



A Member of the Diocese of Syracuse System of Catholic Schools
Application Form for New Admission 2019-2020

---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: _____

Please provide your Social Security Number: _____

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

2019-2020 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 leaning 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, 2019. 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	\$4025	\$2,945	\$2,355	K – 6	\$4,650	\$2,945	\$2,355

2019-2020 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. Personal checks will not be accepted for past due tuition during the month of June and again after August 15th.
5. 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 2019-2020 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 2019-2020 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.



Holy Family School

Pre-K - 6th Grade Enrollment Tuition Agreement 2019-2020

hfsnorwich.com

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

Tuition	Full Name (Please Print)	Grade	Pre-K - 6th	Total
First Student			\$4,025	
Second Student			\$2,945	
Third Student			\$2,355	
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 _____				
			Non-Affiliate fee (Per Family)	\$ 625.00
TOTAL AFFILIATION FEE (not subject to 5% tuition discount)				=
DISCOUNTS AND DEDUCTIONS				
6th grade students (Number of years at Holy Family x \$50.00)				-
Full Tuition Payment by June 1st, 2019 (5% off Tuition - does not include affiliation fee)				-
TOTAL DISCOUNTS AND DEDUCTIONS				=
OFFICE USE ONLY				
			SMART analysis tuition form received <input type="checkbox"/>	Date _____
			Diocesan Award	=
			Local Award	=
FINAL TUITION AMOUNT				
				Total Tuition =
				Affiliation Fee +
				Total Discounts -
				Registration Fee (\$100) -
Total Amount (NOT INCLUDING ASSISTANCE)				=
OFFICE USE ONLY (TOTAL ASSISTANCE)				-
TOTAL TUITION DUE				=

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, 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:



Holy Family School

New Student Health History

Need Copies Of:

- Birth Certificate
- Baptismal Certificate
- Immunization Records
- Social Security Card
- Physical within last 12 months

Student Name _____

Mailing Address _____

Residence Location _____

Home Phone _____ Date of Birth _____

Students Doctor _____ Students Dentist _____

Phone _____ Phone _____

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

Please list and give dates _____

Does student wear glasses? _____

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 _____ Diptheria _____ 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:**
- Diptheria** - 3 doses (usually administered as DTP,Dtap,DT or Td)
 - Tetanus & Pertussis** - 3 doses if born on or after 1/1/95
 - Polio** - 3 doses
 - MMR** - 1 dose on or after child's 1st birthday
 - Hepatitis B** - Series of 3 doses if born on or after 01/01/95
 - Chickenpox (Varicella)** - vaccine required for any chold born on or after 01/01/2000
 - 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



Holy Family School
17 Prospect Street
Norwich, NY 13818
607-337-2207

I GIVE PERMISSION FOR THE FOLLOWING INFORMATION:

(CHILD'S NAME)

(PARENT NAME/S)

(SIGNED AND DATED)

I give permission for (Parent Name) to be released in
classroom telephone list and/or parent email

I give permission for _____ to be taken off
school property on walks

I give permission for _____ to be photographed
during school for classroom use, school bulleting boards, school and classroom websites, and
newsletters sent to classroom parents.

I give permission for _____ to be photographed
for Holy Family School to use for marketing, informational, or educational purposes.

I understand that all materials will remain the property of Holy Family School.

Holy Family School



hfsnorwich.com

Date: _____

_____ is not is allergic to any antiseptic.
Child's Name 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:

MEMORANDUM

TO: CATHOLIC SCHOOL FAMILIES
DATE: JANUARY 2, 2019
RE: SMART TUITION PAYMENT PLANS FOR 2019/20

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 2019/2020 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 2019/2020. 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 2019/2020, 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.

December 2018

Dear Catholic School Parent,

RE: FINANCIAL AID FOR 2019/2020 SCHOOL YEAR
Deadline for 19/20---Apply by FEBRUARY 15, 2019

2019/2020 FINANCIAL AID:
Deadline: February 15, 2019
Online.factsmgt.com/aid

FACTS Portal opens Nov. 15th

As more families are applying for financial aid and have reasonable expectations that aid will be awarded in a timely manner once their application and supporting documentation have been submitted, the Catholic School Office of the Syracuse Diocese has chosen to utilize FACTS Grant & Aid Assessment for 2019/2020.

For our 19/20 financial aid assessment process, we are partnering with FACTS Grant & Aid Assessment to conduct the financial need analysis and verification for the schools of our Diocese. We encourage families to apply on-line because on-line applications are able to be processed immediately by FACTS. To apply on-line visit online.factsmgt.com/aid. If you need assistance with applying on-line, please contact your SCHOOL. Each school will have paper applications available for those families who cannot apply on-line. FACTS Customer Care Representatives are available to assist you at 866.441.4639.

Our first and largest round of financial aid is TAP A, which is funded by HOPE APPEAL. In order to be eligible for TAP A awards, families will need to complete their financial aid application and submit their supporting documentation to FACTS Grant & Aid Assessment by FEBRUARY 15, 2019.

The processing fee for each application is \$30 per family. Once a parent applies, they can log into their FACTS account to check the status of their application, and FACTS will provide bi-weekly follow-up communication to parents if their application is incomplete. There is NO additional fee if parents have children in two or more schools of our Diocese. An incomplete application can't be processed.

- ***Financial aid is available to grades K-12 – we are unable to provide financial aid for PRE-K.***
- ***In order to receive financial assistance – families must submit a completed FACTS application.***
- ***Financial aid applications are required so that we can better allocate our tuition assistance to those who need it most.***

Supporting documentation can be scanned and uploaded or faxed (866.315.9264) to FACTS. Supporting documentation should include:

- Processing fee \$30.00 (if paying by check)
- Copies of parent's 2018 tax return if available, otherwise use 2017 – including all supporting tax schedules
- W-2's for the parent (and spouse if applicable) – should match the tax return being submitted
- Copies of Social Security Income, Child Support, Food Stamps, Worker's Compensation and TANF (if applicable)

We look forward to working with FACTS once again as we partner to provide an outstanding educational experience for the children of the families of our Diocese.

Sincerely,

Thomas Sorci
Principal

William Crist
Superintendent