



_____ New Family

_____ Current Family

Family Name _____

2019-20 Registration Form & Tuition Contract

Please print all information

Oldest Student Name (Last Name First)	Date of Birth	Gender	Race*	Ethnicity	Entering Grade**	Tuition
1. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____

School Attended in 2018-19 _____

School Attending in 2019-20 _____

Additional Children Registering:

2. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____
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School Attended in 2018-19 _____

School Attending in 2019-20 _____

3. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____
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School Attended in 2018-19 _____

School Attending in 2019-20 _____

4. _____	_____	_____	_____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	_____	\$ _____
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School Attended in 2018-19 _____

School Attending in 2019-20 _____

*Race (as defined by the US Census Bureau): American Indian/Native Alaskan, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, Two or More, Unknown

**Grade: if entering Pre-K 3 or Pre-K 4, please mark which schedule your student will follow: _____ 5 Half Days
_____ 3 Full Days (T, W, Th) or _____ 5 Full Days

TUITION

Please see attached regarding tuition schedule. REMINDER: Pre-Kindergarten is included in discount for early payment in full. If tuition is paid in full for all students on or before July 15, 2019, there is a \$100 discount for the 1st student and \$50 for each additional student.

I/We will pay the tuition according to the following schedule (please check one):

_____ One Payment - Due July 15, 2019 _____ Two Payments - Due July 15, 2019 and January 15, 2020
_____ Monthly Payments - Due 5th or 20th of each month (July 2019—June 2020)

FACTS TUITION MANAGEMENT: If payments are not made by the due date, a \$50 late fee will be assessed by FACTS for each late payment.

Enrollment is conditional on having an account in good standing.

January 2019

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 Signature _____

Public School District of Residence _____

Transportation: Each school district has a different transportation form.

_____ Bus/Van _____ Car _____ Walker
is authorized for student pick up (please print full name).

Parish Membership

For ALL registrations: _____ Roman Catholic _____ Other Catholic _____ Non-Catholic (if no parish affiliation applies)

Parish/House of Worship _____ City _____

Family Information

Father's Full Name _____ Cell Phone # _____ E-mail _____

Mother's Full Name _____ Cell Phone # _____ E-mail _____

Street Address _____ PO Box (if applicable) _____

City _____ State _____ Zip Code _____ Home Phone # _____

Father/Mother Address, if other than students _____

Parent/s Marital Status _____ single _____ married _____ separated _____ divorced _____ father deceased _____ mother deceased

Child/ren live with _____ both parents _____ mother _____ father _____ other: _____

Is there a custody agreement in effect? _____ Yes _____ No If "Yes", a copy of the order MUST be given to the school at the time of registration and will be placed in the student's file. Any changes to the formal agreement must be shared with the school at the time of the change.

Emergency Contact Information

Father Occupation _____ Employer Name _____

Work City/State _____ Work Phone _____

Mother Occupation _____ Employer Name _____

Work City/State _____ Work Phone _____

Additional Contact Person _____ Phone _____ Relationship to Student _____

New Families Only—for your student

Required Information: Birth Certificate _____ (verified) Baptismal Certificate _____ (verified) Immunization _____ (verified)

Pre-K Contract _____

Baptism Date _____ Church _____ City/State _____

First Communion Date _____ Church _____ City/State _____

Confirmation Date _____ Church _____ City/State _____

Family Registration Fee (non-refundable)

- The non-refundable registration fee is \$100.00 PER FAMILY;
- Students in grades 7—12 also have a \$100 Retreat, Book, and Lab Fee per student, payable at registration time
- Checks should be made payable to the “**St. John Neumann Regional Academy**”

Authorization:

I/We have completed this form to the best of my/our ability and render the information given as truthful to the best of my knowledge. As a parent/guardian, I hereby approve this application and guarantee all financial obligations by admittance to St. John Neumann Regional Academy. I/We fully agree that my student/s and I will abide by the policies of the school and the handbook regulations of the school. I/We have read and agree to the terms as outlined in the attached fundraising commitment document (\$500 per family per year) and the tuition rate schedule.

Name (print) _____ Signature _____ Date _____

Address & Phone (if different than listed in the Family Information Section) _____

Name (print) _____ Signature _____ Date _____

Address & Phone (if different than listed in the Family Information Section) _____

OFFICE USE ONLY Check # _____ Check Amount _____

Seat Available _____ Waiting List _____ Signature _____ Date _____ Time _____

Information has been verified by _____ Position _____

Signature _____ Date _____