



APPLICATION FOR ADMISSION 2019-20

To complete the application process, please note the following:

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In addition to completed forms:

- Application Fee of \$150 – check payable to *Seton Catholic School*
- Birth Certificate (copy only)
- Baptismal Certificate (copy only)
- Copy of most recent report card (if applicable)
- Entering Grades 3-8: a copy of a recent math sample; a copy of a recent writing sample; copy of standardized test scores
- Recent Photo (will not be returned) for all Kindergarten applicants

*Note these pages do not need to be returned – they are informational only – all others are required.

Seton Registration Form: Please complete as thoroughly as possible.

Parent Permission for Release of Student Records Form: Applicants to Kindergarten need not complete this unless the student will be repeating the Kindergarten year. All other grades please return form to the Seton Catholic School office, not to the child's current school. We will process.

Confidential Student Recommendation Form: *If the applicant is entering grade 3 or above*, please complete the first section and submit it to your child's current teacher with a stamped envelope addressed to *Seton Catholic School, 6923 Stow Road, Hudson, Ohio 44236*.

Confidential Family Information Form: Please complete as thoroughly as possible.

Parish Information Form: FOR CATHOLIC APPLICANTS ONLY

Principal and Family Meeting Outline: Please complete as thoroughly as possible.

Letter to Parents: Required Immunizations: This explains the state regulations concerning immunizations and school admission.

Immunization Report: Please have this completed by your child's physician and returned to Seton Catholic School as soon as possible. *If your child has not completed his/her series of 5-year-old immunization boosters, please submit a copy of the child's immunization booklet along with the other application materials and return the completed forms as soon as the boosters have been administered.* ➡

Health History: Please complete.

Tuition Payment:

INFORMATIONAL PIECES:

- **Application and Tuition Payment Information**
- **Tuition Proration Policy**

TO BE COMPLETED:

- **Tuition Payment Agreement Form: Complete noting payment option and sign.**

IN ADDITION to the required admissions forms, please submit:

- a copy of the child's birth certificate (*please do not send the original*)
- a copy of the child's baptism certificate, if baptized (*please do not send the original*)
- a copy of child's most recent report card (where applicable)
- **For students entering grades 3-8**
 - a copy of a recent math paper
 - a copy of a recent writing sample
 - a copy of standardized test scores

NOTES:

- If you have any questions in the completion of the admissions application, you are welcome to call the **Admissions Office at 330-342-4200, ext. 226 or email fritzp@setoncatholicsschool.org**.
- If you are completing forms for more than one child in your family, please submit only ONE **Confidential Family Information Form.**
- Please return the **COMPLETED APPLICATION** to Seton as soon as possible. We will verify receipt of your completed application **BY EMAIL** (it is important that you specify a preferred email address to ensure receipt) and begin communication to schedule your Principal and Family Meeting.
- **For Kindergarten Applicants only:** In January/February, we will call to schedule your day and time for Kindergarten Screening. Kindergarten applicants (families new to Seton) will schedule the Principal and Family Meeting during Kindergarten Screening on a first-come, first-served signup basis. Kindergarten applicants of legacy families (siblings attending Seton) will schedule a meeting by request.

ADMISSION POLICY

Seton Catholic School of Hudson recruits and admits students of any race, color, gender, or ethnic origin to all its rights, privileges, programs, and activities made available to all students.

Children are eligible for admission to attend Seton according to the following criteria:

1. All legacies, regardless of faith orientation, will be admitted unless there is some question, due to special needs, that would prohibit us from serving them.
2. Students who are Roman Catholic and are registered, participating parishioners of a Catholic Church.
3. If we cannot accommodate all new Roman Catholic students, those students living in a community that does not have a Catholic elementary school will be considered over students residing in communities that have a Catholic elementary school.
4. Non-Catholic applicants.



SETON CATHOLIC SCHOOL REGISTRATION

STUDENT INFORMATION			
Last Name	First Name	Middle Name	Sex
Birthplace (City, St, Country)	Date Entered		

Click the box to the left of the current residence, mm/dd/yyyy

Residence Address	City	County	Zip	Home Phone	Student Parish / City
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Ethnicity (Optional)
 Native Amer/Native Alaskan
 Black/African Amer
 Hispanic
 Asian
 Native Hawaiian/Pacific Is
 White
 Multiracial

SACRAMENTS		BAPTISM CERTIFICATE		STUDENT ENTERED FROM	
Baptism Date	Verified by	School from	School from City	<input type="radio"/> Parochial	<input type="radio"/> Other
Reconciliation Date	Church	School from State			
Communion Date	Rite				
Confirmation Date	City, St, Zip				

Check the box(es) to the left of who student resides with.

