

HOLY FAMILY CATHOLIC SCHOOL



“Educating the whole child since 1921”

Tuition and Fees Agreement 2017 – 2018 Registration Contract Kindergarten - 6th grade

Admissions:

Holy Family School adheres to the Non-Discrimination Policy of the school policies and administrative regulations, Catholic Board of Education, Diocese of Spokane, 1980. Holy Family School admits students of any race, color, gender, nationality and ethnic origin to all of the rights, privileges, programs and activities at Holy Family School. Holy Family School does not discriminate on the basis of race, color, gender, nationality and ethnic origin in the administration of educational policies, athletic and other school-administered programs.

Entrance Age:

Holy Family School abides by the same criteria as the Clarkston School District on admittance of students to our school. Children entering Kindergarten are to be 5 years of age on or before August 31st of the academic year of enrollment. Children entering the first grade are to be 6 years of age on or before the same date.

Registration Fees:

There is a \$200.00 registration fee per child, per year. This fee helps to cover the cost of books, supplies, chromebook user protection and materials used in the classroom. These fees need to be paid at the time of registration and are not covered by scholarship. Registration fees are non-refundable once the child begins school.

Bus Fees:

Holy Family School contracts with Clarkston School District for bus transportation for our students. Bus fees are \$12.00 per child per month to and from school. There is a \$6.00 fee for one-way transportation per child. Holy Family pays the bus fees to the district and parents are invoiced 3 times per year. Bus fees need to be paid promptly and delinquent accounts will result in the student not being able to ride the bus.

*Bus fees are determined by the Clarkston School Board and are subject to change.

Hot lunch:

Holy Family School contracts with Clarkston School District for our hot lunch meals. Holy Family is invoiced monthly for the lunches that are served. Lunch prices will be set at the start of the school year. Free and reduced lunch applications are available throughout the year. Milk is also available for purchase. Lunch bills need to be paid in full by the end of the billing period. Students will not be able to charge for hot lunch if accounts are not kept current.

Tuition cost per year/month

Our actual cost to educate **one** child at Holy Family School for one year is \$6,700.00. Holy Family’s tuition is lower and the difference is made up through Parish support and fundraising. Tuition payments are divided into 10 or 12 monthly payments options.

		<u>Total Cost</u>	<u>(Per month for 10 mo)</u>	<u>(Per month for 12 mo)</u>
One Child	(K-6)	\$3,600	\$360	\$300
Two Children	(K-6)	\$5,600	\$560	\$467
Three Children	(K-6)	\$6,300	\$630	\$525
Four Children	(K-6)	\$7,000	\$700	\$583

Scholarship Assistance

FACTS Grant & Aid (Nazareth Guild) Tuition Assistance:

The FACTS Grant & Aid (formerly Nazareth Guild) provides tuition assistance to students throughout the Diocese of Spokane. Last year, they provided tuition assistance to 98% of applicants. Awards are \$500 per child. Any family needing tuition assistance **MUST** complete the FACTS Grant & Aid application before applying for additional assistance. As soon as we receive instructions on completing the FACTS application we will send it home in the family folders.

Landkammer Endowment: If further tuition assistance is needed please complete a Landkammer Scholarship application, *available on request in the school office*. To be considered for the Landkammer scholarship you must first apply for the FACTS Grant & Aid Application.

Payment Options - Please Check One

- _____ Monthly payments (10 month period August – May)
- _____ Monthly payments (12 month period June – May)
- _____ Tuition will be paid in full
- _____ ACH Debit (Automatic checking/savings withdraws) Complete attached form
- _____ Monthly payments will be automatically deducted from my Visa/MasterCard
- _____ Please send me a Credit Card Authorization Form to complete.

(The following credit card processing fees will apply)

- up to \$200 - \$6.00
- \$200.01 to \$400.00 - \$12.00
- \$400.01 and over - 3% of total

Items required at the time of registration

1. A copy of the child's birth certificate (new students only)
2. Baptismal Record (new student or students receiving sacraments)
3. Current immunization record (please check with your doctor or health dept. to make sure your child(ren) are up to date on their immunizations.
4. Completed registration papers and fee

If your child does not live with both parents, please indicate:

- a. Which parent has legal custody? _____
- b. Which parent will assume financial responsibility? _____
- c. Which parent will be responsible for conduct, studies, report cards, etc. _____
- d. Do both parents want to receive school communications? YES _____ NO _____

If you would like school communications mailed please provide current addresses along with postage stamps or a cash donation for mailing.

**Holy Family School Tuition Contract
Kindergarten ~ Grade 6
2017 – 2018**

Please complete ALL paperwork

Father's First and Last Name

Mother's First and Last Name

Address: _____

Phone: _____

Email: _____

Work Name/phone # _____

I intend to enroll the following students at Holy Family School for the 2017-2018 school year.

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

Name _____ Grade _____ Birthdate _____

Please initial the following agreements:

_____ I understand the cost of educating one child at Holy Family School is \$6,700.00 per year, but I agree to pay a yearly tuition of \$3,600. (See tuition & fees schedule for multi-student discounts).

_____ I understand that it is my responsibility to help Holy Family School make up the deficit of \$3,100 per child by actively participating in all fundraisers.

_____ Our family will purchase a minimum of \$1,000.00 of SCRIP per year (\$100 per month) or you can opt out by donating \$50 to the SCRIP fund.

_____ our family will participate in the SCRIP program

_____ our family will donate \$50 (please add this amount to our registration fee)

_____ I understand our family is expected to volunteer a minimum of 30 hours per year.

_____ I understand that if tuition is thirty (30) calendar days overdue, Holy Family School may impose any or all of the following sanctions at the schools sole discretion, unless special payment arrangements have been made in writing agreed upon by the pastor or principal. Sanctioned actions include:

- a. Assess late fees
- b. Withholding academic records
- c. Use of a collection agency

_____ I understand that a \$20.00 fee is charged for every insufficient funds check that is returned to the school. If two checks are returned for insufficient funds, the school will no longer accept personal checks.

Registration \$200

Band Fee (grades 4-6) \$225 yearly or \$25 per month for 9 months (minimum 12 students)

SCRIP opt out fee \$50

My total registration due is: \$_____ My total tuition amount due is: \$_____

*Total tuition due is subject to change if applying for tuition assistance (Registration fee is not covered by tuition assistance).

I have read and understand the terms and conditions of the Tuition Contract and agree to fulfill the total financial obligation to Holy Family School.

Parent/Guardian signature

Date



Authorization Agreement For Direct Payments (ACH DEBITS)

I (we) hereby authorize Holy Family Catholic School to initiate debit entries on or after the **16th of every month**, to my (our) ___ Checking Account / ___ Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account. Attach a VOIDED check.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: ___ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until my (our) yearly contract is paid in full or Holy Family Catholic School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Holy Family Catholic School and the Depository a reasonable opportunity to act on it.

Select all that apply:

___ Tuition ___ Lunch ___ Other _____

___ Extended Care ___ SCRIP

Name(s): _____ Date: _____

Please print

Phone _____

Signature: _____

INSTRUCTIONS: Fill out form and return to school. **PLEASE ATTACH A VOIDED CHECK TO THIS FORM.** For savings accounts please contact your financial institution for routing and account numbers.