



HOLY FAMILY SCHOOL

130 Chapel Drive Syracuse, New York 13219 Telephone: (315) 487-8515 Fax: (315) 487-4437
www.holyfamilyschoolsyr.org

K – 6 NEW ADMISSION APPLICATION 2019 - 2020

Document

What To Do

Letter from Sister Christina Marie Luczynski

Read and File

Holy Family Admission Application

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

FACTS Tuition Enrollment (all families must enroll in FACTS)

Go to holyfamilyschoolsyr.org (school website) "REGISTRATION" page under the "PARENT" pulldown menu for the FACTS link to complete your application.

TUITION COLLECTION BEGINS JULY 2019 AND CONTINUES MONTHLY THROUGH THE FOLLOWING 9 MONTHS THROUGH APRIL 2020.

Parents—Important Notice-Financial Aid Document

Read for summary of process to apply for tuition assistance

Transportation Request

Check the **BUSING APPLICATION** line on the application. A Transportation Request Form, from your respective district, will be sent home to you. Please return completed Transportation Request Form to the school office by March 22, 2019.

Media/Photo Release Form

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

Textbook Request Form

****Submit to the Holy Family School Office**

School Uniform Information

Exclusive Vendor: Lands' End

Additional Information

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

Immunization Requirement

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



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January, 2019

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

A Member of the Diocese of Syracuse System of Catholic Schools
Application Form for New Admission 2019-2020
—Please Print—

Applying for new admission to the **Holy Family School:** Grade Entering: _____

Student Name _____ **DOB** _____ **Place of Birth** _____
Last First Middle
Address _____ **Male** _____ **Female** _____
City _____ **State** _____ **Zip** _____
Religion _____ **Parish** _____

Other Children Re-Appling 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 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: \$** _____

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, 2019. Check with your district to determine if you qualify for transportation.
- _____ Before and After School Program application.

Financial Information:					
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 RATES Non-Parishioner Rate: The non-affiliated rate applies to registered families who are NOT registered members of a Roman Catholic parish.		
GRADE	1 ST CHILD	2 ND CHILD	3 RD CHILD	GRADE	CHILD
K-6	\$4,900	\$4,650	\$4,400	K - 6	\$5,900

2019-2020 TUITION PAYMENT POLICY:

1. A student may not begin in September if there is past due tuition owed.
2. A FACTS 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, 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

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.



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December 2018

Dear Catholic School Parent,

RE: FINANCIAL AID FOR 2019/2020 SCHOOL YEAR
Deadline for 19/20—Apply by FEBRUARY 15, 2019

2019/2020 FINANCIAL AID:
Deadline: February 15, 2019
Online.factsmgt.com/aid

FACTS Portal opens Nov. 15th

As more families are applying for financial aid and have reasonable expectations that aid will be awarded in a timely manner once their application and supporting documentation have been submitted, the Catholic School Office of the Syracuse Diocese has chosen to utilize FACTS Grant & Aid Assessment for 2019/2020.

For our 19/20 financial aid assessment process, we are partnering with FACTS Grant & Aid Assessment to conduct the financial need analysis and verification for the schools of our Diocese. We encourage families to apply on-line because on-line applications are able to be processed immediately by FACTS. To apply on-line visit online.factsmgt.com/aid. If you need assistance with applying on-line, please contact your SCHOOL. Each school will have paper applications available for those families who cannot apply on-line. FACTS Customer Care Representatives are available to assist you at 866.441.4639.

Our first and largest round of financial aid is TAP A, which is funded by HOPE APPEAL. In order to be eligible for TAP A awards, families will need to complete their financial aid application and submit their supporting documentation to FACTS Grant & Aid Assessment by FEBRUARY 15, 2019.

The processing fee for each application is \$30 per family. Once a parent applies, they can log into their FACTS account to check the status of their application, and FACTS will provide bi-weekly follow-up communication to parents if their application is incomplete. There is NO additional fee if parents have children in two or more schools of our Diocese. An incomplete application can't be processed.

