

St. Vincent de Paul Catholic School

4980 St. Vincent Drive
Mobile, AL 36619

Registration Directions

The following requirements **must** be met before acceptance is final:

- ✓ All outstanding tuition and fees from the previous year must be completely paid.
- ✓ Completed Registration Form with Registration Fee
- ✓ For new parents / students, a meeting with the principal is mandatory.
- ✓ Full payment of all fees by required deadlines.
- ✓ Kindergarten and new students must show proof of the second measles shot required after their 5th birthday.
- ✓ Each 6th grader is required to get a dose of Tdap vaccine.
- ✓ Original birth certificate with state seal.
- ✓ Signed tuition agreement, fees policy, and the tuition preference form.
- ✓ Baptismal Certificate (if Catholic).
- ✓ Social Security Card.
- ✓ School Health Form completed.
- ✓ Current blue immunization card (IMM50).
- ✓ All records from previous schools sent from the school directly to St. Vincent de Paul Catholic School.
- ✓ Subsidy Letter from the Pastor – if credit from a parish other than St. Vincent de Paul Parish. (Get the letter from SVS school office.)
- ✓ Copy of any student educational evaluations submitted to St. Vincent de Paul Catholic School.

PK3, PK4, and K Age & Developmental Requirements:

- Students entering PK3 must be 3 years old by September 10th.
- PK4 students must be 4 years old by September 10th.
- Students entering K must be 5 years old by September 10th.
- All students **MUST** be potty-trained.

St. Vincent de Paul Fee and Tuition Schedule:

Registration Fee	\$75 on Open House Days for new families \$75 on February 1 st for existing families	\$100 by March 1 st \$125 after March 1st
Academic Supply Fee	\$100 due by May 1 st \$100 due by June 1 st	\$200
Archdiocesan Fee	due by May 1 st	\$35
PTO Dues ** Per Family	due by June 1 st	\$15
Textbook Fee	due June 1 st	Textbook fees and list will be sent home in May

Technology and Assessment fees are included in tuition.

All fees are non-refundable.

Grades: Kindergarten – 8 th	Contributor / Tithing Tuition	Non-Contributor / Non-Catholic Tuition
One Child	\$3196	\$4724
Two Children	\$4937	\$7349

* The contributor / tithing rate is granted to a family who is a registered member of a parish and contributes the minimum required contribution of \$1000 in an identifiable manner (envelope / checks) and their parish agrees to subsidize their students. If you are a member of St. Vincent de Paul Parish, \$500 is due to the church by June 1st and the remaining \$500 is due to the church by December 1st. Tithing rates are checked on December 1st and tuition is adjusted accordingly.

Grades: PK3 and PK4	Tuition	Payment Plan Options
Each child	\$4014	<ul style="list-style-type: none"> • <u>Full tuition payment</u> due on June 1, 2018 to receive \$100 discount. Payment will be paid directly to the school. No FACTS fee will be assessed.
		<ul style="list-style-type: none"> • <u>Full tuition payment</u> due on July 1, 2018. Payment will be paid directly to the school. No FACTS fee will be assessed.
		<ul style="list-style-type: none"> • <u>Ten monthly payments through FACTS:</u> Parents elect to pay tuition on either the 5th or the 20th of the month through a FACTS payment plan. This is an automatic payment plan made through your checking or savings account. The FACTS annual enrollment fee is \$52. The 1st payment month is July. Tuition payments are divided into ten monthly payments.
		<ul style="list-style-type: none"> • <u>Credit Card payments through FACTS.</u> Parents may pay monthly using Master Card, Discover, or American Express. In addition to the FACTS fee of \$52, there will be a convenience fee for each payment. The convenience fee is 2.85% per \$100 of tuition.

Tuition Assistance Options:

- Applications for tuition assistance through the parish are available online at www.factsmgt.com. After completing this online form and if you are a member of St. Vincent de Paul Parish you then make an appointment and talk to Father Vrazel.
- Alabama Opportunity Scholarship Fund
- AAA Scholarship Foundation

Tuition Payment Plan

Please choose a payment plan and return this form with the registration packet.

_____ Parish Contributor with subsidy

_____ Non-contributor without subsidy

Who will be responsible for tuition payments? _____

Driver's License #: _____ State: _____ Social Security #: _____

Please Select Preferred Tuition Plan for the 2018-19 School Year

_____ Total payment due to school on or before June 1st to receive \$100 discount.

_____ Total payment due to school on or before July 1st.

_____ 10 monthly payments beginning in July through the FACTS payment plan. This is an automatic payment plan made through your checking or savings account. There is a \$52 annual enrollment fee.

