

ST. PATRICK CATHOLIC SCHOOL
2017-2018 Admission Contract for Kindergarten – Grade 8
*(Contract & Registration Fee is due back by **March 17, 2017** for Returning Students)*

Date Rec'd _____
Amt. Rec'd _____
Cash Ck# _____

Student Name(s) _____	_____	_____	_____
Last	First	MI	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s)/Guardian(s) Information

Name: _____	Name: _____
Address: _____	Address: _____
City/ZIP: _____	City/ZIP: _____
Occupation: _____	Occupation: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell/Pager No.: _____	Cell/Pager No.: _____
Email _____	Email _____

Catholic Parish of Registration: *St. Patrick* _____ *St. Joseph* _____ *St. Paul* _____ *Other* _____

What is the name of the public elementary/secondary school that your child(ren) would attend if not enrolling at St. Patrick Catholic School? _____

I/We, the undersigned parent(s) or legal guardian(s), request enrollment of the above listed child(ren) into St. Patrick Catholic School for the 2017-2018 academic year. In consideration of such enrollment, I/we agree to abide by the following conditions of enrollment:

 (initials) I/We have received, read and understand the 2017-2018 Registration Policies for St. Patrick Catholic School.

 (initials) I/We agree to pay a **\$300.00 per student Registration Fee by March 17, 2017.**
RETURNING FAMILIES: You have Priority Registration until March 17. Admission is not guaranteed after March 17. A LATE FEE of \$100.00 will incur if Registration & Fee not received by March 17, 2017

TUITION & PAYMENT OPTIONS – Please initial one choice

- _____
 (initials) 1. I/We choose to pay the **actual cost** of \$6797.00 to educate a child. **I/We understand that \$1672.00 will go for tuition assistance for other families, and the \$1672.00 is tax deductible.**
- _____
 (initials) 2. We choose to pay the entire tuition for the Academic Year, 2017-2018, by August 18, 2017 in the form of a check, money order, cashier's check or cash to the school office.
- _____
 (initials) 3. Quarterly or Bi-annual payments, using the form that is available from the school office, and approved by the Principal.
- _____
 (initials) 4. I/We choose installment payments electronically transferred through Rabobank's ACH Program, as indicated on the Electronic Debit form. (You do not have to have an account with Rabobank).
- _____
 (initials) 5. Alternative payment plan in writing to the Principal for approval.

Tuition rates for 2017-2018: 1 Student = \$5125 / 2 Students = \$ \$9480.00 / 3 Students = \$ 13473.00

(initials) I/We agree to fulfill my/our financial requirements to St. Patrick Catholic School. If my/our family is unable to honor our financial commitments on time, I/we will contact the Principal **immediately, in writing**, to work out a mutually agreeable and reasonable solution. I/We understand that the failure to honor financial commitments to St. Patrick Catholic School may result in the school terminating attendance privileges and/or student's participation in finals and/or graduation ceremony. **All accounts (tuition fees, extended care, fundraising, bus fees, etc.) must be closed prior to your child(ren)'s admission for the 2018-2019 academic year.**

SERVICE HOUR PROGRAM OPTIONS – Please initial one choice

I/We understand that to keep school costs to a minimum, each family is required to participate in the school's Family Service Program. I/We agree to participate in the Family Service Program in accordance with the 2017-2018 Registration Policies.

Select one of the following:

(initials) I/We agree to work the 35 required hours of family service and that all hours must be completed by **April 30, 2018.**

(initials) I/We choose not to participate in the Family Service Program and agree to pay \$1,225.00 in-lieu of working the required hours, payable:

- in full by August 18, 2017 to the office by check, money order, cashiers' check or cash
- \$122.50 debited monthly over 10 months, or \$102.08 debited monthly over 12 months, through ACH, as indicated on the Electronic Debit Form.

(initials) I/We understand that I/We will need to complete a Live Scan and Shield the Vulnerable online program in order to be able to work Service Hours whenever students are present.

SCRIP PROGRAM OPTIONS – Please initial one choice

I/We understand that each family is required to participate in the school's Scrip Program. I/We agree to participate in the Scrip Program in accordance with the 2017-2018 Registration Policies.

Select one of the following:

(initials) I/We choose to participate in the Scrip Profit Program. I/We agree to generate \$210.00 in Scrip profit if I/we have one child, \$235.00 in Scrip profit for two or more children in our family. (See guidelines for Scrip Profit Program) I/We further understand that if the required amount is not met by April 30, 2018, I/we will agree to pay the balance.

(initials) I/We choose to opt out of the Scrip Profit Program. Select one of the following:

- I/We choose to pay in full \$210.00 for one child or \$235.00 for 2 or more children by August 18, 2017.
- I/We choose to pay monthly as indicated on our Electronic Debit Form.

(initials) I/We agree that my child(ren) will abide by the School's Christian Code of Conduct, Sexual Harassment Policy, and classroom rules, including uniform and dress code regulations. I/We understand that any breach of school policies by my child(ren) will result in disciplinary action. More serious cases may require expulsion from the school. I/We agree to accept liability for any serious actions resulting from vandalism or misuse of school property.

(initials) I/We agree to honor the school's Catholic philosophy, goals, and objectives. I/We agree to cooperate with the policies, standards, and administrative operations stated in the St. Patrick Catholic School Family Handbook and yearly supplements or other amendments to the Handbook, found the school's website, www.stpatsschoolag.com. I/We understand that my family's continual enrollment will depend upon the fulfillment of our responsibilities and adherence to the policies stated in this Handbook.

I/We understand that by signing this contract, I/we agree to pay all tuition and fees for the full academic year. After registration is completed, outstanding tuition cannot be adjusted if the student(s) does not attend for the full school year, without prior consent of the principal. In view of this obligation, I/we understand that no portion of tuition and fees paid or outstanding will be refunded or canceled in the event of absence, voluntary or involuntary withdrawal or dismissal from the school of the registered student(s). **Please Note: Contracts will not be accepted and registration will be denied, unless all required forms are completely filled out, including initials on all items above.**

This contract is executed on (date) _____, in Arroyo Grande, California, by:

(Signature of Parent/Guardian) and/or _____
(Signature of Parent/Guardian)

This contract is accepted by St. Patrick Catholic School on this _____ day of _____,

by _____, Principal

Every person, as a child of God, has equal dignity and an inalienable right to an education. Therefore, no qualified student will be denied admission to St. Patrick Catholic School on the basis of gender, race, color or national origin.