STUDENT LIVES WITH					
<input type="checkbox"/> Natural Mother (NM)	Last Name	First Name	Maiden Name	Birthplace	Occupation
<input type="checkbox"/> Natural Father (NF)					Employer
<input type="checkbox"/> Custodial M (CM)					Work Phone
<input type="checkbox"/> Custodial F (CF)					
<input type="checkbox"/> Other					

Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College

PARENTS/CUSTODIAL PARENTS	Religion		Parent Status		Education	
	<input type="checkbox"/> Catholic, Protestant, Jewish, Other	<input type="checkbox"/> Married / Separated / Divorced / Remarried / Widowed / Single / Deceased				
Natural Mother (NM)						
Natural Father (NF)						
Custodial M (CM)						
Custodial F (CF)						
Other						

LEGAL GUARDIAN				OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES			
Name		1.		4.			
Address		2.		5.			
City, St, Zip		3.		6.			

LANGUAGE SPOKEN AT HOME		PUBLIC SCHOOL DISTRICT OF RESIDENCE	
<input type="checkbox"/> English	<input type="checkbox"/> Other (list)	NAME OF PUBLIC SCHOOL IN STUDENT ATTENDANCE AREA	STUDENT #
			CLASS OF: (Year)

ADMISSIONS APPLICATION TIMELINE 2018-19



TIMELINE

November 11, 2018	OPEN HOUSE 2:00-4:00 P.M. Applications for Admissions Available
January 27, 2019	OPEN HOUSE 2:00-4:00 P.M. Registration for 2019-20
January 2019	Kindergarten Applications Due
Thursday, February 28 or Friday, March 1, 2019	Kindergarten Screening (approximately 1.5 hour observation) Sign-up for Principal and Family Meeting
March 2019	Principal and Family Meetings begin for Grade 1-8 applicants Principal and Family Meetings begin for Kindergarten applicants
March/April 2019	Admission Decisions

Application and interview process continues as space will accommodate.

Contact the Seton Catholic School Admissions Office as early as possible to receive necessary information and for more details. Director of Admissions: Mrs. Pat Fritz, (330) 342-4200 ext. 226 or fritzp@setoncatholicschool.org.

PARENT PERMISSION FOR RELEASE OF STUDENT RECORDS

In compliance with Public Law 93-380, Section 438, Subsection b (1) and b (2), Protection of Rights and Privacy of Students, schools may not divulge student records or personal information included in student records to a third party without consent of the parent/guardian of a student under the age of 18. Please fill out this form and return it with your application.

I grant permission for the release of the following data regarding my child:

Academic Records
Educational Evaluations
Health Records

Individualized Educational Plans/or Service Plans
Psychological Reports
and/or other school related data

Student: _____ Grade: _____

Address: _____ City: _____

Parent/Guardian: _____ Phone: _____

School/Agency Requesting Information:

Release To: Seton Catholic School
6923 Stow Road
Hudson, Ohio 44236



Release From: _____

Parent/Guardian Signature: _____

Date: _____

Seton Catholic School recruits and admits students of any race, color, gender, or ethnic origin to all its rights, privileges, programs, and activities made available to all students.

CONFIDENTIAL STUDENT RECOMMENDATION

TO BE COMPLETED FOR STUDENTS ENTERING GRADES 3 AND HIGHER

Seton Catholic School ♦ 6923 Stow Road ♦ Hudson, Ohio 44236

Parents: Please complete the first section of this form and submit it to your child's current school with an envelope addressed to SETON ADMISSIONS at the above address.

(Name of referring school) _____ has my permission to answer the following questions and mail this form to Seton Catholic School in the envelope provided.

Signature of Parent/Guardian _____ Date _____

To:

Teacher _____

School _____

Address _____

City _____ State _____ Zip code _____

(Name of Student) _____ has applied for admission to Seton Catholic School for the school year 20__ - 20__. Our program stresses strong academics, offering a basic curriculum. We try to provide for a normal range of learning differences, but are unable to offer remediation for significant learning needs of students. In the best interest of the child seeking admission to Seton Catholic School, we request that you respond to the following questions.

1. Has the student ever been recommended for or identified as needing:
 - a. Psychological Testing Yes _____ No _____
 - b. Special Education Yes _____ No _____
 - c. Gifted Program Yes _____ No _____
 - d. Grade Retention Yes _____ No _____
 - e. Tutoring/Remedial Yes _____ No _____If the answer was "Yes" to any of the above, to what degree were the parents cooperative?