_____ 10 monthly payments on your MasterCard, Discover, or American Express credit card through the FACTS payment plan beginning in July. The \$52 annual fee still applies and a convenience fee of 2.85% per \$100 spent on tuition will also apply.

This pre-registration form is a planning form only. This is not a contract. Payment of registration fee and/or completion of this form does not guarantee acceptance. Only an official notification from the school confirms that the child has been accepted as a student at St. Vincent de Paul Catholic School.

Any disputes arising out of or relating to this Agreement, performance under this Agreement, or the breach thereof, including all disputes of any nature relating to my child's enrollment and attendance at this school, and including but not limited to the threshold questions of arbitrability and the formation of this arbitration agreement, shall be finally resolved by binding arbitration administered by the American Arbitration Association under its rules, and judgement upon the award rendered by the arbitrator may be entered in any court having jurisdiction. The arbitration shall be conducted in the English language in the city of Mobile., Alabama, applying the laws of the State of Alabama. There shall be one arbitrator who shall be selected in accordance with the procedures of the American Arbitration Association. Each party shall pay one half of the cost of the arbitrator. In no event shall punitive damages be awardable by the arbitrator in favor of either party, unless specifically authorized by applicable statute. This provision is continuing in nature and shall remain in force throughout the entire period of my child's enrollment at this school.

BY MY SIGNATURE BELOW, I AGREE TO SEND ANY AND ALL DISPUTES RELATING TO THIS AGREEMENT, TO BINDING ARBITRATION. I ALSO HEREBY WAIVE MY RIGHT TO A JURY TRIAL IF A DISPUTE ARISES IN ANY WAY RELATING TO THIS AGREEMENT.

Parent Signature: _____ Date: _____

Non-Admission of Students Due to Tuition Delinquency

School families failing to pay tuition according to the agreement which they have made with St. Vincent de Paul Catholic School or who have been unwilling to make suitable alternative arrangements with the school will be informed that they may incur all of the following penalties:

- If fees are not current by June 30th, the student will not be allowed to attend on the first day of school. The Office of Catholic Schools will be notified of the parents' delinquent financial status.
- If tuition is not current by August 1st, the student will not be allowed to attend on the first day of school. The Office of Catholic Schools will be notified of the parents' delinquent financial status.
- Parents will not be given a copy of their child's report card until all financial obligations have been met. The Office of Catholic Schools will be notified of the parents' delinquent financial status.
- No paperwork (transcripts, report cards, blue immunization cards, official testing reports, etc.) will be released until all financial obligations have been met.
- Eighth grade students will not have any transcripts, report cards, blue immunization cards, official testing reports, etc. forwarded to high schools until all financial obligations have been met.
- No student with outstanding financial obligations will be re-admitted to the school.
- The Office of Catholic Schools will be notified of the parents' delinquent financial status.

Delinquent Tuition From Previous Years

Registration will not be accepted for the next school year until all debts are cleared from the current year. If tuition becomes delinquent after registration, your child will be considered conditional until all debts are cleared from the previous year. All previously unpaid tuition must be paid by May 31st if a student is to be re-admitted to St. Vincent de Paul or admitted to any Catholic School in the Mobile Archdiocese. Payment must be made directly to the school.

Tuition Refunds

Families withdrawing their child prior to the 1st day of school shall be refunded the entire amount of tuition that has been paid for the upcoming year, minus the registration fee. In the event of withdrawal once school begins and before the school year is complete, tuition shall be owed to the school through the end of the month of withdrawal.

I have read the above tuition and fee policy for St. Vincent de Paul Catholic School and consent to abide by the conditions of this agreement. Payment of registration fee and/or completion of this form does not guarantee acceptance. Only an official notification from the school confirms that the child has been accepted.

The person responsible for payment should sign below:

Name: _____

Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

Registration Form

Date of Application: _____

Grade Entering: _____

Student Information Data:

Last Name: _____ First Name: _____ Middle: _____

Preferred Name: _____ Date of Birth (MM/DD/YY): _____

Place of Birth (City, State): _____ Gender: Female Male

Race/National Origin: White African American Asian Hispanic Other: _____

Religion: _____ Present Parish: _____

Parent/Family Information:

Check one: Father Stepfather Guardian

Last Name: _____ First Name: _____

Street Address: _____ Apt: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email (Please print clearly): _____

Place of Employment: _____ Work Phone: _____

Father's Religion: _____

Check one: Mother Stepmother Guardian

Last Name: _____ First Name: _____

Street Address: _____ Apt: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email (Please print clearly): _____

Place of Employment: _____ Work Phone: _____

Mother's Religion: _____

Student currently lives with:

Father Mother Stepfather Stepmother Grandmother Grandfather Guardian

If parents are divorced, who has primary custody? _____

Primary language spoken at home: _____

School Information:

Public School Zone: _____

Schools Attended (List most current first):

School	Grade(s) Attended	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been suspended or expelled? Yes No

Has your child been retained? Yes No If yes, what grade? _____

Has your child ever been diagnosed with the following:

- A Learning Disability
- Attention Deficit Disorder
- Central Auditory Processing Disorder
- Is there documentation to verify a diagnosis?

