Shenango Valley Catholic School System Student Application for Enrollment

Check One: Saint John Paul II Elementary ____ Kennedy Catholic Middle School ____ Kennedy Catholic High School ____

STUDENT INFORMATION

STUDENT NAME:_____SEX_____DATE OF BIRTH_____

ADDRESS_____

CITY_____STATE_____ZIP_____COUNTY_____

STUDENT PLACE OF BIRTH_____SOCIAL SECURITY#_____

PHONE_____CELL PHONE_____E-Mail_____

STUDENT'S RELIGION_____FAMILY PARISH _____

GRADE IN SEPTEMBER 2018_____PREVIOUS SCHOOL_____

STUDENT'S RACE _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

STUDENT RESIDES WITH **(CIRCLE ONE):**FATHER & MOTHER, FATHER ONLY, MOTHER ONLY, FATHER/MOTHER & STEP-PARENT, GUARDIAN

MARITAL STATUS (CIRCLE ONE): MARRIED, WIDOWED, SEPARATED, DIVORCED, SINGLE

PARENT INFORMATION

FATHER'S NAME_____RELIGION _____

FATHER'S ADDRESS IF DIFFERENT FROM STUDENT _____

CITY_____STATE_____ZIP_____COUNTY _____

FATHER'S OCCUPATION_____

PLACE OF EMPLOYMENT_____

BUS. PHONE_____

CELL PHONE_____E-MAIL_____

MOTHER'S NAME_____MOTHER'S MAIDEN NAME _____

MOTHER'S ADDRESS IF DIFFERENT FROM STUDENT_____

CITY_____STATE_____ ZIP_____COUNTY _____

MOTHER'S OCCUPATION _____RELIGION_____

PLACE OF EMPLOYMENT_____BUS. PHONE_____

CELL PHONE_____E-Mail_____

STEP PARENT OR GUARDIAN'S NAME _____

STEP-PARENT/GUARDIAN'S OCCUPATION _____

PLACE OF EMPLOYMENT_____BUS. PHONE_____

CELL PHONE_____E-Mail_____

PHYSICAL HANDICAP(s) _____

_____

_____

PLEASE PROVIDE INFORMATION ABOUT THE STUDENT'S SIBLINGS:

NAME_____AGE_____SCHOOL _____

NAME_____AGE_____SCHOOL _____

NAME_____AGE_____SCHOOL _____

NAME_____AGE_____SCHOOL _____

PLEASE LIST THE REASONS FOR ENROLLING

_____

_____

_____

_____

_____

_____

_____

PARENT SIGNATURE_____**DATE** _____

PARENT SIGNATURE_____**DATE**_____

Kennedy Catholic
Family of Schools

I am registering for:

Kindergarten_____

Pre-Kindergarten____

To secure your place a $100.00 non-refundable deposit is required for kindergarten and $100.00 for Pre-school. These will be applied to your tuition.

If for Pre-K Please Check:

Mini-Pre-k (Tuesday & Thursday)

_____8:00 to 11:00AM

_____Full Day 8AM to 2:30PM

Pre-K (Monday-Wednesday-Friday)

_____8:00 to 11:00AM

_____Full Day 8AM to 2:30PM

Pre-K (Monday – Friday)

_____ 5 Full Days 8AM to 2:30PM

Saint John Paul II Elementary School Grade _____

Kennedy Catholic Middle School Grade _____

Kennedy Catholic High School Grade _____

Shenango Valley Catholic School System

Saint John Paul II Elementary___Kennedy Catholic Middle School____Kennedy Catholic High School____

TRANSCRIPT REQUEST

Student's Name _____

Address _____

City_____State_____Zip _____

Date of Birth_____Grade_____Telephone _____

Transferring From _____

Address _____

City_____**State**_____**Zip** _____

School District_____School Telephone _____

My child (named above) is transferring to_____, Hermitage, PA. I hereby request and authorize the transfer (or copies thereof) of all my child's records (transcript of courses, grades, credits, record of standardized testing, reports on psychological testing, health and dental records, discipline records, attendance records) to the attention of the **REGISTRAR of**_____as soon as possible.

Student's Signature_____**Date** _____

Parent's Signature_____Date _____

FOR OFFICE USE ONLY

Date request sent _____

Official Signature _____

Title_____Date _____

Date Records Received_____Records Reviewed by _____

For Saint John Paul II (K-6) mail to:
Registrar
2335 Highland Road
Hermitage PA 16148

For Kennedy Catholic Middle/High School (7-12) mail to:
Registrar
2120 Freeway
Hermitage, PA 16148

Shenango Valley Catholic School System
PAYMENT PLAN WORKSHEET

Saint John Paul II Elementary___Kennedy Catholic Middle School____Kennedy Catholic High School____

NAME _____

PARISH _____

_____ Have you or are you planning to apply for financial aid?

Please indicate your choice of payment plan:

_____ One Payment via_____check_____credit card

_____ FACTS Two Payment System ($10.00 fee applies)

_____ FACTS Three - Twelve Payment System ($42.00 fee applies)

If using the FACTS Tuition Payment Plan, go to the website below to create your Agreement.

Please notify the Finance Office (724-346-5531) when your Agreement is complete.

https://online.factsmgt.com/signin/4HGQ0

Authorization Form

For Use of Child/Youth Name, Likeness, and/or Photographic Image

This authorization form shall serve as parental permission for the use of name, likeness, and/or photographic image of a child/youth where such permission is required.

I grant permission to

Shenango Valley Catholic School System

Saint John Paul II Elementary___Kennedy Catholic Middle School____ Kennedy Catholic High School___

to use my child's/youth's name, likeness, and/or photographic image in the production of any KCHS promotional materials and/or website.

