



St. Luke Catholic School

A NOTRE DAME ACE ACADEMY

Registration 2018-2019 School Year

Student Information

Student #1

Last Name: _____ First Name: _____ Nickname: _____ Grade: _____

Social Security #: _____ - _____ - _____ Gender: Male Female Date of Birth: _____ mm/ _____ dd/ _____ yy

Has student been baptized? Yes _____ No _____ Date: _____ Location: _____

Has student received First Holy Communion? Yes _____ No _____ Date: _____ Location: _____

Student #2

Last Name: _____ First Name: _____ Nickname: _____ Grade: _____

Social Security #: _____ - _____ - _____ Gender: Male Female Date of Birth: _____ mm/ _____ dd/ _____ yy

Has student been baptized? Yes _____ No _____ Date: _____ Location: _____

Has student received First Holy Communion? Yes _____ No _____ Date: _____ Location: _____

Student #3

Last Name: _____ First Name: _____ Nickname: _____ Grade: _____

Social Security #: _____ - _____ - _____ Gender: Male Female Date of Birth: _____ mm/ _____ dd/ _____ yy

Has student been baptized? Yes _____ No _____ Date: _____ Location: _____

Has student received First Holy Communion? Yes _____ No _____ Date: _____ Location: _____

Student #4

Last Name: _____ First Name: _____ Nickname: _____ Grade: _____

Social Security #: _____ - _____ - _____ Gender: Male Female Date of Birth: _____ mm/ _____ dd/ _____ yy

Has student been baptized? Yes _____ No _____ Date: _____ Location: _____

Has student received First Holy Communion? Yes _____ No _____ Date: _____ Location: _____

Family Information

White Black Hispanic Multi-Racial Pacific Island/Native Hawaii Asian American Indian/Native Alaskan

Student lives with: Mother Father Guardian Other

Father Deceased Mother Deceased Parents Separated Parents Divorced

Are there any court orders regarding educational decisions or custody of the child(ren)? No Yes (if yes, a copy must be furnished.)

Please list the Parish in which you family is registered (if St. Luke, include envelope #): _____

Father's Information

Last Name: _____ First Name: _____ Home #: _____ Cell #: _____

Address: _____ City: _____ Zip Code: _____

Occupation: _____ Employer: _____ Work #: _____

Email Address: _____

Mother's Information

Last Name: _____ First Name: _____ Home #: _____ Cell #: _____

Address: _____ City: _____ Zip Code: _____

Occupation: _____ Employer: _____ Work #: _____

Email Address: _____

Emergency Information

The following people have permission to release my child/children from school.

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Please provide us with a password (one word) for phone calls or pick up: _____

Medical Information

Child's Name: _____ Allergies: _____ Diagnosis: _____ Medication: _____

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Child's Name: _____ Allergies: _____ Diagnosis: _____ Medication: _____

Child's Name: _____ Allergies: _____ Diagnosis: _____ Medication: _____

Previous School Information

School Name: _____ City, State: _____ Phone #: _____ Fax #: _____

School Name: _____ City, State: _____ Phone #: _____ Fax #: _____



St. Luke Catholic School

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Enrollment Contract

Student #1

Name: _____

Entering Grade: _____

Student #2

Name: _____

Entering Grade: _____

Student #3

Name: _____

Entering Grade: _____

Student #4

Name: _____

Entering Grade: _____

RESPONSIBILITY FOR PAYMENT

Both parent(s) or legal guardian(s) and/or other person(s) responsible for paying bills must sign this contract. All such persons signing this contract as responsible for payment shall be jointly and severally obligated hereunder. The School will withhold student grade reports, student transcripts, diplomas, and recommendations if specified tuition and fees are not paid when due. In addition, the School reserves the right not to permit a student to attend class if tuition and fees are in arrears.

Signature of person(s) responsible for payment:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Bill should be sent to:

Name: _____ Telephone: (____) _____

Address:

Street _____ City _____ State _____ Zip Code _____

TUITION PAYMENT SCHEDULE

CHECK ONLY ONE:

- Schedule 1: Full payment due on or before July 1 (discount of \$250).
- Schedule 2: 50% of tuition due on or before July 1; 50% of tuition due on or before December 1.
- Schedule 3: Quarterly payments (25% each) due July 1, October 1, January 1, and April 1.*
- Schedule 4: Eleven monthly payments due on the 5th or 20th of each month, beginning July 1.*

* **Service charge of \$250**

If Schedule 1 or 2 are selected and there is a failure to meet payments on time, a service fee of \$250 will be levied.

