



HOLY FAMILY SCHOOL

130 Chapel Drive Syracuse, New York 13219 Telephone: (315) 487-8515 Fax: (315) 487-2086
www.holyfamilyschoolsyr.org

PREK/NURSERY NEW ADMISSION APPLICATION 2018 – 2019

Document

Letter from Sister Christina Marie Luczynski

Holy Family Admission Application

**SMART Tuition Enrollment
(all new families must enroll in SMART Tuition)**

Media/Photo Release Form

Additional Information

Immunization Requirement

What To Do

Read and File

**** Complete and return to Holy Family School with
\$50.00 PER CHILD APPLICATION FEE**

****Visit: enrollwithsmart.com to complete your
online application.**

**You may also complete the attached SMART
ENROLLMENT APPLICATION and return it to school
with your New Admission Application. The annual
\$39.00 fee for this service will appear on your first
bill. TUITION COLLECTION BEGINS JULY 2018 AND
CONTINUES MONTHLY THROUGH THE FOLLOWING
9 MONTHS THROUGH APRIL 2019.**

****Complete and return to Holy Family School.**

****Submit copies of Birth and Baptismal Certificates
to the Holy Family School Office.**

**Up-to-date immunization records need to be
submitted to the Health Office before Sept. 1st.**

****Documents to be returned to the Holy Family school Office.**

Where Faith and Learning Come Together



HOLY FAMILY SCHOOL

*130 Chapel Drive Syracuse, New York 13219 Telephone:(315) 487-8515 Fax:(315) 487-2086
www.holyfamilyschoolsyr.org*

January, 2018

Dear Parents and Guardians,

Thank you for choosing Holy Family School for your child's education. We look forward to working with you in the coming year. We are proud of the faith formation and educational program that Holy Family School will offer to your child. Holy Family School is Middle States Accredited.

Attached to this letter is a packet with all the information you will need to submit an application. If you have any questions, please don't hesitate to call us (315-487-8515) or email me (cluczynski@syrdiocese.org). We are here to serve you and your family.

God bless!

Sister Christina Marie Luczynski, Principal

Where Faith and Learning Come Together

HOLY FAMILY SCHOOL
NURSERY/PRE-K – New Admission 2018-2019
---Please Print---

NURSERY (2day): _____ **NURSERY (3day):** _____ **NURSERY (5 day):** _____ **PREK (3 day):** _____ **PREK (5 day):** _____

Student Name _____ **DOB** _____ **Place of Birth** _____
Last First Middle

Address _____ **City** _____ **State** _____ **Zip** _____

Religion _____ **Parish** _____ **School District** _____

Ethnic Background (optional) _____ **Male** _____ **Female** _____
This information is used to complete the NYS Basic Educational Data Systems report that all public & nonpublic schools are required to submit.

Other Children 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: _____

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's E-mail Address** _____

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's E-mail Address** _____

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 APPLICATION FEE OF \$50.00** per child. Make check or money order payable to **HOLY FAMILY 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: _____

FOR OFFICE USE ONLY:

Tuition Received: _____

Check #/Cash: _____

Date: _____

Tuition Charge: \$ _____

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.

Academic Information:

Has the student ever been tested for learning problems? ___ Yes ___ No **Does the student have a 504 Accommodation Plan?** ___ Yes ___ No

Has testing for learning problems ever been suggested? ___ Yes ___ No **Does the student have an IEP or IESP?** ___ Yes ___ No

Does the student have any medical conditions or allergies? ___ Yes ___ No **Explain:** _____

Is the student currently taking medication? ___ 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 _____

Information Requests: _____ Before and After School Program application.

Financial Information:

NURSERY (2 Day):	\$ 2,700	(\$270.00 per month)
Nursery/Prek (3 day):	\$ 3,500	(\$350.00 per month)
Nursery/Prek (5 days)	\$ 5,000	(\$500.00 per month)

2017-2018 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 15th.
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 for the 2018-2019 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 for the 2018-2019 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.



EnrollWithSmart

Visit www.enrollwithsmart.com now to complete this form faster!

Enroll Faster. Enroll Easier. Enroll SMARTer!

1 1 5 1 9 1 7 1 8 0

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2018 - 2019

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

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STREET ADDRESS OR P.O. BOX

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APT#

--	--	--

CITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--

ZIP CODE

--	--	--	--	--	--

HOME TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--

MOBILE TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--

EMAIL ADDRESS (Smart emails reminders for upcoming payments)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SELECT A PAYMENT METHOD

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:

--	--

Your school allows the following due dates:
1, 10, 20

PLEASE DEBIT MY:

CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER

--	--	--	--	--	--	--	--	--

BANK ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SELECT A PAYMENT PLAN

- Plan A 1 Payment Aug (Due August 1st)
- Plan B 10 Payments Jul - Apr
- Plan C 2 Payments Jul, Jan
- Plan D 4 Payments Jul, Oct, Jan, Apr
- Plan E 10 Payments Aug - May

ENTER PLAN LETTER HERE

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ENTER STUDENT INFORMATION

Choose from the following grades: N2, N3, N5, PK3, PK5, K, 1 - 6

GRADE FIRST NAME OF STUDENT LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID

--	--	--	--	--	--	--	--	--	--

*OPTIONAL TYPE CODE

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PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER

DATE

FOR SCHOOL OFFICE USE ONLY

- THIS FAMILY IS ENROLLING LATE
- SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
- COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

	STUDENT TUITION 1	\$						
	STUDENT TUITION 2	\$						
	STUDENT TUITION 3	\$						
	STUDENT TUITION 4	\$						
	FAMILY TUITION SUBTOTAL	\$						

FEEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + 39 00

ANNUAL TOTAL DUE \$



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Media/Photo Release Authorization

I understand that Holy Family School will be publishing certain advertisements relative to the school and that a picture or other material including my child or me may be included in one or more of those advertisements. I give the school and anyone acting on their behalf permission to use any photograph, videotape or other recording for public viewing in any print or broadcast media (e.g., radio, newspapers, magazines, brochures, television, Facebook, etc.) or in displays. I also permit the school and anyone acting on their behalf to use any statement or part of any statement that I chose to make in any such broadcast, article or display.

I release the school, employees, agents and representatives from any liability arising out of the use of any such photograph, videotape, other recording or statement for public viewing in any print or broadcast media.

I agree that this release may be revoked by me at any time in writing. Any such revocation will apply to the future use of any picture, film, statement, of my child or me, but will not apply to any materials already produced and in use by the school. I intend the release to be binding upon me, my heirs, executors, administrators, successors and/or assigns.

Student Name: _____ Grade _____

Parent's Signature: _____

Printed Name of Releaser: _____

Date: _____

_____ I DO NOT GIVE PERMISSION FOR MY CHILD/CHILDREN TO BE PHOTOGRAPHED.