

FOR OF	FICE USE ONLY
School Year:	
Application Rec'd:	
Testing Fee:	Fee Rec'd:
Testing Date:	Tested by:
Accepted:	Letter Sent:
Interview Date:	
Reg. Fee Rec'd:	Other:

4020 Roxton Ave. Los Angeles, CA. 90008 Phone: (323) 292-3011 Fax: (323) 292-1527 www.transfigurationla.org

Application for Admissions 2023-2024

Student Name:	F	Entering	Grade:	
Ctaaciit i tairic.			Claac.	

Instructions:

- 1. Please complete this application in its entirety in order to receive full consideration for admission.
- **2.** The following is required with submission of application:
 - a. Non-refundable Application & Testing fee of \$50.00 (cash only)
 - **b.** Copies of the two most recent report card grading periods (NO expectations) for grades 1-8. We cannot process the application without the report cards.
 - c. A copy of your child's birth certificate
 - i. A child must be five (5) years of age on or before September 1st to enter Kindergarten.
 - d. Standardized Test scores

Please **Print** All Information

PUPIL INFORMATION

Last Name	First Name		Middle	Grade in Sept
Address	City		Zip Code	
Home Phone ()	Date of Birth		Please Check: N	MaleFemale
Place of Birth: City	State		County	
Language spoken at home:	□ English □	Spanish	□ Other	
FAMILY INFORMATION				
Father's First Name	Midd	le	Last	
Home Phone ()	Work Phone		Cell Phone	
Address		City	State	Zip code
Birthplace	Religion		Occupat	ion
Mother's First Name Home Phone () Email	Work Phone ()			
Address	(City	State	Zip Code
Birthplace	Religion		Occupat	ion
Child lives with: (Please che Parents are: Living together				
If child lives with person ot	her than parents, plea	se provide i	nformation below:	
Legal Guardian's First Nam	e	Middle	Last	Name
Relationship	F	Home Phone	()	
Work Phone ()	Cell Phone ()			
Email				
Address		Citv	State	Zip Code

SIBLINGS

Name:		Ag	e:	Grade:	
Name:					
Traine:		Ag	ge:	Grade:	
Name:		Ag	ge:	Grade:	
	Please	e list all other sibl	ings of the App	olicant:	
Name:		Age	9:	Grade:	
Name:		Age	9:	Grade:	
Name:		Age	9:	Grade:	
******	*****	*****	*****	· · · · · · · · · · · · · · · ·	*****
Are any relatives Alum	ni of Transfigura	tion Catholic Schoo	ol? 🗆 Mother 🗆 🗈	Father \square other	□ No
		SCHOOL INF	ORMATION		
	Please lis	t previous school t	his applicant ha	s attended	
School Name	City/State	Dates Atte	ended	Reason for	leaving
School Name	City/State	Dates Atte	ended	Reason for	leaving
School Name	City/State	Dates Atte	ended	Reason for	leaving
	SACR	AMENTAL & CH	URCH INFORM	ATION	
Baptism:				Verified: _	
Date	Church	City/S	tate		
First Communion:				Verified:	
Da	te	Church Ci	ity/State		
In what parish are you	registered?				
		_			

ADDITIONAL INFORMATION
How did you hear about Transfiguration Catholic School?
Why do you want to enroll your child at Transfiguration Catholic School?
Does your child have any hobbies or activities he/she is interested in?
Has your Child ever been retained? \square Yes \square No
If "yes", please indicate grade level and circumstances:
Has your child ever been subjected to severe disciplinary action (i.e., suspension or expulsion)? ☐ Yes ② No If "yes," please explain the circumstances:
Does your child take medication daily? Yes No If "yes," what medication does she/he take?
Does your child have any physical, emotional, or psychological need or limitations? Yes No If "yes," please describe:
Has your child received counseling, psychotherapy, or other assessments? \Box Yes \Box No If "yes," please indicate what, when and where:
Does your child currently have, or has your child had in the past an Individual Education Program (IEP)? ☐ Yes ☐ No If applicable, what is the date of your last consultation?

What resources is your child receiving? _____

Name_____Contact Information____

Is there anyone your would like us to contact as a reference? \square Yes \square No

- 1. A Baptismal certificate must be provided for all students who are entering Transfiguration Catholic School.
- 2. After acceptance and before the first day of school, students must provide records of adequate immunization.
- 3. California State Law requires all entering First Grade and students new to California to present satisfactory evidence for health screening/evaluation within the ten (10) month period prior to entering school, unless the child's parent/guardian gives written notice (waiver) that they do not want their child to receive such services. This includes proof of a negative TB test.
- 4. After submission of a completed application and support documentation, and completion of the admissions test, parents will receive a written notification of their child's admission status. This indicates the need for and admissions interview.

