

St. Rose of Lima School
Re-Registration Form 2019-2020

Current Families

A Non-Refundable Registration Fee of \$175.00 is due with this form

Family Last Name _____ **Male/Female** _____

Bus Request: ____ Yes ____ No **Town That Provides Textbooks:** _____
(K-8 Students Only) (K-8 Students only)

Mother Email: _____ **Father Email:** _____

Rose Buds: 3 Full Days ____ **3 Half Days** ____ **5 Full Days** ____ **5 Half Days** ____
(3 year old program; child must be 3yrs. old by September 1st)

Pre-Kindergarten: 5 Full Days ____
(4 year old program; child must be 4yrs. old by September 1st)

Student Information – Please begin with oldest child first.
(Please Print Clearly)

Student’s Name:

_____ DOB: _____ City of Birth: _____ Entering Grade: _____
_____ DOB: _____ City of Birth: _____ Entering Grade: _____
_____ DOB: _____ City of Birth: _____ Entering Grade: _____
_____ DOB: _____ City of Birth: _____ Entering Grade: _____

Child Lives With: Both Parents: ____ Mother: ____ Father: ____ Other: ____ Home Phone: _____

Student’s Address: _____
Street City State Zip Code

School Last Attended: _____

Parish to which family is registered: _____
(If a member of SS Rose & Clement Parish, please include Budget #)

Mother: _____ **Religion:** _____
First Name Last Name (if different)

Address (if different than child): _____
Phone: Home: _____ Cell: _____ Work Phone: _____
Place of Employment: _____ Occupation: _____

Father: _____ **Religion:** _____
First Name Last Name (if different)

Address (if different than child): _____
Phone: Home: _____ Cell: _____ Work Phone: _____
Place of employment: _____ Occupation: _____

Parent's Marital Status (Check One): Married ____ Divorced ____ Widowed ____ Unmarried ____
Custodial Agreement: N/A ____ Sole ____ Dual: ____ Restraining Order: No: ____ Yes: ____ (need copy)

Sacraments child has received (Complete if student is entering Kindergarten or is a New Student)

Baptism: _____
Church City/State Date

First Communion: _____
Church City/State Date

First Penance: Yes _____ No _____

Describe any educational special need (IEP, 504 or Service Plan) _____

Describe any allergy/medical special need: _____

IN THE EVENT OF AN EMERGENCY – ILLNESS - EARLY DISMISSAL

Please list any person who is authorized and willing to accept responsibility of your child(ren)'s care:

1. _____
Name Relationship Phone
2. _____
Name Relationship Phone
3. _____
Name Relationship Phone
4. _____
Name Relationship Phone
5. _____
Name Relationship Phone

All students entering Pre-K, Kindergarten and Grade 7 must provide a physical form and list of immunizations before the beginning of school in September. Forms will be provided. Children entering Kindergarten must be five years of age by September 1st of the year they enter. A copy of your child's Birth and Baptismal Certificate is required upon registration.

Are you a registered & contributing member of SS. Rose & Clement Parish? _____ Budget #: _____

Are you registered at another Church? _____ Church Name: _____

PARISHIONER PARISH SUPPORT POLICY

In order to receive the "Parishioner Rate", families must be registered at SS. Rose & Clement Parish for one year and contribute at least \$10.00 per week to support the parish. If the minimum is not maintained, a family will be charged the "Non-Parishioner Rate" and billed accordingly. Contributions will be checked on a quarterly basis.

Who will be responsible for payment of tuition? _____

DELINQUENT TUITION ACCOUNTS

Students whose tuition accounts are in arrears will not be allowed to continue classes unless parents meet with the Administration. All accounts must be paid to date in order for students to participate in the end-of-year activities.

TUITION REIMBURSEMENT POLICY

The annual school budget is prepared based on projected enrollment for the upcoming school year. As students register for the new school year, supplies, materials and textbooks are purchased and staff hired to provide a sound educational program for the enrolled students. Tuition payments begin July 1st in order to assure that each classroom is properly staffed and fully supplied for September. Therefore it is the policy of the Saint Rose of Lima School Board not to grant any tuition reimbursement should a child leave our school.

WAIVERS

I/we give permission for my/our phone number to be given to the teachers, the school nurse and the PTO (*Parent Teacher Organization*).

My signature below is my agreement to the above-noted waivers, tuition reimbursement policy, and the parishioner/parish support policy to make timely tuition payments. I understand that tuition payments that are two months in arrears may be reason for dismissal from school. Additionally I understand that no child may re-register for the following year if tuition is delinquent.

Parent/Guardian signature: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____ 2018-2019 Tuition Status: _____

FACTS Mgmt. Tuition Agreement #: _____ FACTS Payment Plan: _____ Updated: _____

Parishioner: Yes: _____ No: _____ If Yes: Budget # _____ Amount Contributed \$ _____

Financial Aid: FACTS Grant & Aid Application date: _____ Frances Warde: \$ _____

Andrew Martin Fund: \$__ Adopt-a-Student: \$ _____ Other (specify): _____ \$ _____

Non-refundable Fee: Paid \$ _____ Check/Receipt# _____

