

**A Member of the Diocese of Syracuse System of Catholic Schools  
Application Form for Re-Admission 2019-2020**

---Please Print---

Applying for re-admission to the **ST. MARGARET'S SCHOOL:** Grade Entering: \_\_\_\_\_

**Student Name** \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

**Other Children Re-Applying to this or other Catholic Schools:**

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 \_\_\_\_\_

2) Please enclose a NON-REFUNDABLE TUITION DEPOSIT OF \$50.00 per family. Make check or money order payable to ST. MARGARET'S SCHOOL. **Please return all completed forms along with payment to main office.**

3) It is agreed that tuition will be paid as indicated above.

**Signature of person responsible for tuition:** \_\_\_\_\_

**Please provide your Social Security Number:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

**Tuition Received:** \_\_\_\_\_

**Check #/Cash:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tuition Charge: \$** \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Public School District in which the student resides \_\_\_\_\_ Bus Transportation \_\_\_\_\_ Yes \_\_\_\_\_ No

**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.*

**Information Requests:**

- \_\_\_\_\_ Busing Application (Must be submitted to your public school district no later than April 1, 2019. Check with your district to determine if you qualify for transportation.
- \_\_\_\_\_ Before and After School Program application.

<b>Financial Information:</b>					
<b>PARISHIONER RATES</b>			<b>NON-PARISHIONER RATES</b>		
Parishioner Rate: The parishioner rate applies to families who are members of a Roman Catholic Parish. All affiliations are verified with the Pastor of the church designated on the enrollment form.			Non-Parishioner Rate: The non-affiliated rate applies to registered families who are NOT registered members of a Roman Catholic parish.		
GRADE	1 <sup>ST</sup> CHILD	2 <sup>ND</sup> CHILD	3 <sup>RD</sup> CHILD	GRADE	CHILD
K-6	\$5,000	\$4,650	\$4,400	K – 6	\$6,900

**2019-2020 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 15<sup>th</sup>.
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 2019-2020 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 2019-2020 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 institution.