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of all school records, including grades, health records, and any other developmental information regarding my child. I agree to support Transfiguration Catholic School's academic/discipline policies, administration, faculty, and parent organizations. I also agree to meet the financial responsibilities (tuition/fees/fund raisers) for this child.

Signature of Parents/Guardian	Date	Signature of Parents/Guardian	Date

NOTES

		-



4020 Roxton Avenue, Los Angeles, CA 90008 Tel: 323-292-3011 Fax: 323-292-1527

www.transfigurationla.org

A community K-8 school teaching in the Catholic faith traditions with an exceptional accredited curriculum, a fine and performing arts program, and after-school enrichment programs.

Grade K-8 Tuition and Other Fees 2023-2024

Tuition

- 1 student \$4,700 (\$427.27) per month payable in 11 installments 1st -7th grade starting July 2023 to May 2024 1 student \$4,800 8th grade (\$436.36) includes class spirit shirt, cap & gown, Diploma Cover
- 1 student \$4775 K grade (\$434.09) includes class spirit shirt, cap & gown, must be 5 years old by September 1 to enter kindergarten

Additional students in the family - 2nd sibling \$3,000, 3rd or more \$2,220 per year

Hours of Operation: 8:00 AM to 2:45 PM (subject to change)

Students may be on the campus no more than 15 minutes before and after the hours of operation.

Payment and Fees

Payments: Monthly on the 1st, 15th, or 30th of each month. Payments may be made through Smart Tuition All payments MUST be automatically deducted from a checking, savings, or credit card account

Registration Fee

\$250 per child by May 15, 2023; \$350 per child after May 15, 2023, non-refundable

Health and Safety/Technology Fee

\$100 per child

A 5% discount applied if tuition is paid in full by August 15, 2023. This does not apply with CEF grants or other scholarships. A 20% fee will be withheld for early withdrawals once the 5% discount has been applied.

Uniforms are required, and courses in the Fine & Performing Arts Inquire about Catholic Education Foundation awards and other scholarship programs

Before and After School Enrichment Program

1 student \$200 per month (mornings 7 AM to 8 AM evenings 3 PM to 5:30 PM)

2 students \$350 per month

3 or more students - principal will determine the fee

\$10 late fee for every 1 minute late in picking up students after the designated time

Fundraising and Service Hours

Fundraising: The school has at least 2 fundraisers each year and families must participate by selling a minimum of \$500 for the year. **The first mandatory fundraiser for all families: WALK-A-Thon is \$150 per child.** These fundraisers are an important part of building awareness of our school in the community as well as contributing to the cost to educate your student. A list of fundraisers for the year will be provided at the beginning of the school year.

Service Hours: 40 hours of volunteer service per student (50 hours for two or more students) to be completed before May 15, 2024. In lieu of service hours, families will pay \$450 for one student, (\$550 for two or more students). All service hours are to be performed by Virtus-trained adults.



4020 Roxton Avenue, Los Angeles, CA 90008 Tel: 323-292-3011 Fax: 323-292-1527

www.transfigurationla.org

A nurturing and faith-filled curriculum to prepare children for Kindergarten and for life.

Pre-School Tuition and Other Fees 2023-2024

Tuition

Extended Day Program available from 7:45 AM to 5:00 PM daily By a contract from July 1, 2023, through May 30, 2024 \$7,900 per year or 11 payments of \$718.19 per month per child

- Age 2 ½ to 5 years must be fully potty trained
- Additional student(s) discuss with the Principal

\$10.00 late pick-up fee for every 1 minute late picking up a student after the designated time

Payment and Fees

Registration Fee:\$250 by May 15, 2023, per child, \$350 after May 2023 non-refundable and applied to education expenses

Payments: Monthly on the 1st, 15th, or 30th of each month. Payments may be made through Smart Tuition

All payments MUST be automatically deducted from a checking, savings, or credit card account

Registration Fee:

\$250 per child by May 15, 2023; \$350 per child after May 15, 2023, non-refundable A 5% discount applied if tuition is paid in full by August 15, 2023. This does not apply with CEF grants or other scholarships. A 20% fee will be withheld for early withdrawals once the 5% discount has been applied.

Uniforms are required, after-school snacks are provided, Hot Lunch is available Playground, easy drop-off and pick-up area, secured gate Field trips to support the preschool curriculum Inquire about Catholic Education Foundation awards and other scholarship programs

Fundraising and Service Hours

Fundraising: The school has at least 2 fundraisers each year and families must participate by selling a minimum of \$500 for the year. **The first mandatory fundraiser for all families: WALK-A-Thon is \$150 per child.** These fundraisers are an important part of building awareness of our school in the community as well as contributing to the cost to educate your student. A list of fundraisers for the year will be provided at the beginning of the school year.

