



Dear Parent/Guardian,

Thank you for beginning the New Admission K-6 Enrollment Packet registration process. Please return the following pages filled out and signed to the main office at:

Notre Dame Elementary School  
Application Paperwork

In the envelope, please make sure to include the following:

1. Complete Enrollment Packet & Signed (Tuition Policy Signature Form)
2. Authorization of Release of Records
3. Transportation Request Form
4. Textbook Request Form
5. Hospital Emergency Form
6. Physical History Form & Physical/Immunization Form
7. Photo Release Form
8. **Copy of Birth Certificate- For Kindergarten**
9. **If a Student is Transferring – Need a Copy of His/her Recent Report Card**
10. Application fee \$50 ( Please make checks payable to Notre Dame Schools)

**Please Note:** New for 2020, we will be rolling out a new process by merging both the elementary and high school together. This process will affect both the SMART Payment Plan and the FACTS Tuition Assistance.

For the SMART TUITION (Payment Plan), **EVERYONE must create a new account**. Each family both in the elementary and high school will be charged a \$39 fee. This will help the families that have children in both of our schools. Please follow the instructions below:

1. Visit : **[www.enrollwithsmart.com](http://www.enrollwithsmart.com)**

2. **Welcome to Enroll with SMART**

Click on the blue box – Create a New Account

3.. **Find your School** - Enter your school's name in the search box. **PLEASE TYPE IN: Notre Dame Elementary and High School**. It will come up on a list of schools with the address 2 Notre Dame Lane, Utica, NY. Make your school selection by clicking the green circle. It will open up to Notre Dame Elementary School and High School 2020-2021 School Year. The School ID is 14637.

4. **Section 1 – Who Will Pay?** Enter name and information of person that will be paying. Please provide your telephone number and email address as SMART Tuition regularly communicates important information about your account via telephone and email.

5. **Section 2 – Who Will Attend?** Enter the names & grades of the children who will attend the school.

6. **Section 3 – How & When To Pay?** Review the payment plans offered and choose one. Select your preferred payment method and due date from the options offered.



**7. Section 4 – Submit** - Review terms and conditions. Click Submit Enrollment to complete your online enrollment.

**8. Registration Application Successful** - You will receive a confirmation page with your Smart Tuition Family ID. Your school will then review your enrollment and add any fees and discounts. Once complete, you will receive confirmation from SMART Tuition.

**New for 2020** for the **FACTS** (Financial Aid/Tuition Assistance), FACTS will be rolling out a new process as well, by merging both the high school and elementary school together. This will help the families that have children in both of our schools.

1. In order to be considered for **any** financial assistance or any awards, the FACTS application **must be filled** out by a family online that will be seeking financial aid/assistance or scholarship. **The Deadline for this application is February 15, 2020.**
2. Aid is awarded to students K through 12th grade. Pre-K is not eligible for aid.
3. Parents when applying you may scan, upload, or fax (866-315-9264) either your 2018 or 2019 tax returns and your 2018 or 2019 W-2 forms. Copies of Social Security Income, Child Support, Food Stamps, Worker's Compensation and TANF (if applicable).
4. There is a **one-time, non-refundable \$30 application fee per household**. The FACTS application must be completed online by visiting **<https://online.factsmgmt.com/signin/4MGH6>**.
5. The school name is **Notre Dame Schools of Utica** institution ID# is 37872, you will need this to complete the application.

If you have questions about this process, please call tuition officer, Laurie Cardone at (315) 724-5118, ext. 11.

Should you have questions at the elementary school, please call the school office at 315-732-4374. Welcome to our Notre Dame family.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mary Rossi'.

Mrs. Mary Rossi  
Principal





Student's Name: \_\_\_\_\_

If Student is Catholic, please complete the following:

Baptism

First Penance

First Eucharist

Date

Church

**For Kindergarten- Please attach copy of Birth Certificate and a Baptismal Certificate (if possible).**

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

Current 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.**

**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.*

**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 learning 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? \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



Student's Name: \_\_\_\_\_

**Financial Information:**

GRADE	1 <sup>ST</sup> Student	2 <sup>ND</sup> Student	3 <sup>RD</sup> Student
K - 6	\$4,865	\$4,535	\$4,235

**FEES:** \$50 Non-Refundable Building Application Fee

**2020-2021 TUITION PAYMENT POLICY:**

**The full tuition policy is attached on the following pages. Please acknowledge with your signature that you have received and read the policy and accept all terms and conditions.**

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 2020-2021 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 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 \_\_\_\_\_ Social Security # \_\_\_\_\_

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 2020-2021 school year according to the option selected above.

