

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

(Circle One)

Applying for re-admission to the St. Patrick's School: Grade Entering: K 1 2 3 4 5 6

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 2018-2019:**

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 1-3 in order to register your child. (Please Print)**

1) Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

2) Please enclose the NON-REFUNDABLE \$50 APPLICATION FEE for the 1<sup>st</sup> child and \$35 for each additional child with all forms and return to St. Patrick's School.

3) It is agreed that tuition will be paid as indicated on SMART Tuition Enrollment form.

**Signature of person responsible for tuition:** \_\_\_\_\_

Student Name \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

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

**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.*

**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 \_\_\_\_\_

Financial Information:

**2018-2019 K-6 TUITION RATES**

GRADE	1 <sup>ST</sup> Student	2 <sup>ND</sup>	3 <sup>RD</sup>
K – 6	\$3,700	\$3,200	\$2,900

**2018-2019 Pre-K TUITION RATES**

Pre K 3 year old AM programs: 8:55am-12:00pm	2 AM days \$1,900	3 AM days \$2,800	
Pre K 4 year old programs: 8:55am – 12:00pm (am only) 8:55am – 2:55pm (full day)	5 full days \$4,150	3 full days \$3,200	5 AM days \$3,450

**FEES:** \$50 Non-Refundable Application Fee (for 1<sup>st</sup> child) and \$35.00 (for EACH additional child)

**If TUITION INVOICE is PAID in FULL BY 8/1<sup>ST</sup>, a 2% REFUND is AWARDED & the \$39 annual SMART Tuition fee is waived.**

**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. Personal checks will not be accepted for past due tuition during the month of June and again after August 15<sup>th</sup>.
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 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 institutions.