TERMS AND CONDITIONS OF ENROLLMENT

Payments

1. Annual registration forms and non-refundable fees must be paid.
2. Tuition payments are due in accordance with one of the payment schedules described on the front of this contract.
3. All payment schedules, other than full tuition, will be handled through FACTS management system.
4. Failure to enroll in FACTS management system will result in payments automatically defaulting to full payment.
5. Any payment that is 30 or more days past due will be assessed a late fee at a monthly rate of 2.5%.
6. Any and all fees associated with returned checks or insufficient funds will be paid by the person(s) assuming financial obligation under this enrollment contract.
7. The School reserves the right to require payment by cash or cashier / bank check for any returned checks or insufficient funds.
8. Tuition rates will be based on the NON PARISHIONER RATE unless a Family Acknowledgement Form is signed as verified by the Pastor and returned to the school office by **May 31**.
9. If written notification of intention to withdraw a student is received by the school before August 10, this enrollment contract will be terminated. St. Luke Catholic School will retain the non-refundable registration fee, but the person(s) assuming financial obligation under this contract shall not have further financial responsibility.
10. Once the enrollment contract is signed and the withdrawal date of August 10 has passed, the person(s) assuming financial obligation under this enrollment contract are jointly and severally obligated to pay the full year's tuition. Balances will be charged a late fee at the monthly rate of 2.5%. No refunds of any tuition will be made.

Conditions

1. It is understood that enrollment for the 2018 – 2019 school year is contingent upon the student's satisfactory completion of the current school year.
2. Grade and classroom placement is determined by the School and does not constitute a part of this contract or its subsequent renewals.
3. The School will withhold student grade reports, student transcripts, diplomas, or recommendations if specified tuition and fees are not paid when due. In addition, the School reserves the right not to permit a student to attend classes if tuition and fees are in arrears.
4. It is agreed that all statements, rules, guidelines, etc. contained in the St. Luke Catholic School Family Handbook are hereby incorporated into this enrollment contract.
5. Any conduct by a St. Luke Catholic School student which the school authorities consider detrimental to the student or to other students, or to the school itself may be deemed adequate cause for appropriate disciplinary action, including suspension or dismissal.
6. St. Luke Catholic School believes that a positive and constructive working relationship between St. Luke Catholic School and a student's parent(s) or guardian(s) is essential to the fulfillment of St. Luke Catholic School's mission. Thus, St. Luke Catholic School reserves the right not to continue enrollment or not to re-enroll a student if St. Luke Catholic School reasonably concludes that the actions of the parent(s) or guardian(s) make such a positive and constructive relationship impossible or otherwise seriously interfere with St. Luke Catholic School's accomplishment of its educational purposes.

ACKNOWLEDGMENT

Both parent(s) or legal guardian(s) must sign below indicating they have read and understand the Terms and Conditions of Enrollment.

Signature of the mother or legal guardian _____ Date _____

Signature of the father or legal guardian _____ Date _____

Parent-Student Handbook Acknowledgement Form

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school.

I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. Moreover, I further understand that all of the school's policies whether written or verbal are only guidelines and are subject to change at the sole discretion of the school with or without notice.

I also hereby acknowledge that I have read and agree to the terms of the **RELEASES** outlined in the School-Sponsored Events Policy, the Participation in School Athletics or Organizations Policy, and the Use of Photos Policy.

(Print Parent/Legal Guardian Name)

(Date)

(Signature Parent/Legal Guardian)

(Print Student Name)

(Grade)

**** Please complete this page and return it to the school office. ****



St. Luke Catholic School

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Family Acknowledgment Form 2018-19 School Year (Required for Families Seeking the Active Parishioner Status)

Parish

Name: _____

Family Information

Family Name: _____
Last Father Mother

Address: _____
Street City State Zip

Telephone: _____
Home _____ Work _____ Cell _____

Student

Name Age Grade Name Age Grade

Name Age Grade Name Age Grade

St. Luke Catholic School has two tuition: the non-affiliated Catholic/non-Catholic rate and Catholic Parishioner rate. Catholic Parishioner rate is applied only when this Family Acknowledgement Form is presented and signed by the Pastor/Administrator of your Parish.

PASTOR'S CKNOWLEDGMENT

Parishes without schools will contribute support to the school, an amount equal to one-half of the Catholic parishioner rate for one child, per each registered, active, and supporting family with children attending that school. This support does not lessen the Catholic tuition rate for the family.

As Pastor/ Administrator of _____ Parish,

_____ I verify that the above named family are registered, active and supporting Catholics in my parish. I will contribute to *Saint Luke Catholic School* according to the Diocese policy.

_____ I do not verify that the above named family are active, supporting members of my parish.

Signature

Title

Date