\_\_\_\_\_  
**Signature of Person Responsible for Tuition Other than a Parent**

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

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 institutions.

The Mission of Jesus Christ..."go therefore and make disciples of all nations...teaching them to observe all that I have commanded you."

**WE ASK FOR YOUR GENEROUS SUPPORT OF AND PARTICIPATION IN OUR MISSION...**The Notre Dame Schools of Utica carry out the mission of Jesus Christ bearing witness while proclaiming the Gospel message. Together with families and parishes, our schools provide an education rooted in the Gospel that is "living, conscious, and active" including values and ideas that are in accordance with the teachings of the Roman Catholic Church. We empower our students to live their faith with compassion, integrity, and respect for all life and the diversity of our world.

Our schools are faith-centered communities focused on promoting academic excellence while developing a strong moral conscience and embracing Catholic principles to enable students to meet lifelong challenges and demands in a rapidly changing world.

Your financial support will assist in offsetting the cost of educating students at Notre Dame Elementary School. Currently, the average per pupil cost is over \$8,800. As you can see from the tuition rate that is charged to our families, every student is subsidized by the school, the parish(es) and the Diocese. We depend on your prayerful support and appreciate your financial support. All contributions are 100% tax deductible.

\_\_\_\_\_ Yes, I wish to contribute \$\_\_\_\_\_ and will pray for the students and staff of Notre Dame Elementary School. My contribution will be added to my tuition statement.

\_\_\_\_\_ I will pray for the students and staff of Notre Dame Elementary School, however, I am unable to make a financial gift at this time.



## **Notre Dame Schools Tuition Policy**

**Effective August 2020**

### **I. TUITION PAYMENTS**

- I. Tuition rates for each year are published on the Notre Dame Schools web site
- II. Tuition payments to both Notre Dame Elementary School and Notre Dame Jr./Sr. High School may be made monthly, quarterly or annually. The choice of payment plan is made by the family at the time of registration.
- III. For families choosing to make monthly payments, payment plans run from July through May. Monthly payments can be made on the 1st, the 10th or the 20th of every month as selected by the family. Any variations of these terms need to be authorized by the School's Controller. Also, families choosing the monthly payment plan must enroll in the automatic payment plan.
- IV. For families re-enrolling students in Notre Dame Schools, registration must be completed by February 28th of the preceding year. A \$50 enrollment fee must accompany the registration. If re-enrollment is not completed by February 28th, a \$150 enrollment fee will be charged and must accompany the registration. New students enrolling at Notre Dame Schools will be charged a \$50 enrollment fee at the time of registration. Registration fees are non-refundable.

### **II. PAST DUE TUITION PAYMENTS**

- I. Tuition is considered late if payment is not made by the date designated in your tuition payment plan. Should circumstances arise that may cause delay in payment, the School's Controller must be notified immediately so consideration for an alternate plan can be discussed. The Finance Office will work with your family to come up with a mutually agreeable arrangement.
- II. If your payment(s) remain past due for 30 days, the school will notify you that your payment is delinquent and needs to be made.
- III. If your payment(s) remain past due 60 days, the school will notify you that you have fallen behind. The school will make every effort to work with you to bring your payments back to the proper payment schedule.
- IV. If your payment(s) remain past due for 90 days, you will be given a final opportunity in writing to make arrangements to bring your account current. Failure to bring your account current will result in your child being removed from the school at the completion of the current marking period.
- V. A student will not be allowed to participate in extracurricular activities, including athletics, nor will the school honor transcript requests if an outstanding balance exists for 30 days.
- VI. If any part of the previously owed tuition is not paid by July 1st, the student will not be permitted attend school for the coming year. Registration forms and fees may be resubmitted after unpaid tuition is paid in full. All past due tuition, education fees, and athletic fees must be paid before the student will be allowed to attend school for the new school year. Personal checks will not be accepted for past due tuition during the month of June and again after August 15<sup>th</sup>.

- VII. In the event that tuition is left unpaid beyond 90 days, the school will refer your account to our collection attorney and you will be responsible for all collection related fees. In addition, once your account is submitted to our collection attorney, it is no longer in our hands to address.

