

CEF USE ONLY				
School Code	762			
School Name	St. Philip the Apostle School			
New Applicant	Yes No			
Renewal Applicant	Yes No			
Student ID #				

Cycle III: 2023-2024

# Application for Tuition Assistance Program (TAP) Information submitted on this application will remain confidential.

TO VIEW		Student	Information		THE PERIOD OF TH	
First Name:		Middle Initial:		Last Name:		
Street Address	:			Apartment/Uni	it #:	
City: State: California			ZIP Code:			
200.00V (1) - Hermitely (200.000) (200.000)		5-11	2002 Mondones			
Date of Birth:	-		Sex:	1	Female	
Grade Level: Current School (Name): SFall 2023			School Type:	School Type:		
		<u>Voluntary Dem</u>	ographic Information			
Ethnicity:	African American	Armenian Caucasi	an/White	Filipino		
	Hispanic/Latino	Pacific Islander Middle	Eastern	☐ Multiple Ethnicities		
	Asian :	☐ Native American 1	Гribe:	_ 🗆	Other:	
			nk spaces, please specify.			
	Roman Catholic 🔲 Jewis Sikh	h ☐ Muslim ☐ Mormo ☐ Hindu ☐ Buddhi		Southern Baptist	Other:	
52 10	No Affiliation		<b>31</b>		ink spaces, please specify.	
7 (4)		B+16	1:1-6	· Ellina i Ellina		
	Legal Parent/0		dian Informati	Parent/Gu	ardian B	
N				(Must reside with Lega		
Name: First		Last	Name:			
Relationship	☐ Father	☐ Foster Parent	First		Last	
to Student:	☐ Mother	Step Parent	Relationship	Father	Foster Parent	
	☐ Grandparent	☐ Guardian	to Student:	☐ Mother☐ Grandparent	☐ Step Parent ☐ Guardian	
Marital Status:	( <del></del>	Divorced			The state of the s	
	☐ Married ☐ Separated	<ul><li>☐ Domestic Partnership</li><li>☐ Widowed</li></ul>	Relationship to Legal Parent/	☐ Spouse ☐ Relative	☐ Ex-Spouse ☐ Domestic Partner	
15-19-19-19-19-19-19-19-19-19-19-19-19-19-		A Balance and the second of th	Guardian A	Other		
Employment		pation:	Employment	☐ Employed: Occi	upation:	
Status:	Employer:	9500 H	Status:		opation.	
	☐ Self-Employed;	Гуре of Business:				
	Name of Business: _	NA		50 95	Type of Business:	
	☐ Unemployed	☐ Disabled ☐ Retired		Name of Business:	A N	
	☐ Homemaker	Full-Time Student		☐ Unemployed ☐ Homemaker	☐ Disabled ☐ Retired ☐ Full-Time Student	
E-mail:				LI Homemakei	L 1 on-1 time 2 codeful	
Mobile Phone			E-mail:			
Home Phone: _			Mobile Phone:			
CEF USE				Reviewed	☐ Data Entered ☐ Scanned	
ONLY				☐ Keviewed	☐ Data Entered ☐ Scanned	

