

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

---Please Print---

Applying for new admission to **MOST HOLY ROSARY SCHOOL** ; **PREK Program:** _____

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 select a payment plan: ALL FAMILIES ON ALL PLANS MUST ENROLL IN SMART TUITION. MHR will pay \$39 SMART fee.

Plan A-monthly payments over 10, 11 or 12 months

Plan B-Full payment; DUE AUGUST 1st; family will receive \$100 deduction

Plan C-Half payment; DUE AUGUST 1st; family will receive \$50 deduction

Please enclose an application fee of \$50.00 per family. Make check or money order payable to MOST HOLY ROSARY 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: _____

FOR OFFICE USE ONLY: **Application Fee Rec'd:** _____
Date: _____

Check #/Cash: _____
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 _____

Current School or Pre-School _____ **Grade** _____

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:

_____ Before and After School Program application.

Financial Information:

PREK 3:	5 FULL DAYS	\$5,600.00/YEAR	PREK 4:	5 FULL DAYS	\$4,700.00/YEAR
	3 FULL DAYS	\$4,200.00/YEAR		3 FULL DAYS	\$3,760.00/YEAR
	2 FULL DAYS	\$3,360.00/YEAR		5 HALF DAYS	3 HALF DAYS
	5 AHLF DAYS	\$4,200.00/YEAR	3 HALF DAYS		\$2,870.00/YEAR
	3 HALF DAYS	\$3,025.00/YEAR	2 HALF DAYS		\$2,410.00/YEAR
		2 HALF DAYS			

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 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 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.