2. Based on your knowledge and experience with this student, would you recommend him/her for an academically-based curriculum at Seton Catholic School?



CHECKLIST

WORK HABITS

- Follows directions
- Listens carefully
- Completes assignments
- Works independently
- Works for accuracy and neatness
- Works cooperatively in the group
- Uses creative abilities
- Demonstrates organizational skills
- Is willing to try new activities
- Responds positively to criticism
- Expresses ideas well

Outstanding	Age Appropriate	Needs Development

SOCIAL DEVELOPMENT

- Demonstrates self control
- Is courteous and considerate
- Respects rights and property of others
- Asks for help when appropriate
- Assume responsibility
- Follows school rules
- Is comfortable with adults
- Is supportive of peers

Outstanding	Age Appropriate	Needs Development

PHYSICAL DEVELOPMENT

- Small muscle control & coordination
- Large muscle control & coordination
- Speech development

Outstanding	Age Appropriate	Needs Development

Thank you for your cooperation and for the time spent in completing this form.

Signature of person completing this form _____ Date _____

Seton Catholic School recruits and admits students of any race, color, gender, or ethnic origin to all its rights, privileges, programs, and activities made available to all students.

CONFIDENTIAL FAMILY INFORMATION FORM 2019-20

Please Print

SETON CATHOLIC SCHOOL STUDENT NAME(S)

Last Name _____ First Name _____ Grade _____
Last Name _____ First Name _____ Grade _____
Last Name _____ First Name _____ Grade _____
Last Name _____ First Name _____ Grade _____
Student(s) Reside(s) With: Both Parents Father Mother Other - Who? _____

FATHER

Last Name _____ First Name _____ Circle One: (Mr) (Dr)
Address _____
City _____ State _____ Zip _____
Telephone Numbers: Home _____ Business _____ Cell _____
Preferred E-Mail Address _____
Employer or Business Name _____
Job Title or Position _____
Highest College/University Degree (BA) (BS) (MA) (Ph.D.) (Other) _____ Year _____
Major _____ School Name _____ City/State _____
Area(s) of Expertise _____
Catholic _____ Non-Catholic _____

MOTHER

Last Name _____ First Name _____ Circle One: (Miss) (Ms) (Mrs) (Dr)
Address _____
City _____ State _____ Zip _____
Telephone Numbers: Home _____ Business _____ Cell _____
Preferred E-Mail Address _____
Employer or Business Name _____
Job Title or Position _____
Highest College/University Degree (BA) (BS) (MA) (Ph.D.) (Other) _____ Year _____
Major _____ School Name _____ City/State _____
Area(s) of Expertise _____
Catholic _____ Non-Catholic _____



CONFIDENTIAL FAMILY INFORMATION FORM 2019-20 (Grandparent Information)

Please Print

Grandparent Information Form

Please Print

PATERNAL GRANDFATHER

Living Deceased Retired

Last Name _____ First Name _____ Circle One: (Mr) (Dr)

Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home _____ Business _____

Seasonal Address (& dates) _____

City/State/Zip _____ Employer or Business Name _____

Job Title / Position or Retired _____

PATERNAL GRANDMOTHER

Living Deceased Retired

Last Name _____ First Name _____ Circle One: (Ms) (Mrs) (Dr)

Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home _____ Business _____

Seasonal Address (& dates) _____

City/State/Zip _____ Employer or Business Name _____

Job Title / Position or Retired _____

MATERNAL GRANDFATHER

Living Deceased Retired

Last Name _____ First Name _____ Circle One: (Mr) (Dr)

Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home _____ Business _____

Seasonal Address (& dates) _____

City/State/Zip _____ Employer or Business Name _____

Job Title / Position or Retired _____

MATERNAL GRANDMOTHER

Living Deceased Retired

Last Name _____ First Name _____ Circle One: (Ms)(Mrs) (Dr)

Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home _____ Business _____

Seasonal Address (& dates) _____

City/State/Zip _____ Employer or Business Name _____

Job Title / Position or Retired _____

**Only authorized representatives of Seton Catholic School will use information on this form.*

PARISH INFORMATION FORM

Completion of this form is required as part of the admission process for CATHOLIC FAMILIES ONLY.