Sources of Income (2023-2024)					
Complete the information below based on Income Tax Filing Year 2021					
	Legal Parent/Guardian A	Parent/Guardian B	CEF USE ONLY		
	Single	Single			
	Married; filed jointly	Married; filed jointly			
Filing Status	Married; filed separately	Married; filed separately			
3 322 3	Head of Household	Head of Household			
	☐ Did not file	Did not file			
TAXABLE INCOME	Please provide sup	porting documents for each applic	able item.		
Employment Income	\$	\$			
(Form 1040, Line 1)					
Pension	\$	\$			
(Form 1040, Line 5a or Annual Pension Statement)					
SSI (Social Security)	\$	\$			
(Form 1040, Line 6a or SSI Statement)  Capital Gains		\$			
(Schedule D: Form 1040, Line 7)	\$	3			
Schedule 1 (Form 1040, Line 8)	Places provide sup	porting documents for each applic	ahla itam		
Business/Self- Employment Income		s	dole item.		
(Schedule C: Form Schedule 1, Line 3)	\$	*			
Other Gains or (losses)	\$	\$			
(Form 4797: Form Schedule 1, Line 4)	•	1			
Rental, Partnerships, S Corp, Trust Income	\$	\$			
(Schedule E: Form Schedule 1, Line 5)		*			
Farm Income	\$	\$			
(Schedule F: Form Schedule 1, Line 6)	*				
Unemployment	\$	\$			
(Form Schedule 1, Line 7)					
Cash Income	\$	\$			
(Notarized Statement of Income)					
Annual Distribution from Investments	\$	\$			
(Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)					
NON-TAXABLE INCOME	Please provide sup	porting documents for each applic	able item.		
Military Compensation	Monthly/\$	Monthly/\$			
(Basic/Special Pay and/or Allowance)					
Public Housing Assistance/Section 8	Monthly/\$	Monthly/\$			
(Section 8 Allotment Statement)					
CalWORKS: Welfare/TANF	Monthly/\$	Monthly/\$			
(CalWORKS Benefit Amount Statement)	X4161-2.	No-addition			
CalFresh: Food Stamps (CalFresh Benefit Amount Statement)	Monthly/\$	Monthly/\$			
Child Support	Monthly/s	Monthly/\$			
(Letter with Amount of Support)	Mondiny/\$	Worterny/#			
Disability	Monthly/\$	Monthly/\$			
(Annual Disability Statement or Supplemental SSI)	Monany	moneny, 4			
Alimony	Monthly/\$	Monthly/\$			
(Letter with Amount of Support or Form Schedule 1, Line 11)	5.0053 05.00 <b>/L</b> 0	0.00000			
Other Income	Monthly/\$	Monthly/\$			
(Explain)					
TOTAL INCOME	\$	\$			
	Family Assets/Expense	S Company			
Residence Own	.ease/Rent	☐ Federal Housing ☐	Section 8 Housing		
10 10 10 10 10 10 10 10 10 10 10 10 10 1			usta		
☐ With Relatives/Friends ☐ 1	emporary Housing/Shelter	Homeless	Other:		
15 - 17 - 11	5 - Lut - 25 - Lut	1	f		
Monthly Mortgage/Rent: If residing with Relative/Friend		Is your home currently in	roreclosure or shortsale?		
\$ Monthly Contri	bution \$	☐ Yes ☐ No			
· · ·					
Vahicle(s) 1 Vear Make Made	<u>Vehicle(s)</u> 1. Year: Make: Model: Monthly Payment: \$ Remaining Months to Payoff/Lease:				
venicle(s) 1, real: Wlake: Wlode	i Wontiny rayment: \$	Kemaning Work is to Fa	ayon/Lease		
2. Year: Make: Model: Monthly Payment: \$ Remaining Months to Payoff/Lease:			avoff/Lease-		
Z. I Cui Wake Wlode	Monday rayment. \$	Kernaning World's to Fe	7011/10030.		

#### TAP Policies and Procedures (2023-2024)

All CEF Tuition Award Programs are designed to assist students in the Archdiocese of Los Angeles with tuition for enrollment in a Catholic school within the Archdiocese of Los Angeles. The award partially offsets the cost of tuition in a Catholic school with grants paid directly to the Catholic school after verifying student enrollment in the Fall and Spring of the school year. All information submitted in this application is confidential and used for the purpose of determining eligibility for a CEF Tuition Award and data research. By signing the application, you grant CEF permission to use the information on this application and to gather additional personal, private information from the attending school concerning the student and your family or to contact you, the applicant, and the attending school to verify the information and/or develop data for educational and research studies, and analysis. You agree to waive and release CEF from all claims in connection with this research. In addition, you grant CEF permission to request and collect additional data, including test scores related to reading and math, ITBS, PSAT, SAT, AP, ACT test scores. You also grant CEF permission to request and collect tuition rates, GPA, report cards, transcripts, college acceptance, college attendance and data available concerning post secondary education as well as any quantitative and qualitative data on this applicant from such institutions and other resources. CEF will hold this information in confidence and release the name of the applicant or the family name only with your expressed permission.