### III. UNPAID TUITION AND FEES

- I. Student's records, including report cards and transcripts, will not be released until all tuition and/or fees are current. Twelfth grade students will not be allowed to participate in any graduation activities, nor will any of their records (including report cards) be released until all financial obligations to the school are paid in full or appropriate payment plans have been approved.
- II. We realize that circumstances can change which could affect tuition payments. The school must be made aware of any problems regarding unpaid tuition so that an acceptable payment plan can be worked out. The school is committed to working with all families who are experiencing any difficulty. Registration forms and fees will be held for those families that are past due with their tuition. Registration forms and fees may be resubmitted once all tuition is current.

### IV. TUITION REFUNDS

If a student leaves during the school year, the school will refund prepaid tuition on a prorated basis. For families eligible for a tuition refund the amount will be calculated based on semester. There is a minimum tuition for one semester (half the school year,) refunds will only be granted on a prorated basis. The refund amount will be calculated based on weekly enrollment starting with the second semester. A student enrolled for one day during the week is considered enrolled for the entire week. Discounts and financial aid previously taken/given for tuition paid in full and financial assistance will be deducted from any refund or prepaid tuition.

**\*This tuition policy does not apply to International Students.**



## Authorization for the Release of Records

\_\_\_\_\_  
Date

This document authorizes \_\_\_\_\_  
Name of School or District

To release the following records of \_\_\_\_\_  
Name of Student

DOB: \_\_\_\_\_ to Notre Dame Elementary School.

\_\_\_\_\_ Academic Records

\_\_\_\_\_ Testing Records

\_\_\_\_\_ Psychological Records

\_\_\_\_\_ Health Records

\_\_\_\_\_ I.E.P.

\_\_\_\_\_ I.E.S.P.

\_\_\_\_\_ 504 Plan

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
< Print >

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

## Transportation Request

**Complete this form only if you are requesting transportation for the coming school year.**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residing in: \_\_\_\_\_ Public School District \_\_\_\_\_

Attending: \_\_\_\_\_ School \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

This is to certify that I hereby appoint the principal of the above-mentioned school to act as my authorized representative to request transportation to and from school under the provision of the Speno Act for the students mentioned above.

This authorization shall remain in effect while I have my child(ren) in attendance at this school or until I expressly revoke it in writing.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***Note: The school must present this request to the public school district by April 1. It is imperative that this signed form be returned to the school no later than Friday, March 22.***

## Textbook Request

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residing in: \_\_\_\_\_ Public School District \_\_\_\_\_

Attending \_\_\_\_\_ School \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

I, the undersigned, request that the above-mentioned school district loan to my child(ren) the textbooks required for his/her/their education and hereby authorize the principal of the school to act as my agent in the implementation of this request.

This authorization shall remain in effect while my child(ren) are attending this school, unless I expressly revoke it in writing.

I understand that all books loaned to my child(ren) are to be maintained in good condition, and that said child(ren) will be responsible for the loss or excessive damage to these books.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



NOTRE DAME ELEMENTARY SCHOOL

MRS. MARY ROSSI, PRINCIPAL | MRS. CAROL POLITO, ASST. PRINCIPAL

## EMERGENCY FORM

In case of emergency, if I am not available at the time, I authorize the administration of Notre Dame Elementary School to seek medical assistance for my child and to bring him/her to the emergency room of St. Elizabeth Hospital, Genesee Street, Utica, New York.

This authorization shall remain in effect for as long as my child attends Notre Dame Elementary School or revoked in writing by me.

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Dated

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Signature

**MEDICAL DEPARTMENT****UTICA CITY SCHOOL DISTRICT****PHYSICAL HISTORY ON REGISTRATION**

_____	_____	_____
Name of Child	Address	Birthdate and Place
_____	_____	_____
Parent's Names	Place of Employment	Tel. No. Home/Work

DOCTOR TO BE CALLED IN CASE OF EMERGENCY \_\_\_\_\_

Name, Address, Telephone

Dentist's Name \_\_\_\_\_ Last Visit \_\_\_\_\_

**PHYSICAL HISTORY:**

WHAT DISEASES HAS CHILD HAD? (Give Dates)

Chickenpox _____	Rheumatic Fever _____	Throat Infection _____
Scarlet Fever _____	Diabetes _____	Heart Disease _____
Pneumonia _____	Ear Infection _____	Epilepsy _____

YES NO EXPLAIN

Does your child have allergies, asthma? \_\_\_\_\_

Does your child take medication? \_\_\_\_\_

If yes give name of medication, dosage and for what condition.

