

2019-2020 REGISTRATION FORM

NEW STUDENTS

Child's Full Name _____
First Middle Last

Child's Soc. Sec. # _____ - _____ - _____ Date of Birth (m/d/y) _____ - _____ - _____

Gender: M F Grade Entering _____ or Preschool Class 2-Day AM 3-Day AM 5-Day AM

Ethnic Background (response is optional - data used in preparing required federal, state, and diocesan reports)

- American Indian/Alaskan Native
- African American
- Oriental American/Asian or Pacific Islander
- Hispanic
- Caucasian/White (non-hispanic)
- Multi-Racial (non-hispanic)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

School District, AND School Building in which you reside _____ / _____

Will you be using Bus Transportation? (applies to grades K-8) Yes No

If yes please check one: Madison Mansfield City Lexington Ontario Lucas Ashland

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Business _____ Business _____

Bus. Phone _____ Bus. Phone _____

Cell Phone _____ Cell Phone _____

Religious Affiliation _____ Religious Affiliation _____

Sibling(s), Grade: _____

Parents/Guardians are: (please check) Married Separated Divorced Single Widow/Widower

If custody of child has been granted by a court decree, who has custody? _____ (attach copy of custody papers)

Name, address, and phone number of the parent(s) not living with the child:

Is family registered members of St. Mary's Church? Yes No

If no, are you registered at another parish Yes No If yes, name of parish _____

List sacraments your child has received (Parish, City, State, and Date)

(Copies of certificates to school office):

Baptism _____

First Communion _____

Confirmation _____

Education History

Was student enrolled in Preschool? (applies to Kindergarten only) Yes No

If yes, name of Preschool: _____ Years attended _____

If transferring from another school, name of school: _____

School Address: _____ Phone: _____

Current grade level: _____

Was student ever dismissed from school for academic or disciplinary reasons? Yes No

If yes, please explain: _____

Does student receive any special service(s)? (i.e. IEP, Title 1 Reading, etc.) Yes No

A non-refundable registration fee is required for each student when registering. Grades K – 8 \$65.00. Preschool: 5-day \$45; 3-day \$35; and 2 day \$25. The fee will cover some school fees such as field trips; activity fees (i.e. bowling, recorders, Life Skills cooking); and some required educational classroom material (i.e. workbooks, science boards). It does not cover monetary donations to various school raffles, missions, fundraisers, Mohican Out-of-Door School, or any optional school request.

St. Mary School must have the following information for each child's file

- All records from previous school (Signed records release form)
- Copy of Birth Certificate
- Custody Papers (if applicable)
- Immunization record
- Copy of Social Security Card
- Baptism Certificate (Catholic students only)
- **PRESCHOOL ONLY:** State policy dictates that a child entering Preschool must have an examination by a physician. A copy of the Medical Statement must be on file at St. Mary School.

PRESCHOOL

Registration:	2-Day \$25.00	3-Day \$35.00	5-Day \$45.00
Tuition:	\$100.00 / Month	\$125.00 / Month	\$170 / Month

*Monthly payment schedule begins August 15th and runs through May 15th. Payment due the 15th of each month.

Please indicate which scholarships you are applying for by placing a checkmark in front of the appropriate option(s):

1. Catholic Scholarship: Parents are indicating that their family is registered as members of a Catholic parish and are active in the life of the community, including attending Mass and various parish events.

GRADE K-8

Registration: \$65.00 Per Student

Tuition: \$4,650.00 per student.

Qualified families will receive the Catholic Scholarship.

Actual Cost: I give my time, talent and treasure to _____ parish.

- One student: \$3,025.00
- Two students: \$4,250.00
- Three students: \$4,675.00
- Four students: \$5,000.00
- Five or more: \$100.00 each additional student

2. Community Member Scholarship: By applying for this scholarship parents are indicating that their family is not registered in a Catholic parish, but are active in the life of the school community, including attending and assisting at school events and activities as possible.

GRADE K-8

Registration: \$65.00

Tuition: \$4,650.00 per student.

Qualified families will receive the Community Member Scholarship.

Actual Cost: I will volunteer in the following ways:

- One student: \$3,840.00 _____
- Two students: \$5,550.00 _____
- Three students: \$5,975.00 _____
- Four students: \$6,300.00 _____
- Five or more: \$100.00 each additional student

3. Ed Choice State Scholarship (includes EdChoice AND EdChoice Expansio I am applying for an Ed Choice Scholarship.

I/WE OPT TO PAY TUITION ACCORDINGLY **Total Cash - Full Payment (Due by July 31)**

Montly Payment Plan - Ten (10) equally divided tuition payments.

EdChoice State Scholarship

Combination Cash/Monthly Payment - I will pay \$ _____ in cash. Leaving a balance of \$ _____ equaling ten (10) equal monthly payments of \$ _____.

I attest I read, understand and will fully comply with the rules as stated in the Tuition Policy.

Parent/Guardian Signature

Date

Office use only		
Date Recieved _____	Reg. Fee Paid _____	Scholarship Approved _____