Service Hours: 40 hours of volunteer service per student (50 hours for two or more students) to be completed before May 15, 2024. In lieu of service hours, families will pay \$450 for one student, (\$550 for two or more students). All service hours are to be performed by Virtus-trained adults.



4020 Roxton Ave, Los Angeles, CA 90008

Emergency Contact and Medical Information for a Child М Date of Birth Sex Child's Name Parent's/Guardian's Name Parent's/Guardian's Name Home Phone Work Phone Home Phone Work Phone Address Address City, ST ZIP Code City, ST ZIP Code **Alternative Emergency Contacts** Primary Emergency Contact - relationship Secondary Emergency Contact - relationship Home Phone Work Phone Home Phone Work Phone Address Address City, ST ZIP Code City, ST ZIP Code **Medical Information** Hospital/Clinic Preference Physician's Name Phone Number Insurance Company Policy Number Allergies/Special Health Considerations I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Parent's/Guardian's Signature Date Email address - parent 1 Email address - parent 2



4020 Roxton Avenue, Los Angeles, CA 90008 Tel: 323-292-3011

Service Hours Agreement

Each family is responsible to fulfill 40 hours of service (50 hours for 2 or more students) to the school each year. These hours are fulfilled through volunteering services at the school. In some cases, service hours are credited for the donation of goods. The amount of hours varies and is conveyed in writing.

Only adult family members who have been certified by completing VIRTUS training may receive credit for the family. Each adult volunteering must submit to the school certification of completion of the VIRTUS training program prior to volunteering.

It is the responsibility of the family to turn in to added to Gradelink, hours volunteered. This time is verified through school personnel.

If service hours are not fulfilled by Wednesday, May 15th, 2024 there will be a \$15 charge for each hour not completed. This amount will be billed to the May Smart tuition payment.

Statement of Acknowledgment:

I have read the above guidelines regarding service hours. I agree to abide by the above guidelines. I understand that any outstanding hours are subject to billing via my May Smart tuition payment.

Parent Name	Parents Signature	Date	
	Office Use Only:		
VIRTUS training completed: Y	/es No		
Date:	Parish:		
Certificate on file: Yes	No Verified by:		



4020 Roxton Avenue, Los Angeles, CA 90008 Tel: 323-292-3011

Below is a list of volunteer opportunities at Transfiguration Catholic Elementary School. Participating in these activities will earn service hours for your family if the adult volunteering is currently VIRTUS certified.

Check the activities below that interest you. This is not a commitment but will help us in evaluating the assistance available for each activity.

Parent Name	Parents	Signature Date	
I have the following talents/se	rvices that	Field Day I would like to volunteer to the school:	
Parent/Teacher Organization Executive Board		After School Sports	
Room Parent		Library assistance	
Safeguard the Children		Grading Papers	
I am interested in being part o	f the follow	ring committees:	
Field Day		4th Grade Growing Up Party	
After School Sports		Science Fair	
Library assistance		Fish Fry volunteer	
Grading Papers		Faculty/Staff Appreciation Day	
Preparing Thursday Family E	nvelopes	School Open House	
Working at the Harvest Festiv	al	Dr. Martin Luther King Celebration	
Harvest Festival Planning		Family Dinners	
Planning class activities		Back to School Breakfast	
Assisting in the classroom		Book Fair Volunteer	
Chaperoning Field Trips		Sports Banquet	



ACKNOWLEDGMENT OF RECEIPT OF GUIDELINES FOR ADULTS INTERACTING WITH MINORS AT PARISH/SCHOOL ACTIVITIES OR EVENTS

Revised 8/2007- 1/27/10 Revised 6/8/2010

I have received and agree to comply with the *Guidelines for Adults Interacting with Minors at Parish, Parish School, Youth Ministry or Religious Education Activities or Events* of the Archdiocese of Los Angeles. As stated in the copy of these guidelines: "All adults working or volunteering with minors are also accountable to follow all policies contained in any other 'Handbooks' that the parish/school may use' (i.e.: Catholic Schools Handbook, Parish ministry handbook, etc.). All adults acting in a staff, faculty, ministerial or other paid or volunteer* position in the Archdiocese are role models who are called to treat each minor with respect and care. Clergy/staff members/faculty/volunteers serving either in a paid or volunteer position need to maintain professional relationships with minors whether on or off the parish or parish school locations." These guidelines are part of the commitment of the Archdiocese of Los Angeles to keep children and youth safe and to provide a role model for all minors under our care.