Has your child ever had an accident, operation or x-rays? \_\_\_\_\_

Does your child have any handicap or  
limitation that the school should know of? \_\_\_\_\_Is there anything about the eyes, ears, teeth or  
general health of your child that the school should know of?? \_\_\_\_\_

EMERGENCY CARE: IN CASE YOUR CHILD IS INJURED OR BECOMES ILL DURING SCHOOL HOURS WE  
WILL CONTACT YOU IMMEDIATELY BY PHONE. IF THAT IS NOT POSSIBLE PLEASE  
STATE BELOW WHAT ACTION YOU WISH THE SCHOOL TO TAKE AND THE NAME  
OF THE HOSPITAL FOR EMERGENCY SERVICE TO YOUR CHILD:

NAME &amp; TELEPHONE OF PERSON TO CONTACT: \_\_\_\_\_

NAME OF HOSPITAL EMERGENCY ROOM: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF PARENTS/GUARDIAN: \_\_\_\_\_

Utica City School District  
Medical Office  
106 Memorial Parkway  
Utica, NY 13501

PHYSICAL EXAMINATION FORM

To the parent/guardian:

State Education Law, Sec. 903, MANDATES: A Health Certificate shall be furnished by each pupil in the public schools upon his/her entrance in such schools and by each child entering Pre-K, Kindergarten, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grade thereof. An examination of any child may be required by the local school authorities at any time in their discretion to promote the educational interests of such child.

Public Health Law, Sec. 2164, REQUIRES immunization against measles, mumps rubella, diphtheria, Polio, hepatitis b, and chicken pox (varicella). This means that every child entering school must present a certificate indicating that he/she has been immunized against all of these diseases.

To the examining physician: Please complete the form below.

Name of pupil \_\_\_\_\_ Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Date of exam \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_

Lead \_\_\_\_\_ BMI \_\_\_\_\_ Check one: ☐ Less than 5<sup>th</sup> ☐ 5<sup>th</sup> through 49<sup>th</sup> ☐ 50<sup>th</sup> through 84<sup>th</sup>  
☐ 85<sup>th</sup> through 94<sup>th</sup> ☐ 95<sup>th</sup> through 98<sup>th</sup> ☐ 99<sup>th</sup> and higher

Eyes _____	Ears (otoscope) _____
Lymph Nodes _____	Thyroid _____
Nose _____	Tonsils _____
Teeth (temp) _____	Gums _____
(perm) _____	Heart _____
Lungs _____	Hernia _____
Orthopedic (struct) _____	Genito-urinary _____
(post) _____	Nervous system (epilepsy) _____
Skin _____	Speech _____
Nutrition _____	Other _____

Specify current diseases (Check ALL that apply): ☐ Asthma ☐ Diabetes, Type 1 ☐ Diabetes, Type 2  
☐ Hyperlipidemia ☐ Hypertension

Any special recommendation/remarks? \_\_\_\_\_

Diphtheria (DTP) vaccine dates: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ Tdap \_\_\_\_\_  
Polio (OPV) vaccine dates: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
Measles vaccine dates: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Measles disease date: \_\_\_\_\_  
Mumps vaccine date: \_\_\_\_\_  
Mumps disease date: \_\_\_\_\_  
Rubella vaccine date: \_\_\_\_\_  
Rubella disease date: \_\_\_\_\_  
HIB vaccine date (Pre-K): \_\_\_\_\_  
Hepatitis B vaccine date: \_\_\_\_\_  
Varicella vaccine date: \_\_\_\_\_  
Varicella disease date: \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please return completed form to the School Nurse.



## **PHOTO RELEASE FORM**

I hereby give my consent to Notre Dame Schools to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children.

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*(Please print name)*

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*(Please print child's name)*

I hereby release Notre Dame Schools the right to:

- Share images of me and/or my child/children on the organization's website, social media pages, or printed material
- Distribute images of me and/or my child/children to media outlets

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Signature

Date

---

Signature for minor child

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Organization

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Address

Internal Use Only  
Date Filed \_\_\_\_\_  
Initials \_\_\_\_\_