



2018-2019 K-8th Registration/Tuition Form

Family Information

Student/s being Registered			
Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:

Parent/Guardian Information	
Father/Guardian's Name (Last, First Middle)	Mother/Guardian's Name (Last, First Middle)
Home Address (Number, Street, City, State, Zip)	
Primary Phone	Primary Email Address

Father's Information			
Employer	Occupation	Work Phone	Cell Phone
Religion		Parish member of: <input type="checkbox"/> SFA <input type="checkbox"/> St. Thomas <input type="checkbox"/> SPF <input type="checkbox"/> St. Anne <input type="checkbox"/> Other: _____	

Mother's Information			
Employer	Occupation	Work Phone	Cell Phone
Religion		Parish member of: <input type="checkbox"/> SFA <input type="checkbox"/> St. Thomas <input type="checkbox"/> SPF <input type="checkbox"/> St. Anne <input type="checkbox"/> Other: _____	

Children live with: Mother Father Both Other (explain) _____

If separated or divorced, should school information be sent to each parent? Yes No

Name, address, & email of 2nd parent (if applicable): _____

Does the other parent, if separated or divorced, have visitation rights? Yes No

Emergency Contacts		
In the event we cannot reach a parent, list several emergency contacts: (applies for all students)		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Student Information

First Student Information		
Grade Entering	Current Age	
Student Name (Last, First, Middle)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Religion
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)		
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Baptism Date (if applicable)	Baptism Location (if applicable)	
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location	
NEW STUDENT ONLY – Name and Address of previous School:		

Second Student Information		
Grade Entering	Current Age	
Student Name (Last, First, Middle)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Religion
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) Click here to enter text.		
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Baptism Date (if applicable)	Baptism Location (if applicable)	
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location	
NEW STUDENT ONLY – Name and Address of previous School:		

Third Student Information		
Grade Entering	Current Age	
Student Name (Last, First, Middle)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Religion
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)		
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Baptism Date (if applicable)	Baptism Location (if applicable)	
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location	
NEW STUDENT ONLY – Name and Address of previous School:		

Fourth Student Information		
Grade Entering	Current Age	
Student Name (Last, First, Middle)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Religion
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)		
Ethnicity (for office use only) <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Baptism Date (if applicable)	Baptism Location (if applicable)	
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location	
NEW STUDENT ONLY – Name and Address of previous School:		

Tuition Form

Full Time 4K through 8th Grade Tuition

*1 Child	2 nd Child	3 rd Child	4 th Child
\$2,310	\$2,110	\$1,910	\$1,510

***If you are registering a Full-Time 4K student and a student in K-8th, your 4K student's tuition will be \$2,310 and considered your "1st child".**

Payment Options

(please check one)

- | | |
|--|---|
| <input type="checkbox"/> Full Payment (Due September 1 st , 2018) | <input type="checkbox"/> Semi-Annual payment (ATP Required)
(50% due September and 50% due January) |
| <input type="checkbox"/> Ten Monthly Payments (ATP Required)
(Beginning August 5 th – ending May 20 th) | |

2018-2019 Tuition

The per-student cost to educate each child is approximately \$7,300. Tuition covers about 30% of the cost. The rest is covered through a parish subsidy and fundraising activities. Please look for opportunities to support the parish through sacrificial giving.

If you are able to assist the school with the additional per pupil cost, a payment in excess of your tuition would be acknowledged as a donation to the school. I would like to make a donation of \$ _____.

Tuition Grants

Through the generosity of people in our school and parish tuition grants are available to help defer the cost of tuition so that our education is available to all students. Please check below if you will be applying for a tuition grant. If you check 'Yes' please fill out the **Tuition Grant Application**. Tuition grants are only giving to students in kindergarten through 8th grade.

Tuition Grant Support will be applied for: Yes No

Tuition Breakdown

1 Child:	\$2310.00 =	\$2310.00
	\$2310 ÷ 2 payments =	\$1155.00
	\$2310 ÷ 10 payments =	\$ 231.00
2 Children:	\$2310.00 + 2110.00 =	\$4420.00
	\$4420 ÷ 2 payments =	\$2210.00
	\$4420 ÷ 10 payments =	\$ 442.00
3 Children:	\$2310.00 + 2110.00 + 1910.00 =	\$6330.00
	\$6330 ÷ 2 payments =	\$3165.00
	\$6330 ÷ 10 payments =	\$ 633.00
4 Children	\$2310.00 + 2110.00 + 1910.00 + 1510.00 =	\$7840.00
	\$7840 ÷ 2 payments =	\$3920.00
	\$7840 ÷ 10 payments =	\$ 784.00

Tuition Responsibility Page

NOTE: One Tuition Responsibility Page must be submitted for each family

I, _____ (Parent/Guardian), am responsible for the payment of the registration fee and tuition for:

Student	Grade	Tuition
Total Tuition Due		\$

All fees and tuition will be paid in full by May 20, 2019. If, for any reason, I want to change the payment plan, I will call the school office for a new form. By completing the tuition responsibility page, I understand my financial commitment and obligation to St. Francis of Assisi School/Parish. **If tuition for the 2017-2018 school year is not paid in full by May 20, 2018, a meeting with the pastor is required prior to the beginning of the 2018-2019 school year.**

Family Scrip Commitment

- Yes, we elect to generate \$400.00 in profit from the purchase of Scrip from SFA or SPF
 If we exceed \$400.00 in profit apply the overage towards:
- Next year's tuition cost (50% of overage amount)
 - The needs of the St. Francis of Assisi School
- No, we elect not to participate in the purchase of Scrip and we agree to pay the additional \$400.00 charge per family.

Parent Involvement Requirement

We have read and understood that as a parent of a student at St. Francis of Assisi School, we are required to contribute 2 hours to directly support (before, during, or after) the International Food Fair on November 3, 2018, the major fundraising activity of the school. **If we do not fulfill the hours to the International Food Fair our family will be billed an additional \$250.00 fundraiser fee.**

Signature(s): _____
NAME DATE NAME DATE

Please attach the following documents to this registration form:

- \$50/Family non-Refundable Registration Fee for **K through 8th grade students**. Checks should be made payable to St. Francis of Assisi School. (The K-8 Registration Fee also covers 3K & 4K)

****Registration fee waived if received by February 23rd, 2018**

For **New Students** to St. Francis of Assisi School

- Copy of Baptismal Certificate (If applicable)
- Copy of First Communion Certificate (If applicable)