



**STUDENT REGISTRATION/TUITION CONTRACT 2017-2018  
CURRENT FAMILIES - DUE: MARCH 1, 2017**

**KINDERGARTEN REGISTRATION:** Please indicate your session preference:  
Full Day \_\_\_ OR Half Day \_\_\_

**St. Francis of Assisi**

CATHOLIC SCHOOL

2270 East Stadium Boulevard, Ann Arbor, MI 48104

**STUDENT(S) INFORMATION: PLEASE PRINT**

STUDENT(S) LAST NAME \_\_\_\_\_ HOME PHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
E-MAIL ADDRESS (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

STUDENT(S) RELIGION \_\_\_\_\_ REGISTERED AT \_\_\_\_\_ CHURCH \_\_\_\_\_

SCHOOL DISTRICT WHERE STUDENT LIVES: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME \_\_\_\_\_

STUDENT(S) ETHNICITY: Hispanic or Latino \_\_\_\_\_ Non-Hispanic or Non-Latino \_\_\_\_\_

STUDENTS(S) RACE (Choose **one or more**):  Native American/Alaskan  Asian  Black  Native Hawaiian/Pacific Islander  White

**GRADES K - 8**

NAME OF CHILD/REN (FIRST, MIDDLE) BIRTH DATE GENDER GRADE in SEPT. 2017

NAME OF CHILD/REN (FIRST, MIDDLE)	BIRTH DATE	GENDER	GRADE in SEPT. 2017
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENT/GUARDIAN INFORMATION: PLEASE PRINT**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ (If different than above) ADDRESS \_\_\_\_\_ (If different than above)

RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

RELIGION \_\_\_\_\_ RELIGION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

CONTACT FIRST IN CASE OF EMERGENCY? \_\_\_\_\_ BEST #: \_\_\_\_\_

GUARDIANS IN HOME: BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: PLEASE PRINT**

List someone other than yourself, who agrees to care for your child if he/she becomes ill and you cannot be reached. Please use someone local, within a 30-mile radius. Please e-mail additional names (authorized to pick up your child/ren) to the school office.

NAME \_\_\_\_\_ NAME \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

I AUTHORIZE A SCHOOL OFFICIAL OR ONE OF THE ABOVE PERSONS TO DIRECT MY CHILD'S CARE IN CASE OF A MEDICAL EMERGENCY.

PHYSICIAN'S NAME/PHONE NUMBER \_\_\_\_\_

HOSPITAL \_\_\_\_\_ HEALTH CARE PLAN \_\_\_\_\_

**INITIAL BELOW IF YOU DO NOT WANT MEDICAL TREATMENT FOR YOUR CHILD.**

\_\_\_\_\_ I REQUEST NO MEDICAL TREATMENT TO BE GIVEN TO MY CHILD AND WAIVE ALL CLAIMS FOR FAILURE TO PROVIDE MEDICAL SERVICES.

**\*Please inform school office when changes to this information occur.**

## REGISTRATION/TUITION CONTRACT 2017-2018 (CONT.)

**TUITION POLICY 2017-2018: Actual cost of educating one (1) student is \$7,531.00.**

Tuition is the main source of educational program funding at St. Francis School. Tuition payments are due by the 15<sup>th</sup> of each month so that payroll and instructional obligations can be met on time. Student classes and electives will not be assigned for 2017-2018 unless tuition, fees and minimum stewardship payments are current.

**TUITION for 2017-2018:**

Check the appropriate tuition level, based on Guidelines found below.

Half-Day Kindergarten:	IN PARISH	OTHERS
Each child:	<input type="checkbox"/> \$ 2,880	<input type="checkbox"/> \$ 4,230
<b>Number of Children</b>		
1	<input type="checkbox"/> \$ 5,430	<input type="checkbox"/> \$ 8,130
2	<input type="checkbox"/> \$ 9,760	<input type="checkbox"/> \$15,260
3	<input type="checkbox"/> \$13,990	<input type="checkbox"/> \$22,390
4	<input type="checkbox"/> \$16,220	<input type="checkbox"/> \$27,420
5	<input type="checkbox"/> \$18,550	<input type="checkbox"/> \$32,550

Office Use, Only

<b>TOTAL TUITION</b>
\$ _____
<b>MONTHLY PAYMENT</b>
\$ _____

**ALSO NOTE:** The following non-refundable fee is due with registration: \_\_\_ \$200

**GUIDELINES:**

- A. All families pay either the in-parish or other tuition rate.
- B. Families qualify for the in-parish rate by being active members of St. Francis Parish. An active parish member meets the following criteria established by our Finance Council:
  - One or both members of a couple are practicing Catholic(s).
  - The family is registered in St. Francis of Assisi Parish.
  - The family contributes to the financial support of the parish with a minimum contribution of \$25.00 per week (\$109/month) and donates time/talents.
- C. Should the above criteria **not** be met, the family will be charged the other tuition rate.
- D. First tuition payment is due **August 15, 2017**; final payment is due **May 15, 2018**. There is a \$30 late fee per month for payments received after the due date and a \$30 fee for returned payments. Tuition must be paid in full for each semester your child attends, in order to be re-admitted for the following semester.

**BOTH PARENTS MUST SIGN, IF APPLICABLE**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**I agree to accept the policies, rules and regulations of St. Francis of Assisi Catholic School as well as all terms contained in this contract and the payment schedule set forth herein.**

**NEW FAMILIES ONLY:** Social Security Numbers (SSNs) are mandatory for the parent(s) with whom the child resides.

\_\_\_\_\_ Father

\_\_\_\_\_ Mother

\_\_\_\_\_ Guardian

**NON-CATHOLICS ONLY:**

I clearly understand that my child/ren will be educated according to Christian values and principles and the child/ren will participate in the Catholic religion program of the school. \_\_\_\_\_ / \_\_\_\_\_ (parents' initials)

Office Use only:

Date received \_\_\_\_\_ Deposit received \_\_\_\_\_ Forms received

*(All information is confidential and used by school office and parish office staff only.)*