie - Navy •Sweater/Blazer – Navy (optional) •Socks – Dark Colored •Dress Shoes – Black 	<ul style="list-style-type: none"> •Skirt/Jumper – Navy or Plaid - ironed •Blouse – White -ironed •Tie - Navy or Plaid Girls Tie or Boys Clip on tie •Sweater/blazer – Navy (optional) •Socks – White Knee High Socks or Tights •Dress Shoes – Black or Navy (no heels)

I accept and will support the uniform and appearance requirements:

△ Printed Parent/Guardian Name

Parent/Guardain Signature

Date



[1 Form/Family]

EXTENDED DAY CARE

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.

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

I DO NOT NEED extended day care: _____

Signature

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

Enrolled Child's Name: First Name, Last Name	Grade	Age

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**

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.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date



[1 Form/Family]

HOT LUNCH PROGRAM

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 a 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 created and carried out by volunteers and parents alike. The meals are to be healthy, nutritious and will offer a time for all the school to come together and share a meal. At times Sacred Heart church will have to use the social hall and this usually is known ahead of time. If this happens, meals are served in the classrooms. Sometimes, when no volunteers are available, 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 will have a budget of \$125 to prepare and serve each meal. In order to insure nutritional meals, the cost of each meal will be \$5. per student or adult.

In the past, our hot lunch program has begun in September and has lasted through the middle of May. Lunches may be purchased individually or an 8 punch card [monthly] can be purchased.

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.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Calendar for scheduling **Tuesday/Thursday Volunteering** for Hot Lunch Program. **See Page 15.** 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.



[1 Form/Family] **Volunteer Requirements, Safe & Sacred &
 Archdioceses of Anchorage 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@valleycatholicschool.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.

**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

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 Schwietz of our Anchorage Diocese.

Diocese/eparchies 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 about ways to make and maintain a safe environment for children. Dioceses/eparchies 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.



[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, ice skating, gymnastics 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, 2016. 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 to see the large variety of courses that are available for your student[s] 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 or 352-7450)
or the Twindly Bridge Charter School (twindlybridge.us or 376-6680)
for more information.



Our Lady of the Valley Catholic School ENROLLMENT PACKET

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

2016-2017 School Year

School Year at a Glance Yearly Summary Calendar, 2016-2017 School Year

Please Place this Calendar on Your Refrigerator

AUGUST, 2016

Mon -8	Cross Country Starts Gr. 4 th Grade & up 3:15 PM Mon-Thr
Wed- 10*	TEACHER INSERVICE *NO STUDENTS
Thr- 11*	TEACHER WORK DAY *NO STUDENTS during day, Parent/Guardian / Student Welcome BBQ & Orientation 6 PM Parish Hall
Fri- 12*	TEACHER WORKDAY *NO STUDENTS
Mon- 15	STUDENTS FIRST DAY Annual Raffle Ticket Sales Begin
Wed- 17	OLV Advisory Board Meets—Officer Elections
Fri- 19	First Mass: 9 AM
Sun- 21	Pancake Breakfast Sacred Heart after 9AM and 11:30 AM Masses Parish Hall
Sat- 27	Alaska State Fair St. Michaels Slippery Gulch booth 11-6 PM

SEPTEMBER, 2016

Mon- 5*	LABOR DAY *NO SCHOOL
Fri-23	Start of Faith & Knowledge Annual Appeal
?	Pancake Breakfast: Our Lady of the Lake
Sat- 24?	Catholic Truth Pursuit. contest. ?more details later

OCTOBER, 2016

Wed-12	OLV Advisory Board Meets—
Thr- 13	1st QUARTER ENDS
?	Steak Dinner
Thr-27*	TEACHER INSERVICE/ WORK DAY- *NO STUDENTS
Fri- 28*	PARENT CONFERENCES, *NO STUDENTS
Sat- 29	HALLOWEEN FESTIVAL Parish Hall 6:00 PM-7:30 PM

NOVEMBER, 2016

Tue- 1	All St. Days Mass 9AM
Fri- 4	No Mass
?Sat-12	Vendor Fair, Sacred Heart Parish Hall
Fri- 11	Veterans Day Mass 9AM followed by reception Parish Hall
Wed- 23*	THANKSGIVING
Thr- 24*	BREAK
Fri- 25*	*NO SCHOOL

DECEMBER, 2016

Sun-3	American Legion Day of Remembrance-Concert
Thr- 8	Feast of Immaculate Conception Mass 9 AM
Fri- 9	No Mass
Wed-14	OLV Advisory Board Meets—
Thr- 15	Christmas Program & Refreshments 6:30 PM Parish Hall, Fruit -Cheese & Veggie Platters
Wed- 21	2nd QUARTER ENDS
Thr-22*	CHRISTMAS BREAK *NO SCHOOL
Fri- 23*	CHRISTMAS BREAK *NO SCHOOL
Mon- 26*- Fri- 30*	CHRISTMAS BREAK *NO SCHOOL

JANUARY, 2017

Mon- 2*- Fri- 6*	NEW YEARS BREAK *NO SCHOOL
?	Talent Show/Dinner Parish Hall
Fri - 13	School GeoBee
Fri- 20	School Spelling Bee
Mon- 30- Tue- 31	Start of CATHOLIC SCHOOLS WEEK Wasilla

FEBRUARY, 2017

Wed.- 1	CATHOLIC SCHOOLS WEEK Anchorage
Thr- 2 - Fri- 3	CATHOLIC SCHOOLS WEEK Wasilla
Wed-8	Advisory Board Meets—

FEBRUARY, 2017 [cont.]

Fri-17*	PARENT'S CONFERENCE DAY *NO STUDENTS
?	Steak Dinner-Show
Fri-24*	TEACHER'S WORK DAY, INSERVICE *NO STUDENTS

MARCH, 2017

Wed- 1	Ash Wednesday Mass 9 AM
Thr- 9	3rd QUARTER ENDS
Fri- 10*	Teacher Work Day *NO STUDENTS
Mon-13*- Fri-17*	SPRING BREAK *NO SCHOOL
Fri- 24	Soup & Stations of Cross-OLV 6 PM Parish Hall

APRIL, 2017

Wed- 12	OLV Advisory Board Meets-Election New Members
Fri- 14*	GOOD FRIDAY *NO SCHOOL
Sun- 16	Easter
Mon-17*	MONDAY AFTER EASTER *NO SCHOOL
? Sat- 22	Annual Auction <i>pending availability</i>

MAY, 2017

Fri- 12	MOTHER'S DAY Mass/Brunch 9 AM Parish Hall, Brunch-10:15 AM
?	?Plant Sale
Thr- 18	4th QUARTER ENDS
Thr- 18	Last Day of School, Awards Assembly Parish Hall
Fri- 19*	TEACHER WORK DAY *NO STUDENTS

?Executive & Advisory School Board, Joint Meeting, June?

*=students do not attend that day
?=Uncertain or TO BE ANNOUNCED