Is there documentation to verify diagnosis? Yes No

Has your child ever been prescribed medication for any of the above mentioned disorders? Yes No

Has your child ever had an IEP (Individualized Education Plan)? Yes No

Has your child ever enrolled in special classes? Yes No

Does your child have any special needs / disabilities? Please explain.

Student Sacramental History:

Baptismal Date (MM/DD/YY): _____ Parish/Church: _____

First Reconciliation Date (MM/DD/YY): _____ Parish/Church: _____

First Communion Date (MM/DD/YY): _____ Parish/Church: _____

Are you an Alumnus of St. Vincent de Paul? Yes No What years did you attend?: _____

Other children in the family, please list:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all responses given on this application are true and complete. I understand that the falsification and/or omission of fact may result in denial of admission or removal of student from St. Vincent de Paul Catholic School.

Authorization of Step-Parent or Other Adult:

Please list the name, address, and phone number of step-parent or other adults, and name of biological parent for whom the step-parent or other adult is acting.

Adult: _____

Relationship to child: _____ Adult's phone number: _____

Address of Adult: _____

Biological Parent for whom this adult may be acting in place of:

Parent Name: _____

Parent Signature: _____ Date: _____

Please list the name, address, and phone number of step-parent or other adults, and name of biological parent for whom the step-parent or other adult is acting.

Adult: _____

Relationship to child: _____ Adult's phone number: _____

Address of Adult: _____

Biological Parent for whom this adult may be acting in place of:

Parent Name: _____

Parent Signature: _____ Date: _____

*** A copy of divorce decree and / or other legal court orders, signed by a judge, associated must accompany this form.**

St. Vincent de Paul Catholic School

Child's Name: _____

Grade: _____

Parental 'Permission' Requirements

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and as amended, you have the right to withhold release of any or all of the information listed below. The situations listed below, if yes is selected, information / video / picture may be released for any purpose with your consent at the discretion of St. Vincent de Paul Catholic School.

I give permission for my child to:

- Photographed and/or videotaped, and/or mentioned in an article about the school submitted and published by Parents Magazine, The Catholic Week, posted on the school web site, etc. used for promotional purposes Yes No
- Use the Internet as guided by the school's usage policy. I understand any violation of this policy by my child may result in appropriate actions. Yes No
- Use a name, address, phone number, and or email address to be published in any St. Vincent de Paul Catholic School Student Directory. Yes No
- I give St. Vincent de Paul Catholic School permission to release mailing information to McGill-Toolen Catholic High School. Yes No

Parent Name: _____

Student Name: _____

Parent Signature: _____

Date: _____

Non-refundable Registration Fee is due with this form:

\$75 for new and existing families on February 1st

\$100 by March 1st

\$125 after March 1st

Emergency Information

St. Vincent de Paul Catholic School
4980 St. Vincent Drive
Mobile, AL 36619

Child's Name: _____ Grade: _____

Physician Name: _____ Phone #: _____

Parent/Guardian Name	Relationship to Child	Phone #
_____	_____	_____

In Case of an emergency, if a parent/guardian is not available, please notify:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

In the event of illness or accident and the above listed physician is not available, I consent to the treatment of my child by a physician selected by school officials or by the closest emergency room (Providence Hospital). This consent shall remain in force and effect so long as my child is a student at St. Vincent de Paul Catholic School for the current school year.

Parent/Guardian Name: _____

Parent Signature: _____ Date: _____

Health Form

St. Vincent de Paul Catholic School
4980 St. Vincent Drive
Mobile, AL 36619

Child's Name: _____

Grade: _____

Physician Name: _____

Phone #: _____

Health Insurance Company: _____

Policy #: _____

Group #: _____

Medical History	Yes	No	Remarks
Fainting Spells			
Epilepsy			
Diabetes			
Allergies			
Serious Illness/Injuries			
Other			
Other			

Prescription Medication (Please list all prescribed medications taken daily)	Directions/Prescribed for what condition?