#### The following terms and conditions apply without exception:

- 1. A student may only receive one tuition award from CEF per school year.
- Tuition awards are not guaranteed. CEF reserves the right to deny eligible applications due to budget limitations.
- 3. CEF tuition awards are non-transferrable.
- 4. All students receiving tuition awards must be enrolled and regularly attending their Catholic schools upon fall and spring enrollment verification. CEF reserves the right to withdraw tuition awards for students who do not meet these conditions for the remainder of the semester and/or school year.
- 5. For Mail-In Applications: Applications mailed directly to CEF from an applicant will not be accepted or reviewed. All applications must be completed and returned to only participating Catholic schools with acceptable proof(s) of income.
- 6. For Virtual Appointment Applications: All applications must be completed and submitted to a CEF representative at and during the virtual appointment with acceptable proof(s) of income. Any Award letter emailed after the virtual appointment is predicated on CEF receiving a Principal Recommendation for the applicant. If a Principal Recommendation is not received by the subsequent deadline for the given cycle of the applicant, CEF reserves the right to withdraw the award from the applicant.
- 7. Participating Catholic schools must submit all applications and required supplemental documents to CEF on or before the submission deadline. CEF reserves the right to reject applications that are incomplete and/or received after the submission deadline.

Participating Catholic schools are under no obligation to submit an application to CEF if one or more of the following factors exist:

- Annual household income exceeds CEF's income guidelines.
- Applicants failed to meet school's internal submission deadline.
- Student does not meet the academic requirements to remain eligible for enrollment at the school.
- Student and/or family does not meet the service/volunteer requirements or expectations to remain eligible for enrollment at the school.
- Student is a recipient of an award from another foundation (ex. Rose Hills, Daughters of Charity, etc.).

#### CEF Guidelines for Acceptable Proof of Income Documentation

(Submit all applicable documents)

- A. Page 1 of 2021 Federal Income Tax Returns (1040) Unobstructed View of Pages 1 & 2.
  - a. Filed Separately
    - i. If Legal Parent/Guardian A and Legal Parent/Guardian B file separately, both tax returns are required for the same tax year.
  - b. Dependents
    - i. If student is not a dependent of individual(s) on this application, please provide tax returns for individual(s) which student is a dependent.
    - ii. Please provide the supplemental sheet for dependents.
  - c. Tax Schedules
    - Copies of all supporting tax schedules (including Schedule 1) if you have income on Line 8 of the 1040 Federal Taxes and from any of the following on Schedule 1:
      - 1. Business (Form Schedule 1, Line 3 Submit Schedule C or C-EZ: Page 1, 2 & Other Expense Page).
      - 2. Capital Gains (Form 1040, Line 7 Submit Schedule D).
      - 3. Rental Property, Partnership, Trust (Form Schedule 1, Line 5 Submit Schedule E: Page 1 & 2).
      - .. S-Corporation (Form Schedule 1, Line 5 Submit Schedule E: Page 2, Form 1120S).
      - 5. Farm Income (Form Schedule 1, Line 6 Submit Schedule F: Page 1).
- B. Cash Income
  - Notarized Statement of Income containing a list of the members of the household and the income of all individuals within that household signed and sealed by a Licensed Notary Public
- C. Copies of all supporting documentation for household Non-Taxable Income including Social Security Income, CalWORKS: Welfare/TANF, Child Support, CalFresh: Food Stamps, Workers Compensation, Disability, Alimony, Section 8: Public Housing
- D. All other official documentation to prove income listed on Page 2 of this application

#### Agreement

Your signature below indicates that you have read and understand the CEF Policies & Procedures Page. The information provided on this application is true, accurate and complete, and legal proof of income has been provided. You understand that all information on this application will be verified. Any incomplete, missing, false and/or fraudulent information or documentation on this application, missing signatures, refusal to provide adequate/legal proof of income and/or any pertinent information required to process or determine a decision on this application will be cause for automatic denial of a tuition award.

In regards to my student's Post-Secondary Education data, I understand that I and my student have the right to (a) request a copy of any of their Educational Records disclosed to CEF under this consent by contacting CEF and (b) revoke my consent at any time by delivering written notice to CEF at Catholic Education Foundation, 3424 Wilshire Blvd. 3rd Floor, Los Angeles, CA 90010; programs@cefdn.org

Printed Name of Legal Parent/Guardian:	Signature:	Date:



#### How to Apply for Tuition Assistance from CEF

#### ON-SITE PROCESSING

- 1. Verify that you and your household meet CEF's income guidelines for financial eligibility (refer to FINANCIAL ELIGIBILITY form).
- Complete all three pages of the APPLICATION FOR TUITION ASSISTANCE PROGRAM (TAP) form.
- 3. Bring your completed application form and all proper proof of income documents to your scheduled appointment.

