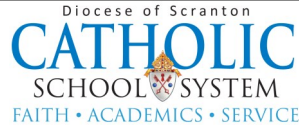


Oldest Child's School (2018-19) _____

_____ New Family



Family Name _____

_____ Current Family

2018-19 Registration Form & Tuition Contract

Please print all information

Oldest Student Name (Last Name First)	Date of Birth	Gender	Race	Entering Grade	Tuition Amount
1. _____	_____	_____	_____	_____	\$ _____

School Attended in 2017-18 _____	School Attending in 2018-19 _____
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Additional Children Registering:

2. _____	_____	_____	_____	_____	\$ _____
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School Attended in 2017-18 _____	School Attending in 2018-19 _____
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3. _____	_____	_____	_____	_____	\$ _____
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School Attended in 2017-18 _____	School Attending in 2018-19 _____
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4. _____	_____	_____	_____	_____	\$ _____
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School Attended in 2017-18 _____	School Attending in 2018-19 _____
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TUITION

Please see attached regarding tuition schedule and policy. REMINDER: Pre-Kindergarten is included in discount for early payment in full.

Less discount of \$100 (first child) and \$50 (each additional child) for tuition paid in full for all children on or before July 15, 2018 —\$ _____

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

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

_____ One Payment - Due July 15, 2018 _____ Two Payments - Due July 15, 2018 and January 15, 2019

_____ Monthly Payments - Due 5th or 20th of each month (July 2018—June 2019)

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.

Please return this form with a \$100 non-refundable family registration fee. (Submit to the school of the oldest child.)

Check # _____ Check should be made payable to "Diocese of Scranton".

OFFICE USE ONLY

Information has been verified by _____

Position _____

Signature _____

Date _____

Enrollment is conditional on having satisfied all financial obligations.

Textbooks

To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the load of textbook, 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 _____

Parish Membership Verification

REMINDER: 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 # _____ 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: _____

Emergency Contact Information

Father Occupation _____ Employer Name _____

Work City/State _____ Work Phone _____

Mother Occupation _____ Employer Name _____

Work City/State _____ Work Phone _____

Required Information: Birth Certificate/s Verified ____ Baptismal Certificate/s ____ Immunization/s ____

Parent’s Signature _____

Please note that financial/tuition information will only be discussed with responsible party.