

School: \_\_\_\_\_

Family Name: \_\_\_\_\_

*New Registration*

*Re-Registration*

Diocese of Scranton Catholic Schools



2011-2012

Registration Form and Tuition Contract

*Please print all information*

<b>Oldest Student Name</b> <i>(Last Name First)</i>	<b>Date of Birth</b>	<b>Gender</b>	<b>Race</b>	<b>Entering Grade</b>	<b>School 2011-2012</b>	<b>Tuition Amount</b>
1. _____	_____	_____	_____	_____	_____	\$ _____
Cell phone # _____	<b>School Attended in 2010-11</b> _____					

**Additional Children Registering:**

2. _____	_____	_____	_____	_____	_____	\$ _____
Cell phone # _____	<b>School Attended in 2010-11</b> _____					
3. _____	_____	_____	_____	_____	_____	\$ _____
Cell phone # _____	<b>School Attended in 2010-11</b> _____					
4. _____	_____	_____	_____	_____	_____	\$ _____
Cell phone # _____	<b>School Attended in 2010-11</b> _____					

**Tuition**

Please see attached regarding tuition schedule and policy. Pre-Kindergarten is excluded from both early payment and multiple child discounts.

Less discount of \$100 (*first child*) and \$50 (*each additional child*) for Tuition paid in full for all children on or before August 1, 2011. -- \$ \_\_\_\_\_

Less Scholarships and Financial Aid -- \$ \_\_\_\_\_

Total Tuition (Applicable fees will be assessed locally.) \$ \_\_\_\_\_

I will pay the tuition according to the following schedule: If the payment plan is changed, a fee of \$38.00 will be assessed to my account.

*Please check one.*

- One Payment-Due: August 1, 2011  
 Two Payments-Due: August 1, 2011 and February 1, 2012  
 Twelve Payments-Due: 5<sup>th</sup> or 20<sup>th</sup> of each month (July 2011-June 2012) (*FACTS Tuition Mgmt*)

*If payments are not made by the due date, a \$50.00 late fee will be assessed for each payment.*

Please return this form with a \$100.00 *non-refundable* family registration fee. (*Submit to school with the oldest child.*)

Check # \_\_\_\_\_ *Check should be made payable to the "Diocese of Scranton"*

**Enrollment is conditional on having satisfied all financial obligations.**

Office Use Only Information has been verified by _____ Position _____ Signature _____
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**Textbooks**

To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the loan of textbooks, instructional materials and auxiliary services in accordance with Pennsylvania ACTS 195/90 for my child/ren attending Diocese of Scranton Catholic Schools.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

**Parish Membership Verification**

New Catholic Registrants must have Pastor's Signature or Letter from Pastor verifying Church participation.

Letter attached \_\_\_ Yes \_\_\_ No Pastor's Signature \_\_\_\_\_

For all registrations: \_\_\_ Roman Catholic \_\_\_ Other Catholic \_\_\_ Non-Catholic (if no parish affiliation applies)

Parish \_\_\_\_\_ City \_\_\_\_\_

**Family Information**

Father's Full Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent e-mail address \_\_\_\_\_

Father  Mother – Address, if other than student's \_\_\_\_\_

Public School District of Residence \_\_\_\_\_

Parent/s marital status: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ father deceased \_\_\_ mother deceased

Child/ren live with: \_\_\_ both parents \_\_\_ mother \_\_\_ father \_\_\_ other: \_\_\_\_\_

**Emergency Contact Information**

Father: Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_

Mother: Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_

**Required Information**

**Student Transportation Information:** \_\_\_ walk \_\_\_ district transportation \_\_\_ car rider \_\_\_ car driver

**Birth Certificate(s)** Verified \_\_\_\_\_

**Baptism Certificate** Verified \_\_\_\_\_

**Immunization** Verified \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_