



HOLY FAMILY SCHOOL

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

www.holyfamilyschoolsyr.org

PRE-K/NURSERY NEW ADMISSION APPLICATION 2017 - 2018

Document

What To Do

Letter from Sister Christina Marie Luczynski

Read and File

Holy Family Application for New Admission

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

SMART Tuition Brochure

Read and File

SMART Tuition Enrollment

****Families enrolled during the 2016-2017 school year will be carried over to the 2017-2018 school if continuing at Holy Family School. The annual \$39.00 fee will appear on your first bill. No further action is necessary.**

TUITION COLLECTION BEGINS JULY 2017 AND CONTINUES MONTHLY THROUGH THE FOLLOWING 9 MONTHS THROUGH APRIL 2018.

Media/Photo Release Form

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

Additional Information

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

Immunization Requirement Form

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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February, 2017

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.

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 (487-8515) or email me (cluczynski@syrdiocese.org). We are here to serve you and your family.

God bless!

Sr. Christina Marie Luczynski, CSSA

Sister Christina Marie Luczynski, Principal

HOLY FAMILY SCHOOL
NURSERY/PRE-K - New Admission 2017-2018
-Please Print-

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

Student Name Last First Middle DOB Place of Birth
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):	\$ 2,600	(\$260.00 per month)
Nursery/Prek (3 day):	\$ 3,400	(\$340.00 per month)
Nursery/Prek (5 days)	\$ 4,900	(\$490.00 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 2017-2018 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 2017-2018 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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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, 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: _____



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										2017-2018			
*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 1 st)	ENTER PLAN LETTER HERE <input type="text"/>
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 STUDENT INFORMATION

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

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*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:

STUDENT TUITION 1	\$	<input type="text"/>
STUDENT TUITION 2	\$	<input type="text"/>
STUDENT TUITION 3	\$	<input type="text"/>
STUDENT TUITION 4	\$	<input type="text"/>
FAMILY TUITION SUBTOTAL	\$	<input type="text"/>

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 \$