



Diocese of Syracuse
Catholic Schools

Application Form - New Admission
Please Print

Applying for Admission to the Bishop's Academy at Holy Family

Grade Entering: _____

Student Name _____ DOB _____ Place of Birth _____

Address _____ Last First Middle _____ Male Female

City _____ State _____ Zip _____

Religion _____ Parish _____ Envelope Number _____

If the student is Catholic, please complete the following: Baptism First Penance First Eucharist Confirmation

Date _____

Church _____

Parental Information

Address mail to: _____

NB: Both parents have a right to school information about 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 _____

E-mail address(es) _____

Mother/Guardian's Occupation _____

Employer's Name _____ Work Phone _____

Employer's Address _____

Father's Information

Father/Guardian's Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address(es) _____

Father/Guardian's Occupation _____

Employer's Name _____ Work Phone _____

Employer's Address _____

Non-refundable application fee of \$50 per child Received by _____ Date _____

\$150 Tuition Deposit per child Received by _____ Date _____

Public School District in which the student resides _____ Bus Transportation _____ Yes _____ No _____

Current school or pre-school _____ Grade _____ Social Security Number _____

Reason for leaving _____

Other Children in Catholic Schools

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Student lives with _____ Both parents _____ Mother _____ Father _____ Parent and Spouse _____ Other (please specify) _____

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 admissions purposes. Acceptances are not final until records have been reviewed by the principal.

Is the student the subject of a Behavioral Intervention plan? If so, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below.

_____ Yes _____ No

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? If so what are those accommodations? Please specify below.

_____ Yes _____ No

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 ISEP? _____ Yes _____ No

Does the student have a 504 Accommodation Plan? _____ Yes _____ No

Please authorize copies of these documents be sent to the school.

Is the student currently taking medication? If so, specify _____

Does the medication need to be administered during the school day? _____ Yes _____ No _____ 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

I/We request the following information:

- _____ Busing Application (Must be submitted to your public school district no later than April 1, 2008. Check with your district to determine if you qualify for transportation.)
- _____ Before and After School Program application.
- _____ Sports forms
- _____ Other (specify) _____
- _____ FACTS Grant and Aid Packet (Must be submitted to FACTS no later than March 14, 2008.)

Information you need to complete the FACTS Grant and Aid Application is as follows:

- Copies of your **2006 or 2007** IRS Form 1040, 1040A or 1040EZ U. S. Income Tax Return including supporting tax schedule C, E, F. If the applicant and co-applicant file separately, both tax returns for the same year are required. FACTS does not accept State tax returns.
- Copies of all 2007 W-2 Wage and Tax Statements for both spouses. NOTE: If applying before all 2007 W-2 Wage and Tax Statements have been received, please submit them as soon as they become available.
- Copies of all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).
- Payment of a \$20 nonrefundable application fee. If this is a hardship, please contact your principal for assistance.
- A signature is required for paper applications only. Paper applications without a signature will not be processed.
- Submit only one application per household; do not submit an application for each student
- If you need assistance contact FACTS at 866-315-9262 (toll free) or info@factstuitionaid.com
- You may apply online: www.factstuitionaid.com.
- Faxed or copied applications will not be accepted.

Financial Information

AFFILIATED RATES

Affiliated Rate: The affiliated Rate applies to families that are registered members of their parish. All affiliations are verified with the Pastor of the church designated on the enrollment form

GRADE	DIOCESAN AVERAGE PER PUPIL COST	1 ST CHILD	2 ND	3 RD
Kindergarten	\$7,460	\$3,440	\$3,270	\$3,095
1 – 6	\$7,460	\$3,440	\$3,270	\$3,095
7 – 8	\$7,460	\$4,225	\$4,015	\$3,800
High School	\$7,460	\$5,270	\$5,000	\$4,468

NON-AFFILIATED RATES

Non-Affiliated Rate: The Non-Affiliated Rate applies to families that are NOT registered members of a Roman Catholic parish.

GRADE	1 ST CHILD	2 ND	3 RD
Kindergarten	\$4,440	\$4,440	\$4,440
1 – 6	\$4,440	\$4,440	\$4,440
7 – 8	\$5,025	\$5,025	\$5,025
High School	\$6,145	\$6,145	\$6,145

Please select one of the tuition payment plans for 2008-2009:

- _____ Plan A - Full payment by July 1, 2008.
- _____ Plan B - Monthly automatic withdrawals from a savings or checking account through the FACTS Program with an annual fee of \$38 charged by FACTS for the service. Payments are taken from July 2008 through April 2009 (10 Months). Payments are deducted from any checking or savings account designated.
- _____ Plan C - Monthly payments from a credit card through FACTS Program with an annual fee of \$38 charged by FACTS for the service. Payments are taken from July 2008 through April 2009 (10 months) \$38 annual fee charged by FACTS for the service.

I/We have read the tuition and payment policy of the school. I/We are responsible to make tuition payments for the student whose name is on this application, less any financial aid granted for the 2008-2009 school year according to the option selected above.

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 students attending their first year at the school are accepted conditionally. This acceptance indicates the expectation that the new student meets both the academic and conduct standards of the school. Failure to do so may result in the student not being able to continue at the school.

I understand that the *Student Handbook* contains the official policies and procedures of the school.

Parent's Signature Date

Parent'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, less any financial aid granted, for the 2008-2009 school year according to the option selected above.

Signature of Person Responsible for Tuition Other than a Parent Date

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 institutions.