



HOLY FAMILY SCHOOL

17 Prospect St.
 Norwich, NY 13815
 (607) 337-2207 Voice • (607) 337-2210 Fax
 mcaezza@syrdiocese.org
 hfsnorwich.com

Pre-K-6th Grade Enrollment Tuition Agreement 2018-2019

Each family is required to complete and submit a Tuition Agreement for all students entering Pre-K-6th Grade.

TUITION SCHEDULE				
Tuition	Full Name (Please Print)	Grade	Pre-K-6th	Total
First Student			\$3,925	
Second Student			\$2,870	
Third Student			\$2,305	
Additional Student			\$0	
TOTAL FAMILY TUITION				=
PARISH AFFILIATION				
To be considered a member of a Catholic Parish in Chenango County you must be registered in the parish, on the envelope system of that parish and tithes a minimum of \$5.00 per week. Registration forms are available at the school or your individual parish.				
Name of Chenango County Parish _____				\$0.00
Non-Affiliate fee (Per Family)				\$625.00
TOTAL AFFILIATION FEE				=
DISCOUNTS AND DEDUCTIONS				
6th grade students (Number of years at Holy Family X \$50.00)			-	()
Full Tuition Payment by June 1st, 2018 (5% off Tuition total plus Affiliation Fee)			-	()
TOTAL DISCOUNTS AND DEDUCTIONS				= ()

OFFICE USE ONLY	
SMART analysis tuition form received <input type="checkbox"/>	Date _____
Diocesan Award	= ()
Local Award	= ()

CONTINUED ON BACK

FINAL TUITION AMOUNT

	Total Tuition	=
	Affiliation Fee	+
	Total Discounts	-
	Registration Fee (\$100)	-
TOTAL AMOUNT for 2018-2019 (NOT INCLUDING ASSISTANCE)		=
OFFICE USE ONLY (TOTAL ASSISTANCE)		-
TOTAL TUITION DUE		=

2018-2019 TUITION PAYMENT POLICY

- *A student may not begin in September if there is past tuition owed.
- *A Smart Tuition payment plan must be in place in order for a student to start the new school year.
- *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.
- * No refunds will be given for a student withdrawing after December 15, 2018, any remaining tuition payments will still need to be made.

AGREEMENT

I understand that tuition is due and payable in full or with payment plan through Smart Tuition. I understand that I am responsible for on-time payments or will be subjected to late payment charges if payment is not made on-time. I understand that tuition assistance is available and can be requested at www.smartaidforparents.com.

I have read and understand the tuition payment policy. By enrolling my child(ren) in Holy Family School, I agree to the terms of the policy.

SIGNATURE OF RESPONSIBLE PARENT/GUARDIAN

DATE:

ADDRESS:

EMAIL

PHONE:

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

---Please Print---

Applying for new admission to the **Holy Family School:** Grade Entering: _____

Student Name _____ DOB _____ Place of Birth _____
Last First Middle

Address _____ Male _____ Female _____

City _____ State _____ Zip _____

Religion _____ Parish _____

Other Children Re-Applying to this or other Catholic Schools:

Name _____ School _____ Grade Entering _____ DOB _____

Name _____ School _____ Grade Entering _____ DOB _____

Name _____ School _____ Grade Entering _____ DOB _____

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

Parental Information:

Tuition Billing Address - mail to: _____

E-mail address _____

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 _____

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 _____

Home Phone _____ Employer's Name _____ Work Phone _____

2) Please enclose a NON-REFUNDABLE TUITION DEPOSIT of \$100 per family. **Make check or money order payable to Holy Family School. Please return all completed forms along with payment to the school office.**

3) It is agreed that tuition will be paid as indicated above. Signature of person responsible for tuition: _____

4) Please provide your Social Security Number: _____

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

2018-2019 Tuition Charge _____

If Student is Catholic, please complete the following: Baptism First Penance First Eucharist

Date _____ _____ _____

Church _____ _____ _____

Public School District in which the student resides _____ Bus Transportation Yes No

Current School or Pre-School _____ Grade _____ SS# _____

Reason for Leaving _____

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 that 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.

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 yes, 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.

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? _____

Emergency Contacts

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Information Requests

- 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.
- Before and After School Program application.

Financial Information:				Financial Information:				
PARISHIONER RATES			NON-PARISHIONER RATES					
Parishioner Rate: The Parishioner rate applies to families who are registered members of a Roman Catholic Parish. All affiliations are verified with the Pastor of the church designated on the enrollment form.			Non-Parishioner Rate: The Non-Parishioner rate applies to families who are NOT registered members of a Roman Catholic parish.					
GRADE	1 ST CHILD	2 ND CHILD	3 RD CHILD	GRADE	1 ST CHILD	2 ND CHILD	3 RD CHILD	
K-6	\$3,925	\$2,870	\$2,305	K-6	\$4,550	\$2,870	\$2,305	

2018-2019 TUITION PAYMENT POLICY:

1. A student may not begin in September if there is past due tuition owed.
2. A Smart Tuition 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

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.

