

**A Member of the Diocese of Syracuse System of Catholic Schools
Application Form for New Admission 2020-2021**

---Please Print---

(Circle One)

Applying for new admission to the **St. Patrick's School:** Grade Entering: PreK3 PreK4 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 2020-2021:

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 1st 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 _____

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 _____

Student Name _____

Financial Information:

2020-2021 K-6 TUITION RATES

GRADE	1 ST Student	2 ND	3 RD
K – 6	\$4,200	\$3,600	\$3,200

2020-2021 Pre-K TUITION RATES

Pre K 3 or 4-year-old programs:	5 full days	5 AM days	3 full days (MWF)
	\$4,900.00	\$4,100.00	\$3,800.00

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

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

2020-2021 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 2020-2021 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 2020-2021 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.