Acceptable proof of income documents include your 2021 Federal Income Tax Return (1040) or a NOTARIZED STATEMENT OF INCOME document. See *CEF Guidelines for Acceptable Proof of Income Documentation* on Page 3 of the application for more details and requirements. All applications and proof of income documents submitted to CEF will be archived and/or disposed of as appropriate to ensure confidentiality.

Below is a walk-through of how parents can setup their appointments with CEF via our Online System.

- Log on to www.cefdn.org
- 2. At the CEF Home page, on the top menu bar hover over the CONTACT US link and a drop-down menu will appear, SELECT "TAP Appointments"
- 3. SELECT "CLICK HERE" on the "TAP Appointments" webpage (Make sure to turn off any "Pop-up Blockers")
- 4. SELECT "Next" on the Welcome Screen
- 5. Choose a Location where your students will be attending (ELEMENTARY SCHOOL) and SELECT "Next"
- 6. Choose a Time to meet with CEF Representatives and SELECT "Next"
- 7. Enter in you information to reserve your appointment (Make sure to enter your Cell and Email in order to get text and email reminders) and SELECT "Save"
- 8. Please print or save the confirmation page for your records. Please note the Host Site where you will be meeting with CEF Representatives.

Your Catholic school is in - person site is ? San Gabriel mission High School-site

Cycle III Applicants:

You will receive written notification from CEF by July 2023 about the status of your application.



#### **FY2024 FINANCIAL ELIGIBILITY GUIDELINES**

A student from a household with a total income at or below the following levels is eligible to apply for a Tuition Assistance Award from the Catholic Education Foundation (CEF).

Household Size	Annual Gross Income (Mission 1)	Annual Gross Income (Mission 2)	Annual Gross Income (Mission 3)
1	\$20,317	\$25,142	\$28,713
2	\$27,373	\$33,874	\$54,191
3	\$34,430	\$42,606	\$62,923
4	\$41,486	\$51,338	\$71,655
5	\$48,543	\$60,070	\$80,387
6	\$55,599	\$68,802	\$89,119
7	\$62,655	\$77,534	\$97,851
8	\$69,712	\$86,266	\$106,583

Note: For each additional individual after 8 persons,

add:

Mission 1: \$7,056 to \$69,712 Mission 2: \$8,115 to \$86,266 Mission 3: \$9,332 to \$106,583

CEF defines a **household** as all individuals living together in the same dwelling who share expenses for rent, utilities, food, clothing, and other necessities. A **one-member household** is a student who is his/her sole support, such as an institutionalized minor or adult. A foster child is only considered a one-member household if the welfare/placement agency maintains legal responsibility for the child.

<sup>\*</sup> Based on Federal Poverty Guidelines as of 10/18/21



# Instructions for completing and submitting a NOTARIZED STATEMENT OF INCOME

- 1. Fill out CEF's NOTARIZED STATEMENT OF INCOME document as applicable.
- 2. Provide a Notary Public with proper documentation to prove your income and dependent(s).
- 3. Sign the document with a Notary Public or appropriate official as your witness.

The NOTARIZED STATEMENT OF INCOME is to be used only when Federal Income Tax Return(s) for the legal parent(s)/guardian(s) of a student is not available or if undeclared cash income for the household exists. The statement, along with proper documentation, should be submitted with your application to CEF. Failure to disclose all income sources (taxable and non-taxable) and provide appropriate proof will result in the denial of your application.



