

- Registration Fee Paid (\$150.00)
- Registration Payment Plan (Sept/Oct/Nov)
- NEW student



**2023/2024 SCHOOL YEAR  
REGISTRATION AND RE-REGISTRATION INFORMATION FORM**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **for 2023/2024**

**Date of Birth:** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Mother's name** \_\_\_\_\_

**Best phone number at which to reach you** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Father's name** \_\_\_\_\_

**Best phone number at which to reach you** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Is your child a recipient of a voucher?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes,** \_\_\_\_\_ **Cleveland Scholarship Program** \_\_\_\_\_ **EdChoice/Expansion?**

\_\_\_\_\_ **Jon Peterson**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# IMMUNIZATION SCHEDULE

## Revision August 2020

### **Kindergarten**

- 4 DPT, DT, or DTaP (or a combination of these)
- 3 Polio
- 2 MMR
- 3 Hepatitis B
- 2 Varicella (Chicken Pox)

### **First, Second, and Third Grade**

- 4 DPT, DT, or DTaP (or a combination of these)
- 3 Polio
- 2 MMR
- 3 Hepatitis B
- 1 Varicella (Chicken Pox)

### **Fourth Through Eighth Grades**

- 4 DPT, DT, or DTaP (or a combination of these)
- 3 Polio
- 2 MMR
- 3 Hepatitis B

### **Grade 7**

- 1 Tdap or Td vaccine prior to the first day of school

*Please note a change in Ohio Law: MMR #1 must be on or after the child's first birthday.*



## TUITION INFORMATION 2023/2024 SCHOOL YEAR

<b>Grades K – 8 Tuition</b>	<b>\$6,165</b> per child
<b>Registration</b>	<b>\$150.00</b> per child

### FINANCIAL ASSISTANCE

Saint Stanislaus School currently accepts the Cleveland Scholarship, EdChoice, EdChoice Expansion, and Jon Peterson vouchers. Families may also apply for financial assistance through the FACTS Tuition Assistance Program. Applications and information for all financial assistance programs are available in the school office.

As a reminder, parents currently utilizing any of our accepted voucher programs must renew their voucher every year.

Families may pay tuition via our monthly payment plan. Tuition is due by the 15<sup>th</sup> of the month. Monthly statements are sent home. Eighth Grade balances must be paid in full by March 15<sup>th</sup>.

September	\$880.00
October	\$880.00
November	\$880.00
January	\$880.00
February	\$880.00
March	\$880.00
April: Final Payment	\$885.00



### Signature Permission for Voucher Checks

My child \_\_\_\_\_ attends Saint Stanislaus School and is in the \_\_\_\_\_ grade for the 2023/2024 school year. Our family is a recipient of the

- Cleveland Scholarship voucher
- EdChoice voucher, or
- Jon Peterson voucher

I understand that the voucher payments will now be arriving monthly. As a matter of convenience, *and only for the purposes of signing the voucher checks*, I give Saint Stanislaus School permission to endorse the voucher checks for me.

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Print Parent Name

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Parent Signature

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Date

# SAINT STANISLAUS ENROLLMENT AGREEMENT

It is my intent to enroll my child into Saint Stanislaus School for the 2023/2024 school year. In doing so, I agree to the following terms and conditions:

- I will pay the \$150 non-refundable fee.
- I understand that financial responsibility to Saint Stanislaus School is \$5,950 for tuition, plus a \$150 Registration Fee. I am responsible for paying the following amount:

**\$6,315 (Tuition of \$6,165 + \$150 Registration Fee)**

\_\_\_\_\_ minus voucher - OR -

\_\_\_\_\_ minus FACTS -OR-

\_\_\_\_\_ minus other adjustment \_\_\_\_\_

\_\_\_\_\_ minus registration fee (\$150)

\_\_\_\_\_ **TOTAL AMOUNT DUE**

- I agree to pay the total amount due at the time of registration/re-registration or according to the payment plan schedule given to me. *Failure to have a current account may result in removal from the school's roster for my child.*
- If I have a voucher, I agree to provide all information requested by the stated deadlines. Further, I will sign my voucher check within **ten days** of its arrival at the school office. Alternatively, I will complete the *Signature Permission for Voucher Checks* form.
- I will create and maintain parental accounts to access school communication and information regarding my child's progress.
- *I will abide by the practices and policies of Saint Stanislaus School that govern the education and care of my child. This includes academic performance, behavioral expectations, and dress code. I understand the expectations of parents to be cooperative, professional, and supportive.*

By signing this form, I agree to comply with all the statements above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date