



HOLY FAMILY SCHOOL

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

K – 6 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)**

Parents—Important Notice-Financial Aid Document

Transportation Request

Media/Photo Release Form

Textbook Request Form

School Uniform Information

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.

Read for summary of process to apply for tuition assistance

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 20, 2018.

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

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

Exclusive Vendor: Lands' End

****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



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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

A Member of the Diocese of Syracuse System of Catholic Schools
Application Form for New Admission 2018-2019
--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-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 child (maximum of \$300 per family). 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 learning 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, 2018. 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 ST CHILD	2 ND CHILD	3 RD CHILD	GRADE	CHILD
K-6	\$4,900	\$4,650	\$4,400	K - 6	\$5,900

2018-2019 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, less any financial aid granted 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

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 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

STREET ADDRESS OR P.O. BOX

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

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

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

OPTIONAL SCHOOL FAMILY ID

OPTIONAL TYPE CODE

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

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

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

FEES & 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 \$

FACTS Grant & Aid Assessment

Apply for FINANCIAL AID for 2018/2019.....Visit FACTS at: online.factsmgt.com/aid

FACTS Management, a division of NelNet, Inc., is a company that makes quality education affordable for families and students, all while supporting the financial stability of private and faith-based institutions.

One way we do this is through our Grant & Aid Assessment service, which allows schools to award financial aid with confidence to the families who have financial need. We work with schools to create a custom application for families, allowing FACTS to collect the financial data which matters.

You can apply for financial aid by visiting FACTS online at <http://online.factsmgt.com/aid>, or by logging into your FACTS account if you are currently a customer of FACTS Tuition Management. **SCHOOL CODE: 7885**

- Complete and submit your online application after watching our short introductory video
- Submit all required supporting documents listed on the introduction screen by uploading online or securely faxing to 866.315.9264
- A non-refundable application fee of \$30 is required before your application can be submitted
- Customer Care Representatives are available to assist you at 866-441-4637

Q: WHO SETS THE APPLICATION DEADLINE? *Application deadlines are set by your school.*

Q: IS THE APPLICATION PROCESS SECURE? *Yes. All documentation received is imaged upon receipt and then destroyed. The application data then becomes property of the applicable school which FACTS securely stores.*

Q: WHAT HAPPENS AFTER I APPLY? *You can log into <http://online.facts.mgt.com/aid> to check the status of your application.*

Q: DOES THE FACTS GRANT & AID ASSESSMENT PROCESS REQUIRE A CREDIT CHECK *No. FACTS does NOT require credit checks.*

BENEFITS FOR FAMILIES:

Applicant Call Center--- *for live assistance, call toll free at 866.441.4637. Call center hours are M-F 7:30 am – 7:00 pm (central time). Bilingual representatives are available.*

User Friendly---*Easy to use, intuitive navigation and plenty of online help for applicants. Includes a progress status bar and online checklist to monitor the applicant's success completing the process, along with a comprehensive dashboard for ongoing communication.*

Follow-Up on Supporting Documents ---*To save your school time and effort, confirmation and reminders for required tax and W-2 materials are sent to the applicant via email when an email address is provided. If no email address is provided, notices are sent by USPS.*

Dynamic Web Chat ---*Families can use our dynamic web chat to get the answers they need, right from their computer.*

One-Click Spanish Translation ---*We offer total Spanish translation of our family site with the click of a button.*



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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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1/3/18
A-10

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Textbook Request

Family Name _____

Address: _____ Phone _____

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 2018-2019

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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