Activity(ies) or Even	nt(s) in which I am i	nvolved:	
Name (please print l	egibly):		
Signature:			
Date:			

ARCHDIOCESE OF LOS ANGELES GUIDELINES FOR ADULTS INTERACTING WITH MINORS AT PARISH OR PARISH SCHOOL ACTIVITIES OR EVENTS

Revised 8/2007 - 1/27/10 - 6/8/2010

(Replace 8/2007 Guidelines for Adults Interacting with Minors in Article 6)

Adults acting in a staff, faculty, ministerial or other paid or volunteer* position in the Archdiocese are role models who are called to treat each minor with respect and care. Clergy/staff members/faculty/volunteers serving either in a paid or volunteer position need to maintain professional relationships with minors whether on or off the parish or parish school locations. Please review the following guidelines and sign the "Acknowledgement of Receipt" for the file at the parish or school where you work or volunteer.

- Clergy/staff members/faculty/volunteers will ensure that minors are properly supervised at all times, thus providing them a safe environment. Minors must be viewed as "restricted individuals" because they are not adults and are not independent.
- If clergy/staff members/faculty/volunteers who are supervising minors observe a situation where civil law, parish and/or school rules are being violated, they must take appropriate action immediately.
- Clergy/staff members/faculty/volunteers should always be aware they have considerable personal power because of their ministerial
 positions. Therefore, they will maintain respectful ministerial relationships, avoiding manipulation and other abuses of power.
- Clergy/staff members/faculty/volunteers must avoid assuming the role of a "father or mother figure," which may create an excessive
 emotional attachment for all parties.
- Attraction between adults and minors is possible, and care and caution should be taken in all interactions. The parish/school
 administration should be informed immediately if such an attraction exists. Dating or sexual relationships between a clergy/staff
 member/faculty/volunteer and a minor are inappropriate and unethical. Dating or sexual relationships between a clergy/staff
 member/faculty/volunteer and a minor are unlawful.
- Communications with minors (e.g., notes, letters, e-mail and Internet exchanges, telephone calls) must be for professional reasons only.
- Discussions of a sexual nature must always take place in an appropriate educational context. Sexual jokes, slang or innuendo are inappropriate when interacting with minors.
- Clergy/staff members/faculty/volunteers will respect confidential information concerning minors or confidential information of a personal
 nature shared by a minor. However, if a minor shares confidential information that could pose a threat to the minor or to others, the
 clergy/staff member/faculty/volunteer has an obligation to notify the proper authorities.
- When clergy/staff members/faculty/volunteers are supervising minors or young adults at parish or parish school-sponsored activities, they may not be under the influence of alcohol, may not consume alcohol in the presence of persons under age 21, nor offer alcohol to them.
- When a clergy/staff member/faculty/volunteer is alone in a room with a minor, the door must be open, or there must be clear visibility through windows.
- Clergy/staff members/faculty/volunteers are to engage in games or sports activities with minors only in the presence of other adults, or in a place openly accessible/visible to others.
- Clergy/staff members/faculty/volunteers planning parish/school events in their homes with minors must have the permission of the
 parish/school administration. In addition, clergy/staff members/faculty/volunteers may not have any minors in their homes without the
 knowledge of the minor's parent or guardian.
- Clergy/staff members/faculty/volunteers may not drive minors unless it is to or from a parish/parish school-sponsored activity and may never drive alone with a minor. Driving minors requires parental permission slips that indicate the transportation is by personal vehicle. The parish/parish school administration must approve any use of personal vehicles. Trips involving minors must have a sufficient number of adult chaperones and minors to preclude the appearance of inappropriate personal involvement with minors.
- Parent/guardian written permission is required for the publication of a picture of a minor.
- Adults are permitted to interact alone with minor/minors only after complying with Archdiocesan policies regarding fingerprinting and safe
 environment training. They may work with minors only as part of a team if they have not met those requirements.

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR (NONCOMMERCIAL)

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):
Name of Location:
The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.
Description of events/activities to which this Release applies:
Duration of Release:
This section to be completed by Parent/Guardian:
I, am the parent/guardian of, a minor.
I hereby authorize the Location to use the following personal information about my child: (Please initial the applicable boxes)
Image: □ yes □ no Voice: □ yes □ no Name: □ yes □ no Work: □ yes □ no
I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed

understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature:		Date:	
Print Name:		Relationship to Child:	
Address:			
Telephone:	Cellphone: _		
Email:			
Name of Child:		Age:	

