



S T . F R A N C I S D E S A L E S

Making Disciples and Disciple Makers

EXISTING FAMILY INFORMATION

Enrollment Agreement 2020/2021

Father's/Guardian's Name: _____

Mother's/Guardian's Name: _____

Parent/Guardian Marital Status: (Please Check) Married Single Widowed Divorced Separated

Student's Address: _____

Student's Home Phone: _____

Cell Phones: Father: _____ Mother: _____

Work Phones: Father: _____ Mother: _____

E-mail: Father: _____ Mother: _____

- Registered Parishioner of **St. Francis de Sales Church**.
- Registered Parishioner at _____ Catholic Parish.
- We have applied for a grant from our parish and understand that if denied, we are responsible for the Non- Parishioner rate.
 - Grant Applications for St. Francis Parish will be available in the School Office March 15 and are due back by April 15.
 - School families registered at other parishes will need to pick up a form to be filled out by your Pastor and return the form to the School no later than April 15.
 - Grants will not be applied until Grant application is received and you are approved.
- Non-Practicing/Non-Catholic
- Our Family will not be returning to St. Francis de Sales School in the 2020/2021 School year. _____(Initial Here)

PUBLIC SCHOOL DISTRICT INFORMATION

(These must be filled out)

Public School District(s) student(s) live in: _____

Public Elementary School student(s) would attend: _____

Public Jr. High School student(s) would attend: _____



To lead all souls to know, love and serve God in this world and to be happy forever with him in heaven.

PARISH | 740.345.9874
40 Granville St. Newark, OH 43055

SCHOOL | 740.345.4049
38 Granville St. Newark, OH 43055

PRE-SCHOOL | 740.345.4040
38 Granville St. Newark, OH 43055

www.stfrancisparish.net

STUDENT INFORMATION

(Please fill out for each student, **oldest to youngest**)

1) **FULL NAME:** _____ Gender: _____ Grade: _____ Birthdate: _____
(First Middle Last)

Student Nickname: _____

Does student have: IEP: _____ Service Plan: _____ Academic Support Plan: _____ None: _____

2) **FULL NAME:** _____ Gender: _____ Grade: _____ Birthdate: _____
(First Middle Last)

Student Nickname: _____

Does student have: IEP: _____ Service Plan: _____ Academic Support Plan: _____ None: _____

3) **FULL NAME:** _____ Gender: _____ Grade: _____ Birthdate: _____
(First Middle Last)

Student Nickname: _____

Does student have: IEP: _____ Service Plan: _____ Academic Support Plan: _____ None: _____

4) **FULL NAME:** _____ Gender: _____ Grade: _____ Birthdate: _____
(First Middle Last)

Student Nickname: _____

Does student have: IEP: _____ Service Plan: _____ Academic Support Plan: _____ None: _____

5) **FULL NAME:** _____ Gender: _____ Grade: _____ Birthdate: _____
(First Middle Last)

Student Nickname: _____

Does student have: IEP: _____ Service Plan: _____ Academic Support Plan: _____ None: _____

6) **FULL NAME:** _____ Gender: _____ Grade: _____ Birthdate: _____
(First Middle Last)

Student Nickname: _____

Does student have: IEP: _____ Service Plan: _____ Academic Support Plan: _____ None: _____

PRESCHOOL

If you have a preschool student, please indicate your preferred program.

CLASS CHOICE: (circle one)

DAY Preference: (circle one)

Seraphim A class- 2 day (T, TH)

½ day all day

Seraphim A class- 3 day (M, W, F)

½ day all day

Seraphim B class (Mon – Fri)

½ day all day

Pre-Kindergarten Archangel class (Mon – Fri)

½ day all day

TUITION INFORMATION

I understand that I will not be invoiced for Tuition until April 15th at which time I will have the opportunity to review and accept financial responsibility.

Will you family be applying for an EdChoice grant? If so, which one?

- Traditional Ed Choice
- EdChoice Expansion

Select your preferred payment option.

- Annual** Full payment is due by June 30, 2020. (**Early Bird Discount of \$150 per family**)

For all other payment options, please log into your FACTS Account to select one of the payment plans* below (If you do not have a FACTS payment account please register at <https://online.factsmgt.com/signin/3WNKC>):

- Monthly** (July – May): Payment due by the 5th or 20th of each month to FACTS Management Co. (Plus \$65.00 FACTS fee.)
- Twice a Year** (July and January): Payment through FACTS Management Co. (Plus \$20.00 FACTS fee.)
*Credit Card Payments will be assessed an additional 2.75% transaction fee through FACTS

AGREEMENTS AND UNDERSTANDINGS

- My family will not be registered or invoiced until this form is completed.
- I/We will uphold the school mission, philosophy and discipline policies, working with the school personnel on my child’s behalf.
- I/We will uphold the eligibility requirement for participating in all extra-curricular activities.
- I/We will participate in the St. Francis de Sales volunteer program and track our hours through Track it Forward (see below to opt-out).
- If you’re opting to pay the annual lump sum and your payment is not received in full by June 30, 2020, you must create a FACTS Management Company account to pay tuition.
- If you do not receive the parish grant, you will be charged the Non-Practicing/Non-Catholic tuition rate.
- An administrative fee of \$100 will be charged in the case of tuition reimbursement.
- \$35 will be charged for checks returned for insufficient funds.
- **A non-refundable registration fee of \$50.00 will be charged and credited towards your tuition balance.**

Volunteer Hours Opt Out: I/We have elected not to complete any volunteer hours in the school. I understand that by opting out of this program that I/We will not be responsible for completing service hours to the school. My invoice will reflect a charge of \$375 for choosing to opt out of the service hours agreement. **(Please initial here to opt out)** _____

By signing below, you agree understand and agree to the terms noted above and wish to move forward with enrollment of your child(ren) with St. Francis de Sales School.

Signature by Parent/Guardian: _____ **Date:** _____

*****Accounting Use Only:*****

Catholic Tuition Due: _____ **Parish Grant:** Yes No (Subject to periodic Parish review)

Non-Practicing/Non-Catholic Tuition Due: _____ **(minus) Registration Fee (\$50):** _____

(minus) Payments: _____ **(minus) Scrip:** _____

(minus) GRANTS*: **Parish:** _____ **Diocese*:** _____ **ED Choice*:** _____ **Other:** _____

(plus) FACTS: _____ **(equals) Balance Due:** _____