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the Diocesan Agency, Department, Parish, or School in writing, all references to my child/youth (i.e., name, likeness, and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the Diocesan Agency, Department, Parish, or School is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image). I further understand that my child's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

_____ _____

Name of Child (Please Print) Date of Birth

_____ _____

Signature of Parent or Legal Guardian Date

This Authorization Form will be kept of file until the student graduates from High School.

SHENANGO VALLEY CATHOLIC SCHOOLS SYSTEM

Saint John Paul II Elementary_____Kennedy Catholic Middle School____Kennedy Catholic High School_____

Form Revision: January 2017
20___- 20_ AUTO RENEWABLE

TUITION CONTRACT AND AGREEMENT

FAMILY NAME_____

STUDENT NAME_____GRADE IN SEPTEMBER _____

CONTRACT PERIOD--AUTO-RENEWABLE: ALL TUITION CONTRACTS ARE AUTO-RENEWABLE; INDICATING THE METHOD OF PAYMENT WILL BE THE SAME EACH YEAR UNLESS THE SCHOOL IS NOTIFIED OTHERWISE.

METHOD OF PAYMENT:

☐ **ONE PAYMENT**

☐ **F.A.C.T.S. TWO PAYMENTS ($10.00 FEE)**

☐ **F.A.C.T.S. THREE – TWELVE PAYMENTS ($42.00 FEE)**☐

OTHER _____

FOR ONE PAYMENT FIRST PAYMENT IS DUE BY JULY 1. FOR TWO PAYMENTS 1ST PAYMENT IS DUE IN JULY, 2ND PAYMENT IS DUE IN DECEMBER . FOR TEN MONTH PLAN FIRST PAYMENT IS DUE IN JULY WITH 10TH PAYMENT DUE IN APRIL

TUITION	**$_____.___**
NON-CATHOLIC ASSESSMENT	**$_____.___**
TOTAL TUITION	**$_____.___**

LESS DEDUCTIONS FOR:

ASSISTANCE	***$_____***	***TAP***	***$_____***
SCHOLARSHIPS	**$_____**	**PRE-PAY**	**$_____**
STAR FOUNDATION	**$_____**	**SV FOUNDATION**	**$_____**
MULTI-STUDENT	**$_____**	**OTHER**	**$_____**

TOTAL DEDUCTIONS **$_____.___**

TOTAL NET PAYABLE $_____.___

FEES PAYABLE AT REGISTRATION

Pre-School	**$_____.___**	***Amount Pd.$_____***
Elementary	**$_____.___**	***Amount Pd.$_____***
Middle School	**$_____.___**	***Amount Pd.$_____***
High School	**$_____.___**	***Amount Pd.$_____***

PAYENTS MADE: Date_____

Amount: $_____via

Cash ___ Check ___

Master Card___ Visa Card___

Card No.
_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/

Month Year
Exp. Date / / / / /

_____
Signature

_____
Print Name Exactly as it appears on the Card

GENERAL AGREEMENT:

I specifically understand that students are enrolled for the entire year and that the school reserves the right to dismiss a student at anytime. I also understand that there will be no reduction of current school year tuition if a student is dismissed or withdraws, and I agree that full payment will be required in all cases. In no case are any fees refundable.

I also specifically understand that tuition payments, if not paid in full, will be done through the FACTS management system. Further, I understand that I must give at least five (5) days advance notice if a change is needed for a certain month with my FACTS agreement.

As the undersigned I also agree to pay increases in tuition and fees as may occur from year to year. I understand that my tuition payment agreement will rollover into the next school year, unless I notify the Finance Department of any changes.

I also agree to abide by the rules and regulations of the school as presented in the Student-Parent Handbook and other publications, along with any other such policies and notifications.

All figures are in accordance with the policies of The Shenango Valley Catholic Schools System (SVCSS).

The responsible party can make changes to the method of payment terms allowable under this agreement by contacting the Finance Office of the SVCSS. In the event additional fees, charges, penalties, etc. are assessed by the institution in accordance with institution policy or as a result of changes in services authorized by the responsible party, the responsible party recognizes that the total balance due and/or payment amount will change. The responsible party agrees that the responsible party's authorization of any such change including re-enrollment for subsequent years, shall constitute the responsible party's authorization to change the payment amount, and/or continue the payments until the total balance due us paid in full. The responsible party does not require the institution to send advance notice of any adjustments resulting from any such changed authorization, which includes any reduction in the balance due and/or payment as a result of financial aid or any other similar cause, or resulting from any re-enrollment. A copy of any such changed authorization or re-enrollment is to be provided to the responsible party by the institution. If there will be any change in the pre-authorized payment amount other than as a result of a changed authorization or re-enrollment, the institution will give notice of such changed payment amount at least ten (10) days in advance of the next scheduled payment.

All transcripts, report cards, student records and diplomas are the property of the specific school contained as part of the SVCSS and will not be issued to transferring or graduating students until all tuition and fees are paid in full. Report cards may be held for past due balances at the sole discretion of the specific school of the SVCSS. In the event of default, the person(s) indicated below will pay all costs incurred to collect this account, including reasonable fees of an attorney and/or collection agency.

I, the undersigned, having fully read the tuition contract and above agreement regarding the payment of tuition and fees for the above named student, understand this to be legally binding as attested to by my signature, and I fully agree to assume these obligations in full.

_____ _____

SIGNATURE OF PERSON FINANCIALLY RESPONSIBLE **Relationship to Student**

DATE_____

_____

SCHOOL OFFICIAL

For Office Use Only:

Initial registration for:

Saint John Paul II Elementary___

Kennedy Catholic Middle School___

Kennedy Catholic High School___

WITHDRAWAL DATE_____ RE-ENTERED DATE_____