New Student Health History

Holy Family School
17 Prospect Street
Norwich, NY 13815

NEED COPIES OF
Birth Certificate,
Social Security Card,
Baptismal and Immunization
Records.

Student's Name: _____

Mailing Address: _____

Residence Location: _____

Home Phone: _____ Date of Birth: _____

Student's Doctor: _____ Student's Dentist: _____

Phone: _____ Phone: _____

Has the student had any illness, corrective treatment, or dental care this past year? _____

Please list and give dates: _____

Does he/she wear glasses? _____ Reason: _____

What was the term of pregnancy for this child? 9 months _____ other: _____

Was the delivery normal? _____

Were there any unusual circumstances? _____

Were there any complications? _____

What was the birth weight? _____ Birth length? _____

Is there anything concerning the health of your child which the school should know in order to adjust the school

program? _____

Please check if the student has now or has had the following illnesses. Give dates if possible.

- | | | |
|--|-----------------------|--------------------------|
| Chicken Pox _____ | Scarlet Fever _____ | Mumps _____ |
| Measles _____ | German Measles _____ | Bronchitis _____ |
| Seizures _____ | Diphtheria _____ | Asthma _____ |
| Anemia _____ | Ear Infections _____ | Diabetes _____ |
| Strep Throat _____ | Rheumatic Fever _____ | Heart Disease _____ |
| Poliomyelitis _____ | Pneumonia _____ | Sickle Cell Anemia _____ |
| Whooping Cough _____ | Tuberculosis _____ | |
| Allergies/What _____ | | |
| Operation/Explain _____ | | |
| Serious Injury/Explain _____ | | |
| High Blood Pressure _____ | | |
| Bee Sting / Insect Bite Reaction _____ | | |

Required Immunizations:

- Diphtheria – 3 doses (usually administer as DTP, DTap, DT or Td)
- Tetanus & Pertussis – 3 doses if born on or after 1/1/2005
- Polio – 3 doses
- MMR – 1 dose on or after child's 1st birthday
- Hepatitis B – Series of 3 doses if born on or after 1/1/95
- Chickenpox (Varicella) – vaccine required for any child born on or after 1/1/2000
- Hib – 3 doses or 1 dose administered on or after 15 months of age
- Pneumococcal Conjugate Vaccine (PVC) – 4 doses by 15 months of age

Also required:

- Proof that the child has had a blood lead test.
- Proof of a physical examination done within the last 12 months.

Attach a copy of the student's immunization record to this form. If you do not have this in hand today, you must obtain the information and submit it to the school nurse within 2 weeks of entry to avoid restriction from school.

Holy Family School
17 Prospect Street
Norwich, NY 13815

Date _____

_____ is not is allergic to (any) antiseptic.
Child's Name (First, Last) Please circle one

I give Holy Family School permission to administer an antiseptic to my child for cuts and scratches.

Parent's Signature

My child is allergic to the following.

Please complete the form on each of your children and return to school tomorrow.
Thank you.



CONSENT TO PHOTOGRAPH
CONSENT TO RELEASE INFORMATION

I, _____, give my permission for
Please print

Holy Family School to use photographs of my child, for marketing,
informational, or educational purposes. I understand that all materials will
remain the property of Holy Family School.

Child's Name: _____ Grade: _____

Date:

Signature:

(parent/guardian signature)

MEMORANDUM

TO: CATHOLIC SCHOOL FAMILIES

DATE: JANUARY 3, 2018

RE: SMART TUITION PAYMENT PLANS FOR 2018/19

We appreciate your commitment to Catholic School Education within the Roman Catholic Diocese of Syracuse.

We are pleased to be working with SMART Tuition again for the 2018/2019 school year. Your family will continue to be able to have on-line access to your SMART account, with the ability to track your payments, as well as update any family information that might change throughout the year. SMART also offers the services of 24 hour customer care center (Spanish and English).

Important items to note:

- If your family was enrolled with SMART Tuition last year, YOU DO NOT NEED TO RE-ENROLL with SMART, unless you have children entering a new school for 2018/2019. You will be automatically re-enrolled with the same payment plan as last year. The Smart Tuition administrative fee remains at \$39 per family.
- Please note that Families who choose to pay their tuition in full at the start of the year are not charged a SMART administrative fee.
- If you are a new family entering our Catholic Schools, your family will need to enroll with SMART Tuition for each school your child/children are attending.
- Please note --- If a new family has children in more than one Catholic school (i.e an elementary and a high school), you will need to register with SMART Tuition at each school, but SMART will refund the second administrative fee upon your request.
- Each school has specific payments plans to choose from in order to pay your tuition throughout the school year. You will receive information from each particular school explaining the details and choices of how SMART tuition will be implemented at that school.
- If a previously enrolled family has an additional child entering a school for the 2018/2019, you need to inform SMART Tuition of the new student. The family does not have to re-enroll with SMART Tuition.

If you have questions or concerns – please contact your individual school(s) or SMART Tuition’s parent center @ (888)868-8828.