



\_\_\_\_\_ New Family

\_\_\_\_\_ Current Family

Family Name \_\_\_\_\_

### 2019-20 Registration Form & Tuition Contract

Please print all information

Oldest Student Name (Last Name First)	Date of Birth	Gender	Race*	Ethnicity	Entering Grade**	Tuition
1. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____

School Attended in 2018-19 \_\_\_\_\_

School Attending in 2019-20 \_\_\_\_\_

#### Additional Children Registering:

2. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____
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School Attended in 2018-19 \_\_\_\_\_

School Attending in 2019-20 \_\_\_\_\_

3. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____
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School Attended in 2018-19 \_\_\_\_\_

School Attending in 2019-20 \_\_\_\_\_

4. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____
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School Attended in 2018-19 \_\_\_\_\_

School Attending in 2019-20 \_\_\_\_\_

\*Race (as defined by the US Census Bureau): American Indian/Native Alaskan, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, Two or More, Unknown

\*\*Grade: if entering Pre-K 3 or Pre-K 4, please mark which schedule your student will follow: \_\_\_\_\_ 3 Half Days (T, W, Th) or \_\_\_\_\_ 5 Half Days

\_\_\_\_\_ 3 Full Days (T, W, Th) or \_\_\_\_\_ 5 Full Days

#### TUITION

Please see attached regarding tuition schedule. REMINDER: Pre-Kindergarten is included in discount for early payment in full. If tuition is paid in full for all students on or before July 15, 2019, there is a \$100 discount for the 1st student and \$50 for each additional student.

I/We will pay the tuition according to the following schedule (please check one):

\_\_\_\_\_ One Payment - Due July 15, 2019      \_\_\_\_\_ Two Payments - Due July 15, 2019 and January 15, 2020

\_\_\_\_\_ Monthly Payments - Due 5th or 20th of each month (July 2019—June 2020)

FACTS TUITION MANAGEMENT: If payments are not made by the due date, a \$50 late fee will be assessed by FACTS for each late payment.

**Enrollment is conditional on having an account in good standing.**

January 2019

**Textbooks**

To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the loan of textbooks, instructional materials and auxiliary services in accordance with Pennsylvania ACTS 195/90 for my child/ren attending Diocese of Scranton Catholic Schools.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Parent Signature \_\_\_\_\_

**Public School District of Residence** \_\_\_\_\_

**Transportation:** Each school district has a different transportation form.

\_\_\_\_\_ Bus/Van \_\_\_\_\_ Car \_\_\_\_\_ Walker

\_\_\_\_\_ is authorized for student pick up (please print full name).

**Parish Membership**

For ALL registrations: \_\_\_\_\_ Roman Catholic \_\_\_\_\_ Other Catholic \_\_\_\_\_ Non-Catholic (if no parish affiliation applies)

Parish/House of Worship \_\_\_\_\_ City \_\_\_\_\_

**Family Information**

Father's Full Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father/Mother Address, if other than students \_\_\_\_\_

Parent/s Marital Status \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ father deceased \_\_\_\_\_ mother deceased

Child/ren live with \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other: \_\_\_\_\_

Is there a custody agreement in effect? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", a copy of the order MUST be given to the school at the time of registration and will be placed in the student's file. Any changes to the formal agreement must be shared with the school at the time of the change.

**Emergency Contact Information**

Father Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Work City/State \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Work City/State \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**New Families Only—for your student**

Required Information: Birth Certificate \_\_\_\_\_ (verified) Baptismal Certificate \_\_\_\_\_ (verified) Immunization \_\_\_\_\_ (verified)

Pre-K Contract \_\_\_\_\_

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

**Family Registration Fee (non-refundable)**

- The non-refundable registration fee is \$100.00 PER FAMILY;
- Students in grades 7—12 also have a \$100 Retreat, Book, and Lab Fee per student, payable at registration time
- Checks should be made payable to the “**St. John Neumann Regional Academy**”

Authorization:

*I/We have completed this form to the best of my/our ability and render the information given as truthful to the best of my knowledge. As a parent/guardian, I hereby approve this application and guarantee all financial obligations by admittance to St. John Neumann Regional Academy. I/We fully agree that my student/s and I will abide by the policies of the school and the handbook regulations of the school. I/We have read and agree to the terms as outlined in the attached fundraising commitment document (\$500 per family per year) and the tuition rate schedule.*

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address & Phone (if different than listed in the Family Information Section) \_\_\_\_\_

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address & Phone (if different than listed in the Family Information Section) \_\_\_\_\_

**OFFICE USE ONLY** Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Seat Available \_\_\_\_\_ Waiting List \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Information has been verified by \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_