- **Financial aid is available to grades K-12 – we are unable to provide financial aid for PRE-K.**
- **In order to receive financial assistance – families must submit a completed FACTS application.**
- **Financial aid applications are required so that we can better allocate our tuition assistance to those who need it most.**

Supporting documentation can be scanned and uploaded or faxed (866.315.9264) to FACTS. Supporting documentation should include:

- Processing fee \$30.00 (if paying by check)
- Copies of parent's 2018 tax return if available, otherwise use 2017 – including all supporting tax schedules
- W-2's for the parent (and spouse if applicable) – should match the tax return being submitted
- Copies of Social Security Income, Child Support, Food Stamps, Worker's Compensation and TANF (if applicable)

We look forward to working with FACTS once again as we partner to provide an outstanding educational experience for the children of the families of our Diocese.

Sincerely,

Sr. Christina Marie Luczynski, CSSA
Principal

William Crist
Superintendent

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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.



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Textbook Request

Family Name _____ Home Phone _____

Address: _____

Street

City

State

Zip

Residing in _____ Public School District

Attending _____ School

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

I, the undersigned, request that the above-mentioned school district loan to my child(ren) the textbooks required for his/her/their education, and hereby authorize the principal of the school to act as my agent in the implementation of this request.

This authorization shall remain in effect while my child(ren) are attending this school, unless I expressly revoke it in writing.

I understand that all books loaned to my child(ren) are to be maintained in good condition, and that said child(ren) will be responsible for the loss or excessive damage to these books.

Signature of Parent or Guardian

Date

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HOLY FAMILY SCHOOL K-6 UNIFORM CODE 2019-2020

EXCLUSIVE VENDOR: LANDS' END

BOYS

PANTS/SHORTS: Khaki with brown or black belt
SHIRT: Short or long sleeve green or white mesh polo with logo

Boys may wear shorts Sept./Oct. and May/June.

SOCKS: Navy, Tan, Green or White (parent choice of vendor)

SWEATER: Evergreen drifter vest with logo
SHOES: Black or brown

Hair should be neat and not touching the collar.
Shirts must be tucked in.

GYM UNIFORM (EXCLUSIVE VENDOR: LANDS' END)

BOYS

SHORTS: Green mesh shorts with logo
SWEAT PANTS: Green with logo

(local vendor—not Lands' End); must be ordered at the school office)

SHIRT: Short or long sleeve gray shirt with logo
SWEATSHIRT: with logo

The complete gym uniform is to be worn all day on gym days.
The sweatpants are to be worn over the shorts except Sept/Oct and May/June.
Sneakers and socks (must be worn above the ankle) are required.

Please note that any uniform questions/issues/decisions are under the sole determination and discretion of the principal.

IF YOUR CHILD IS NOT IN COMPLIANCE WITH THE UNIFORM POLICY, YOU WILL BE NOTIFIED. IF YOU HAVE ANY QUESTIONS CONCERNING THE UNIFORM POLICY, PLEASE CALL THE SCHOOL OFFICE.

PLEASE NOTE: Out of Uniform Days (clothing other than uniform) may be periodically announced by the principal. In addition, students are sometimes issued Out of Uniform Day passes, which may be used on any day other than a school Mass day. Out of Uniform attire must be neat and appropriate at all times and approval of appropriate clothing is always at the discretion of the principal. On Mass Days, students must wear uniforms/shoes to Mass.

GIRLS

PANTS/SHORTS: Khaki with brown or black belt
SHIRT: Short or long sleeve green or white mesh polo with logo

OR

PLAID SKORT: only may be worn with green or white mesh short or long sleeve polo with logo

OR

PLAID JUMPER/ white Peter pan collar polo
SOCKS (knee socks or ankle) OR TIGHTS: Green, white or navy (parent choice of vendor)
SWEATER: Evergreen cardigan with logo or Drifter vest with logo
SHOES: Black or brown

Girls may wear earrings with posts; no dangling earrings or makeup;
Solid black, green or navy headbands are permitted;
shirts must be tucked in.

GIRLS

SHORTS: Green mesh shorts with logo
SWEAT PANTS: Green with logo

(local vendor—not Lands' End); must be ordered at the school office)

SHIRT: Short or long sleeve gray shirt with logo
SWEATSHIRT: with logo

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