#### NOTARIZED STATEMENT OF INCOME

/We, Print name of Legal Parent/Guardian		and	Samuel Market		
ereby swear to be the legal	I guardian(s) of				
Av/Our relationship to this s	tudent is				
ny, our relationsp	(Ex. parent, guardian, relative, sibling)				
<i>My/Our</i> address is				*	
The following information su	ummarizes income that I/we curre	rently earn:			
Parent/Guardian Name	Employer Name	Hours Worked per Week	Hourly Rate	Weekly Income	
ii .					
Other income that I/we recei	ive (check all that apply and prov	vide monthly amount):			
Pension: \$	□ Unemployr	ment: \$	Social Security: \$	œ.	
Section 8: \$			CalFresh: \$		
Child Support: \$			Alimony: \$		
Cilia Jobbore 4		<u></u>	Annon, -		
The following person(s) is/ar	re 100% dependent upon <i>me/us</i> fo	1,000/0 20		e):	
Dependent Name		Relationship to Legal Paren	ıt/Guardian	Age	
				8	
	n provided on this statement is tr	rue and correct, and includes all s	sources of income	≟ for <i>my/our</i>	
household.					
			o e	ar	
Signature of Legal Parent/Guardian A		Signature of Legal Parent/Gu	uardian B		
STATE OF THE LEG					
NOTARY PUBLIC	was sworn and subscribed to me o	an tha st/th day in the mo	soth of	30	
This Statement of income w	/as sworn and sobscribed to me o	on thesyuraay in the mo	питот	, 20	
1					
ĺ					
Notary Signature		Notary Stamp/Seal			



# KICK OFF AUCTION ITEM

Four (4) AMAZING Seats and Dinner to follow Saturday, March 4 at 2:00 PM Pantages Theatre



EXPERIENCE THE STUNNING ARTISTRY, UNFORGETTABLE MUSIC AND EXHILARATING CHOREOGRAPHY OF THIS MUSICAL THEATER PHENOMENON. ONE OF THE MOST AWE-INSPIRING PRODUCTIONS EVER BROUGHT TO LIFE ON STAGE. A REMARKABLE TALE OF HOPE AND ADVENTURE, THE LION KING HAS FOUND ITS WAY INTO THE HEARTS OF MILLIONS. AS THE NEW YORK TIMES SAYS, THERE IS SIMPLY NOTHING ELSE LIKE IT.

Bidding will be open as of Wednesday, February 22 at 8PM and will end on Wednesday, March 1 at 8PM



https://rtb2023.ggo.bid/bidding/package-browse

Tax ID # 95-1831084.



For Office Use:

## St. Philip the Apostle School Red Tie Benefit – March 25, 2023 Sponsorship and Auction Donation Form



Donor Name:		
Address:		
Phone:	Email:	
	SPONSOR LEVELS	
☐ Platinum - \$10,000	□ Gold - \$5,000	□ Silver - \$2,500
<ul> <li>Tickets for TEN GUESTS</li> <li>VIP Reception at Le Meridien</li> <li>Reserved table in ballroom</li> <li>Full page ad in program plus special recognition at event and on school website/social media</li> </ul>	<ul> <li>Tickets for EIGHT GUESTS</li> <li>VIP Reception at Le Meridien</li> <li>Reserved table in ballroom</li> <li>Full page ad in program plus special recognition at event and on school website/social media</li> </ul>	<ul> <li>Tickets for SIX GUESTS</li> <li>VIP Reception at Le Meridien</li> <li>Reserved table in ballroom</li> <li>Half-page ad in program plus special recognition at event and on school website/social media</li> </ul>
☐ Bronze - \$1,000	□ Patron - \$500	□ Sponsor a Teacher - \$175
<ul> <li>Tickets for FOUR GUESTS</li> <li>VIP Reception at Le Meridien</li> <li>Reserved table in ballroom</li> <li>Recognition on school website/social media</li> </ul>	<ul> <li>Tickets for TWO GUESTS</li> <li>Recognition on school website/social media</li> </ul>	Recognition on school website/social media
AUCTION ITEM DONATION  Item Description		
Special Instructions/Restrictions/Expiration	on Date	
		Donation Value \$
		lease create certificate for me
ENCLOSED IS MY PAYMENT FO	<u>PR</u> \$	
☐ CHECK payable to St. Philip the Apost	le School (Please mail or drop off at scho	ol main office.)
□ Visa or MasterCard Pay online at		

Received On:\_\_\_\_\_ By: \_\_\_\_\_ Acknowledged: \_\_\_\_



#### RED TIE BASH 2023- AUCTION ITEMS WISH LIST

PTO fundraising helps provide vital support to the SPAS academic programs, enrichment opportunities and tuition assistance. Funds in excess of current year expenses and reserves will be contributed to the Fr. Joe Moniz St. Philip the Apostle School Educational Fund at CCF.

In light of the above, here are some ideas to get you started and help focus our efforts as we begin to collect items to make this auction a success. Use your imagination, think outside the box, work your connections and have fun!! **Please Note:** All items must be new.

