

St. Stanislaus Kostka School

"Do not walk through time without leaving worthy evidence of your passage." Saint John XXIII

Mrs. Elena Malinconico Principal www.sskschool.org 732-254-5819

January 25, 2018

Dear St. Stan's Families:

As Catholic Schools' Week draws to an end for us, I am so thrilled with all the festivities our children participated in, that our open houses were very successful, and that we have the opportunity to be part of Catholic education and that our Catholic school is a vibrant place where seeds are planted each and every day that enable our children to grow into educated, Christian young men and women with a sense of service to others.

We saw close to twenty families who had a very deep interest in sending their children to our school, most of whom I spoke to said it was based on the wonderful things they heard about our program; that is a testament to our students and families. I would also like to thank the HSA, who do so much to make Catholic Schools' Week such a success. I earnestly hope each of you will be continuing to be part of our school for the 2018-2019 school year. Re-registration is being sent home today. Re-registrations are due back by March 26, 2018 to avoid late fees. If you have any concerns or questions about re-registering please contact me directly.

Receiving the maximum amount of public funding to support our programs is one of my priorities each and every year. In order for us to qualify for that funding there are three very important forms that we need returned by every family for all our students. These are all due back to us by <u>February 23, 2018</u>. Reregistration is not necessary for us to receive this funding since the state determines dollar amounts based on registration from this year. These will be sent home with students in K-7 this school year.

- 1. Whether you utilize bus services or not please complete the transportation form you will receive. By completing this form, it does not oblige you to use busing.
- Textbook forms allow us to receive the maximum dollar amounts for the textbooks we use. Please be sure to complete this form as well. Some of our series are in need of updating and that can be quite an expense.
- 3. The family income form is imperative for our students to receive after school services and for our teachers to receive professional development. This information is not shared with any government agency; it is simply used to determine dollar amounts for eligibility. Only one per family needs to be completed. As always, I thank you for your support for and trust in the Catholic education your children receive with us.

Sincerely, Elena Malinconico, Principal



FEBRUARY 2018

ST. STAN'S SCHOOL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 2 3 4 5 7 8 9 10 11 12	20 11 12 13 14 27 18 19 20 21	T F S 1 2 3 8 9 10 15 16 17	2:00-3:00 Art Club Gr. 4-8 Mid Terms	2 7:40 AM Awards Ceremony - Parents Welcome 9:00 AM Mass Block B Clubs End Groundhog Day	3
4	5 2:00-3:00 Cooking Club & Chorus Block C Clubs begins Title I in Session This Week	6 2:00-3:00 Lambs Club & Wiffle Ball 6:30 PM Rome Meeting	7 <i>11:50 Dismissal</i> 7th Grade Snack Sale	8 2:00-3:00 Art Club Chinese Acrobats Assembly	9 Chiefs of Police Coach Bingo	10
11	12 2:00-3:00 Chorus	13 2:00-3:00 Ted-ED Mardi Gras - donuts provided by the HSA	14 11:50 AM Dismissal Ash Wednesday - 9:00 AM Mass Happy Valentine's Day	15 Winter Break - School Closed	16 Winter Break - School Closed	17
18	19 President's Day - School Closed	20 Winter Break - School Closed	21 2:00-3:00 Book Club & Religion Club Student of the Month Breakfast Title I in Session This Week	22 2:00-3:00 Art Club Middle School Cyber Bullying Assembly	23 9:00 AM Stations of the Cross Transportation & Textbook forms due back from all students.	24
25	2:00-3:00 Cooking Club, Yearbook & Chorus Title I in Session This Week	27 2:00-3:00 Lambs Club, TED-ED & Wiffle Ball Confessions	28 2:00-3:00 Book Club & Religion Club 7:00 PM 1st Holy Communion Meeting for parents in the cafeteria	(0.5°		} >

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STUDENT NAME		FIRST			DATE OF BIRTH			
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NAME AND ADDRESS OF LAST	CHOOL OF ATTE	NDANCE				A.M. TO	0	P.M.
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YOUR APPLICATION HAS BEEN F TRANSPORTATION INELIGIBLE	EVIEWED BY TH			FOR PUE OF EDUCATION. TH ELIGIBLE FOR PA	E FOLLOWING D		N HAS BEE	DNLY BN MADE
DATE / / SIG	NATURE							

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INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS

Date:	
Public School District: Address:	
Nonpublic School: Address:	
Name of Student: Grade: Name of Parent:	

Under the provisions of <u>N.J.S.A.</u> 18A: 58-37.1 et seq., I hereby request the (Public School District) to loan textbooks to the

(Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the board of education of the public school district in which the nonpublic school is located with state funding is and regulations.

Signature of Parent/Guardian:

Date:

ST. STANISLAVS KOSTKA SCHOOL

221 MacArthur Avenue Sayreville, New Jersey 08872 (732) 254-5819 Excellence in Education in a Catholic Environment Dear Parents:

Attached is a family survey that all parents of school age children must complete, regardless of whether or not a child attends public or private schools. This format differs from that of past years. Because we participate in federal funding programs, such as nursing and other entitlement funds to benefit our students, we are required to obtain a completed form, one per family (not individual children). It must be submitted before your registration/re-registration is finalized.

This form must be completed regardless of the town in which you live. The information which you supply will be sent directly to the principal's office and not used for public distribution. Your cooperation in complying with this regulation is appreciated. Please feel free to call the school office if you have any questions regarding this.

