





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

If Student is Catholic, please complete the following:      Baptism                              First Penance                              First Eucharist

Date                              \_\_\_\_\_                              \_\_\_\_\_                              \_\_\_\_\_

Church                              \_\_\_\_\_                              \_\_\_\_\_                              \_\_\_\_\_

**For Pre-K and K -- If available – please attach copy of Birth Certificate and if possible Baptismal Certificate.**

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	\$4,950	\$4,650	\$4,350

**FEES:** \$150 NON-REFUNDABLE APPLICATION FEE (plus \$20 per additional sibling)

**2021-2022 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 2021-2022 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 2021-2022 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 January 2021**

### **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 \$75 enrollment fee (plus \$10 each additional sibling) must accompany the registration. If re-enrollment is not completed by February 28th, a \$150 enrollment fee (plus \$10 each additional sibling) will be charged and must accompany the registration. New students enrolling at Notre Dame Schools will be charged a \$150 enrollment fee at the time of registration (plus \$20 each additional sibling). 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.**



NOTRE DAME ELEMENTARY SCHOOL

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

## 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.

\_\_\_\_\_ Please release all records including the following, Academic Records, Testing Records, Psychological Records, Behavioral 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.***





## **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

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Signature for minor child

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Organization

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Address

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

## 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

## 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: \_\_\_\_\_