#### **Restaurants & Entertaining**

Restaurant Gift Certificates
Catering/Chef Services
Cooking Classes
Wine Tasting Events/Parties
Wine & Spirits

#### <u>Travel</u>

Vacation Homes
Timeshares
Airline Miles & Gift Cards
Limo & Car Service
Cruises

#### **Wellness**

Gym Memberships Spa Treatments Cosmetics Exercise Equipment

#### **Sports & Entertainment**

USC/UCLA Home & Away Dodgers, Angels, Lakers, Clippers, & Rams, Tickets to Popular Show Tapings Autographed Memorabilia Concerts & Museums

#### **Kids Stuff**

Theme Park Tickets Lessons/Classes Summer Camps Birthday Parties Bikes, Game Systems

#### For Him & Her

Fine Jewelry
Watches
Luxury Handbags
Golf Clubs
Florists

Get Creative! If you have an idea, please reach out and we will happily work with you! Please email Melissa Montoya at <a href="mailto:procurement@stphiliptheapostle.org">procurement@stphiliptheapostle.org</a> with any questions.

#### RECOMMENDATION OF WHEN TO USE AT-HOME COVID-19 TESTS



# **OVER WINTER BREAK**



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Test! Test again 1-2 days later if first test is negative.

## IF YOU WERE EXPOSED:

Test when you find out and repeat testing every 2 days for a total of 3 tests.

#### FOR RETURN TO SCHOOL:

For return to school, test the night before (or morning of) AND repeat 2 days later.

Need more tests? You can use any at-home test. Take your MediCal or Medicare card to a pharmacy to ask for free tests, or check with your insurance plan for up to 8 free (or reimbursed) at-home tests a month. The United States Postal Service has also re-initiated test distribution, and each household is able to order four (4) free COVID tests. The order form can be found here: https://special.usps.com/testkits

### POSITIVE TEST?

- STAY HOME FROM SCHOOL, follow isolation guidance, and let your school know!
- Ages 12-49 with medical conditions, or older than 50? Ask about FREE medications for COVID-19 that are safe and highly effective at preventing serious illness. Find treatment at https://covid19.ca.gov/treatment

#### NEGATIVE TEST BUT COVID-19 SYMPTOMS?

- STAY HOME FROM SCHOOL until you feel better and at least 24 hours after fever is gone.
- · Re-check with a repeat COVID-19 test in 1-2 days.

## Quarantine Pathway for Covid for St. Philip the Apostle School Students and Staff.

Person has symptoms\*

Person stays home and monitors symptoms

May return to school/work with a negative covid test taken 24 hours after symptom onset and if symptom free for 24 hours without the use of fever reducers.

Person tests positive

Person stays home and monitors symptoms for 5 days. May return on Day 6 with a negative covid test taken on Day 5 or later. Must be fever-free without the use of fever reducing medication and have improved symptoms. Must wear a surgical or KN95 mask inside until Day 10.

Person is exposed\*\*

to covid,
including those who
previously had covid.

If person is asymptomatic, they continue to go to school/work.

\*\*Exposure is considered to be students and adults in the same classroom.

Must wear a surgical or KN95 mask indoors until Day 10

\*Symptoms include:

Fever, Chills, Cough, shortness of breath, difficulty breathing, fatigue, body aches, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea



#### 2023-24 School Calendar Snapshot

8/21 Junior High Orientation

8/22 Meet the Teacher Day MTTD

9/4 Labor Day - No School

10/20 In-Service Day/Fall Fest Setup - No School

11/10 Veterans' Day Observed - No School

11/20 - 11/24 Thanksgiving Break - No School

12/7 Parent/Teacher Conferences - 12:30 Dismissal12/8 Parent/Teacher Conferences - No School

12/19 Christmas Worship Service

12/20 12:30 Dismissal

12/21 - 1/5 Christmas Break - No School

1/15 MLK Day - No School

1/22 Open House Weekend - No School

2/19 Presidents' Day - No School
March TBD In-Service Day - No School
3/28 Holy Thursday - 12:30 Dismissal

3/29 - 4/5 Easter Break - No School

5/10 Grandparents/Special Friends Day & May Crowning - 11:00 Dismissal

5/27 Memorial Day - No School

6/6 Baccalaureate Mass

6/7 8th Grade Graduation - No School

6/12 12:30 Dismissal

6/13 Last Day of School - 10:30 Dismissal