

Diocese of Syracuse - Catholic Schools
Application Form for NEW ADMISSION 2019-2020

---Please Print---

Applying for new admission to the Immaculate Conception School:

Grade Entering (check appropriate box(es)):

- Pre-K 3 Full day (9-3pm) Half day (9-12pm) 5 days 3 days (M-W-F) 2 days (T-Th)
Pre-K 4 Full day (9-3pm) Half day (9-12pm) 5 days 3 days (M-W-F) 2 days (T-Th)
Grade K - 6 (indicate grade)

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

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

Student(s) lives with Both Parents Mother Father Other (please specify)

Mother's Information: Mother/Guardian's Name Religion
Address City State Zip
Home Phone Cell Phone Work Phone
Mother/Guardian's Occupation Employer's Name

E-mail address

Father's Information: Father/Guardian's Name Religion
Address City State Zip
Home Phone Cell Phone Work Phone
Father/Guardian's Occupation Employer's Name

E-mail address

If Student is Catholic, please complete the following:
Baptism First Penance First Eucharist
Date Church

Public School District in which the student resides Bus Transportation Yes No

Current School or Pre-School Grade

Reason for Leaving

CUSTODY: 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.**

Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that does not permit this.

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.

(Please check all that apply):

- Hispanic: Yes No American Indian/Alaskan Native African American/Black Asian
 White/Caucasian Native Hawaiian/Other Pacific Islander

ACADEMIC INFORMATION:

_____ **Unofficial** copies of transcripts and reports have been requested or are attached for admission purposes. Acceptances are not final until records have been reviewed by the principal.

Does the student have a Behavioral Intervention Plan? ____ Yes ____ No. If yes, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below:

Does the student require any particular accommodations to facilitate his or her participation in the educational program offered by the school, other than what has been indicated in the question above? ____ Yes ____ No. If yes, what are those accommodations? Please specify below.

Has the student ever been tested for learning problems? ____ Yes ____ No.

Has testing for leaning problems ever been suggested? ____ Yes ____ No.

Does the student have an IEP or IESP? ____ Yes ____ No.

Does the student have a 504 Accommodation Plan? ____ Yes ____ No.

Please authorize copies of these documents to be sent to the School.

Is the student currently taking medications? ____ Yes ____ No. If yes, please specify: _____

Does the medication need to be administered during the school day? ____ Yes ____ No. If yes, when? _____

Information Requests:

_____ Busing Application (Must be submitted to your public school district no later than April 1. Check with your district to determine if you qualify for transportation.)

_____ After School Program application.

_____ FACTS Grant and Aid application (Must be submitted no later than February 15, 2019)

TUITION RATES

PRE-K

5 Full Days
\$6,390

5 Half Days
\$4,460

3 Full Days
\$3,835

3 Half Days
\$2,680

2 Full Days
\$2,555

2 Half Days
\$1,785

KINDERGARTEN – GRADE 6

PARISHIONER RATES:

The parishioner rate applies to families who are members of a Roman Catholic Parish. All affiliations are verified with the Pastor of the church designated on the enrollment form.

NON-PARISHIONER RATES:

Non-Parishioner Rate: The non-affiliated rate applies to registered families who are NOT registered members of a Roman Catholic parish.

SINGLE CHILD IN FAMILY AT I.C. \$5,100

Per Child

FAMILY RATE

1ST Child
\$5,000

2ND Child
\$4,750

3RD Child
\$4,500

\$6,000

ADDITIONAL FEES – These fees are due when submitting the application

Application Fee – \$100.00 per student

Home School Association - \$125.00 per student (\$300.00 maximum per family) – helps to defray the costs of field trips, classroom events, etc.

REACH FOR THE SPIRIT CAMPAIGN

We ask for your generous support and participation in our Annual Reach for the Spirit Campaign. This campaign assists in offsetting the per pupil cost of \$7,700 of educating each child at Immaculate Conception School. We need everyone's contribution/and or prayer intention.

Please keep in mind that your contribution is 100% tax deductible.

_____ *Yes I wish to contribute \$_____ and will pray for the ICS students and staff. My contribution will be added to my tuition statement.*

_____ *I will pray for the ICS students and staff, however, I am unable to make a financial gift at this time.*



TUITION PAYMENT POLICY:

1. A student may not begin in September if there is past due tuition owed.
2. A FACTS Tuition payment plan must be in place in order for a student to start the new school year.
3. The privilege of participating in graduation ceremonies may be suspended if tuition is not paid in full.
4. Personal checks will not be accepted for past due tuition during the month of June and again after August 15th.
5. In the event that tuition is left unpaid, the school will refer your tuition account to our collection attorney and you will be responsible for all collection related fees.
6. A NON-REFUNDABLE DEPOSIT OF \$225.00 per child is required at time of application. Make check or money order payable to IMMACULATE CONCEPTION SCHOOL.

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 2019-2020 school year.

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/We understand that the *Student Handbook* contains the official policies and procedures of the school.

Mother/Guardian's Signature

Date

Father/Guardian'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 2019-2020 school year according to the option selected above.

Signature of Person Responsible for Tuition Other than a Parent

Date

Social Security Number

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 institution.

PLEASE RETURN ALL COMPLETED FORMS ALONG WITH DEPOSIT TO MAIN OFFICE

FOR OFFICE USE ONLY:

Deposit Received: _____

Check #/Cash: _____

Date: _____

Tuition Charge: \$ _____