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STEP 1 List ALL	List ALL Household Members who are infants, children, an		nts up to and ir	icluding gra	de 12 (if more space	d students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)	ional names, att	tach another sl	heet of paper)
Definition of Household	Child's First Name		MI Child's Last Name		[press spacebar to advance]		School Name(Abbr.) G	Grade	Homeless, Foster Migrant, Child Runaway
Member: "Anyone who is living with you and shares income and expenses, even if not related."									
								Click	
STEP 2 Do any	Do any Household Members (including you) currently pa		in one or more	e of the follo	wing assistance p	ticipate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?:	ANF, or FDPIR	??: Yes	ę
-	If you answered NO > Complete STEP 3.	If you answered YES	> Write a case nun	nber here then	If you answered YES > Write a case number here then go to STEP 4 (<u>Do not complete STEP 3</u>)	L	Case Number:	Write only one case number in this space.	nber in this space.
STEP 3 Report	Report Income for ALL Household Members (Skip this st		ep if you answered :Yes' to	to STEP 2)					
Are you unsure what income to include here?	A. Child Income Sometimes children in the household sam income. Please include the TOTAL income samed by all Household Members	e. Please include the TO	TAI income earned	odesi Moriseho		Child income	How often? Bi-Weekly [2x Month [Monthly	िम	
Flip the page and review the charts titled "Sources	listed in STEP 1 here.				\$	0	000		
of Income" for more information.	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source. Write '0' of leave any fields blank, you are carifyting (nonhising) that there is no income in any source. Write '0' of leave any fields blank, you are carifyting (nonhising) that there is no income to report.	iding yourself) (including yourself) even from any source, write '0'	if they do not rece If vou enter '0' or le	ive incom e. Fo eave anv fields t	r each Household Memt Mank. vou are certifving	er listed, if they do receive bromising) that there is no	e income, report tot: o income to report	tal income for ea	ich source in
The "Sources of Income for Children" chart will help you with the Child	Name of Adult Household Members (First and Last)	Earnings from Work	How often? kty Bi-Weekty 2x Month	Pul	Public Assistance/ Child Support/Alimonv	How often?	Pensions/Retirement/ All Other Income	ent/ Waakly	How often?
Income section. The "Sources of Income			00	\$		0000	\$		
for Adults" chart will help you with the All Adult Household Members section.			0000						
	Total Household Members (Children and Adults)	Social Security Number (SSN) of adult completing this Form	(SSN) of adult com	pleting this			Check if no SSN		
STEP 4 Contac	Contact information and adult signature								
"I certify (promise) that all informa officials may verify (check) the infi	" certify (promise) that all information on this application is true and correct and that the Food Stamp number or TANF number is correct or that all income is reported. I understand that this information officials may verify (check) the information. I am aware that if I purposely give false Information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	Stamp number or TANF num n, my children may lose meal	ber is correct or that al benefits, and I may be	l income is reporte prosecuted under	 d. I understand that this inf applicable State and Feder 	TANF number is correct or that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school v lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	n with the receipt of Fe	-ederal funds, and t	that school
Street Address	Apt#	City		State	Zip	Daytime Phone and Email (optional)	ail (optional)	~	
Drintard name of adduit comola	finn from			2			-		
Printed name of adult completing the form	ting the form	Signature of adult completing the form	eting the form			Today's date			

INSTRUCTIONS Sources of Income

dults	Pensions / Retirement / All Other Income	 Social Security (including railroad 	retirement and black lung benefits) - Private pensions or	disability benefits - Regular income from	- Annuities	Earned interest	 Regular cash payments Regular cash payments
Sources of Income for Adults	Public Assistance / Alimony / Child Support	- Unemployment benefits - Worker's compensation	 Supplemental Security Income (SSI) Cash assistance from 	State or local government	- Alimony payments - Child support payments	 Veteran's benefits Strike benefits 	
Š	Earnings from Work	- Salary, wages, cash bonuses	 Net income from self- employment (farm or business) 	If vou are in the U.S. Military:	 Basic pay and cash bonuses 	(do NOT include combat pay, FSSA or privatized housing	allowances) - Allowances for off-base housing, food and dothing
Sources of Income for Children	Example(s)	 A child has a regular full or part-time job where they earn a salary or wages 	- A child is blind or disabled and receives Social Security benefits	- A Parent is disabled, retred, or deceased, and their child receives Social Security benefits	- A friend or extended family member regularly gives a child spending money		 A child receives regular income from a private pension fund, annuity, or trust
Sources of Inco	Sources of Child Income	- Earnings from work	 Social Security Disability Payments 	- Survivor's beneilts	-Income from person outside the household		-income irom any other source

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Children's Racial and Ethnic Identities

OPTIONAL

[nerican Native Hawaiian or Other Pacific Islander	
	n Black or African Am	
Not Hispanic or Latino	or Alaskan Native Asiar	
Hispanic or Latino	American Indian	
Ethnicity (check one):	Race (check one or more):	

Dear Parents and Students,

The Religion Club is sponsoring a Giving Gram sale during the week of January 29th to February 2nd. Grams will be sold during the lunch periods. Attached is a sheet of grams if you would like to fill them out at home. Please send them into school in an envelope with the money to the attention of Mrs. Grover. Each gram will be delivered with a piece of candy.

The money that is raised will be used to buy toiletry supplies for gift bags that will be assembled. Each gift bag will also include a hand sewn pillow that members of the religion club made last year under the instruction and direction of Catherine Williams (gr.5) and Elizabeth Bera (gr. 5). The gift bags will be delivered to the Ozanam Family Shelter in Edison.

The shelter is a safe place for homeless families and single women. The home provides temporary and emergency lodging, meals, physical and mental health assessments, crisis counseling, assistance with housing, employment and children's educational placement, case management and referrals.

Thank you for your continuous support to help those in need.

0re Gram is \$.50

Three Grams for \$1.00

Sincerely,

Mrs. Grover and the Religion Club



Because I have been given much, I too must give.

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