



**A Member of the Diocese of Syracuse System of Catholic Schools
Application Form for New Admission-Pre-K-6
2018-2019**

---Please Print---

Applying for new admission to **St. Mary's School:** Grade Entering: _____

Student Name _____ **DOB** _____ **Place of Birth** _____

Last First Middle

Address _____ **Male** _____ **Female** _____

City _____ **State** _____ **Zip** _____

Religion _____ **Parish** _____ **Envelope Number** _____

If student is Catholic, please complete the following:

Baptism	First Penance	First Eucharist
Date _____	_____	_____
Church _____	_____	_____

Student lives with _____ **Both Parents** _____ **Mother** _____ **Father** _____ **Other (please specify)** _____

Other Children:

Name _____	School _____	Grade Entering _____	DOB _____
Name _____	School _____	Grade Entering _____	DOB _____
Name _____	School _____	Grade Entering _____	DOB _____

Custody: This school assumes that both parents have full parental and residential custody. If this is not the case, it is the responsibility of the parents to provide the school with the portion of the divorce decree or separation agreement that articulates parental and residential custody. Should any changes occur during the year, please inform the school.

_____ **Please check here if the school should expect a custody document.**

Primary Parental Information:

Contact information: _____

Parents' E-mail addresses:

Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that does not permit this.

Mother's Information: Mother/Guardian's Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian's Occupation _____ Employer's Name _____

Father's Information: Father/Guardian's Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father/Guardian's Occupation _____ Employer's Name _____

FOR OFFICE USE ONLY: Tuition Deposit Received: _____ Check #/Cash: _____ Date: _____

2018-2019 Tuition Charge _____ **Scholarships/discount/aid** _____ **Final Balance** _____

Inputted _____ **FACTS** _____

Emergency Contacts

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Student's Social Security Number _____

Public School District in which the student resides _____

*******Busing Application-Must be submitted to your public school district no later than April 1, 2018.
Check with your district to determine if you qualify for transportation.*******

Current School or Pre-School _____ Grade _____

Reason for Leaving _____

Ethnic background of student (optional) _____

This information is used to complete the New York State Basic Educational Data Systems report that all public and nonpublic schools are required to submit.

Academic Information:

_____ Unofficial copies of transcripts and reports have been requested or are attached for admission purposes. Acceptances are not final until records have been reviewed by the principal.

Does the student have a Behavioral Intervention Plan? ____ Yes ____ No. If yes, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below:

Does the student require any particular accommodations to facilitate his or her participation in the educational program offered by the school, other than what has been indicated in the question above? ____ Yes ____ No. If so, what are those accommodations? Please specify below.

Has the student ever been tested for learning problems? ____ Yes ____ No.

Has testing for learning problems ever been suggested? ____ Yes ____ No.

Does the student have an IEP or IESP? ____ Yes ____ No.

Does the student have a 504 Accommodation Plan? ____ Yes ____ No.

Please authorize copies of these documents to be sent to the School.

Does the student have ANY allergies? Please list _____

Is the student currently taking medications? ____ Yes ____ No. If yes, please specify: _____

Does the medication need to be administered during the school day? ____ Yes ____ No. If yes, when? _____

Does the student require Medical forms for taking medicine in school or Emergency Health Care Plan? _____ YES ____NO

Person Responsible for Payment of Tuition – must complete items 1-4 in order to register your child. (Please Print)

1) Name _____ Address _____
City _____ State _____ Zip _____

2) Select payment plan: _____ Plan A- Full Payment due by August.
_____ Plan B – Monthly payments- via FACTS tuition management services. Payments are September through June- (10 months). ACH payments are deducted from checking or Savings account designated.

- 3) Please enclose a **NON-REFUNDABLE TUITION DEPOSIT of \$100 per child** (maximum of \$300 per family). **Make check or money order** payable to **St. Mary's School**. Please return all completed forms along with payment to the school office. This will ensure a place for your child.
- 4) **It is agreed that tuition will be paid as indicated above.**

Signature of person responsible for tuition

2018-2019 TUITION PAYMENT POLICY:

- 1. A student may not begin in September if there is past due tuition owed.**
- 2. A payment plan must be in place in order for a student to start the new school year.**
- 3. The privilege of participating in graduation ceremonies may be suspended if tuition is not paid in full.**
- 4. In the event that tuition is left unpaid, the school will refer your tuition account to our collection attorney and you will be responsible for all collection related fees.**

I/We have read the tuition and payment policy of the school. I/We are responsible to make tuition and fee payments for the student whose name is on this application, less any financial aid granted for the 2018-2019 school year.

I/We understand that the school must be informed of any physical, mental or emotional limitation known by the parents that could affect appropriate placement. Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school. Classroom placement is determined by the school.

I/We understand that the *Student Handbook* contains the official policies and procedures of the school.

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date

Complete the section below only if someone other than a parent will be responsible for the student's tuition.

Name(s) of the person(s) responsible for tuition if *other* than a parent:

Name _____ Home Phone _____

Address _____

Employer _____ Work Phone _____ Cell Phone _____

I have read the tuition and payment policy of the school. I am responsible to make tuition payments for the student whose name is on this application, less any financial aid granted, for the 2018-2019 school year according to the option selected above.

Signature of Person Responsible for Tuition Other than a Parent

Date

Social Security Number

This school is fully committed to fostering an educational community that is free from discrimination based on race, national origin, skin color, disabilities, age or gender, except as concerns any matter for which there is a statutory or judicially recognized exception for religious institution.