



Diocese of Syracuse
Catholic Schools

Application Form - Re-Admission
Please Print

Applying for Re-admission to the Bishop's Academy at Holy Family Grade Entering: \_\_\_\_\_

Student Name Last First Middle DOB Place of Birth
Address \_\_\_\_\_ Male Female
City State Zip
Religion Parish Envelope Number

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

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

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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

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.*

### 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.
- \_\_\_\_\_ 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](mailto:info@factstuitionaid.com)
- You may apply online: [www.factstuitionaid.com](http://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 <sup>ST</sup> CHILD	2 <sup>ND</sup>	3 <sup>RD</sup>
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 <sup>ST</sup> CHILD	2 <sup>ND</sup>	3 <sup>RD</sup>
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 August 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. A second service fee is also assessed by FACTS for this option.

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 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 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.