

**A Member of the Diocese of Syracuse System of Catholic Schools  
Application Form for New Admission 2020-2021**

---Please Print---

Applying for re-admission to the **St. Mary's Academy:** **Grade Entering:** **K 1 2 3 4 5 6**

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
Last First Middle  
**Address** \_\_\_\_\_ **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 \$100.00 per child (maximum of \$300 per family). You will also be charged a total of \$70 in fees (milk \$50 and supplies \$20). A PTA fee of \$200 will be charged for the 1<sup>st</sup> child and \$50 for each additional child. All fees can be rolled into your tuition payment plan. Make check or money order payable to ST. MARY'S ACADEMY. **Please return all completed forms along with payment to main office.**

3) Payment options are: payment in full (by September), monthly (Sept – June), or quarterly (Sept, Dec., March, June)

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

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

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

FOR OFFICE USE ONLY:

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

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

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

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

**If Student is Catholic, please complete the following:**

Baptism

First Penance

First Eucharist

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Current School or Pre-School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**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.*

**Academic Information:**

\_\_\_\_\_ Unofficial copies of transcripts and reports have been requested or are attached for admission purposes. Acceptances are not final until records have been reviewed by the principal.

Does the student have a Behavioral Intervention Plan? \_\_\_\_ Yes \_\_\_\_ No. If yes, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below:

Does the student require any particular accommodations to facilitate his or her participation in the educational program offered by the school, other than what has been indicated in the question above? \_\_\_\_ Yes \_\_\_\_ No. If yes, what are those accommodations? Please specify below.

Has the student ever been tested for learning problems? \_\_\_\_ Yes \_\_\_\_ No.

Has testing for leaning problems ever been suggested? \_\_\_\_ Yes \_\_\_\_ No.

Does the student have an IEP or IESP? \_\_\_\_ Yes \_\_\_\_ No.

Does the student have a 504 Accommodation Plan? \_\_\_\_ Yes \_\_\_\_ No.

**Please authorize copies of these documents to be sent to the School.**

Is the student currently taking medications? \_\_\_\_ Yes \_\_\_\_ No. If yes, please specify: \_\_\_\_\_

Does the medication need to be administered during the school day? \_\_\_\_ Yes \_\_\_\_ No. If yes, when? \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Information Requests:**

- \_\_\_\_\_ Busing Application (Must be submitted to your public school district no later than April 1, 2020. Check with your district to determine if you qualify for transportation.
- \_\_\_\_\_ Before and After School Program application.

**Financial Information:**

PARISHIONER RATES			NON-PARISHIONER RATES		
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	\$5,245	\$4,995	\$4,745	K – 6	\$6,245

**2020-2021 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 2020-2021 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**

**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 2020-2021 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.