PARENT(S) NAME(S) _____

STUDENT NAME _____ GRADE: _____

Is the child you are enrolling a baptized Catholic? Yes No

Are you a registered member of a Catholic Parish? Yes No

Name of Church _____

Address _____

Name of Pastor/Administrator _____

How long have you been a member of this Church? _____

Sacraments Received: Baptism Communion

Reconciliation Confirmation

Does your family share its time, talent, and treasure with the Parish? Yes No

Comments: _____

Signature of Parent: _____ Date: _____



PRINCIPAL AND FAMILY MEETING OUTLINE

(please print)

Child's Name and Grade for 2019-20 _____

Last Name _____

Father (first name) _____ Mother (first name) _____

Child resides with: Both Parents _____ Mother _____ Father _____ Other _____

Home Phone _____ Work _____ Cell _____

Church _____

Church involvement _____

Preschool/Current School _____

Local public school district _____

Reason(s) for choosing Seton Catholic School. How did you come to make a decision about your child attending Seton?

Will you make a multi-year commitment to the school?

Ability level of child in various curriculum areas (above average, average, below average).

Is the student on an Individualized Education Plan (IEP)? If so, please list details.

List any special services received (e.g., remedial reading, remedial math, speech).

List any medical issues and medications required.

Has the student had any incidences of suspensions or expulsions? _____ If "yes," please list details.

List any behavior issues.

List any concerns you have.

Describe your child's talents and skills.



What are some of the things you know about your child that may impact his/her learning?
How does your child spend his/her free time?
What do you do to motivate your child?
How does your child solve problems?
Where and when does your child do his/her homework and study?
Is there something you would like to share about your family's cultural or general background?

Check all that describe your child.

- very quiet
 sometimes shy
 somewhat active
 highly active
 friendly
 cautious
 risk-taker
 talkative
 aggressive
 curious
 moody
 creative

Copies of the following are needed for the required interview with Seton Principal Mrs. Karen Alestock:

1. Student records (academic, test scores, health record, psychological records)
2. Most recent report card and copies of student work (writing sample, math page)
3. Custody form (legal papers where applicable)

Indicate best day and time for meeting (child must accompany parents):

Completed application must be received before interview will be scheduled.

Notes:



LETTER TO PARENTS REQUIRED IMMUNIZATIONS

TO: Parents of Children Entering Kindergarten
FROM: School Health Clinic
DATE: _____
SUBJECT: Immunizations

In order to attend school in September, your child must have completed the following immunizations which are required under Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code*

- Four (4) immunizations against DTP (Diphtheria, Tetanus, Whooping Cough) - if received before the 4th birthday, a fifth dose is required.
- Receipt of at least three (3) doses of OPV or IPV individually is required: if all OPV or all IPV are received. If the third dose was received prior to the fourth birthday, a fourth dose is required. If any combination of IPV or OPV was received, four doses of either vaccine are required.
- Effective with the 2010-2011 school year, and progressively thereafter, for all pupils entering Kindergarten, the final dose of polio vaccine must have been administered on or after the fourth birthday, regardless of the number of previous doses.
- Three doses of Hepatitis B Vaccine: the second dose must be given at least 28 days after the first dose and the third dose at least 8 weeks after the second dose and at least 16 weeks after the first dose.
- Two (2) doses of MMR [Measles (Rubeola), Mumps, and Rubella (German Measles)] vaccine are required. The first dose must have been received on or after the 1st birthday and the second dose at least 28 days after the first dose.
- Beginning with the start of the 2010-2011 school year, and progressively thereafter, all children entering Kindergarten are required to have two (2) dose of Varicella vaccine. The first (1st) dose of vaccine must be given on or after the child's first (1st) birthday, and the second (2nd) dose at least 28 days following the first dose.

A tuberculin skin test to determine if your child has been exposed to tuberculosis is highly recommended but not required.

According to Section 3313.671, on the 15th day after schools entrance, it will be necessary to exclude all students from school who do not meet the above requirements.

Medical authorities and school educators urge that every child have a complete medical examination before entering school in order that defects, if present, may be corrected and the child is physically ready to accept all the advantages which education has to offer.

Since the school nurse is required to check the records of all new entrants for compliance with immunization requirements, please have your physician complete the Immunization Report and return it to the school office, no later than August 20th.

If you have any questions, please contact the Nurse at Seton Catholic School 330-342-4200.

*NOTE: Exceptions are provided for under the law. This can be discussed with the school nurse.

IMMUNIZATION REPORT

Ohio Department of Health – School and Adolescent Health

Student's Name	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth: / /
-----------------------	---	------------------------------

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671). A copy of the child's immunization record may be attached or dates may be entered below. Please note the month, day and year for each immunization on the record.

Vaccine **Please record complete dates (month, day, year) of vaccine doses given.**

Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
Pneumococcal (PCV)						
Measles (Rubella) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Influenza						
Other						

This information was provided by

Signature	Print Name	Date : / /
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HEA 4241 Proprietary Information of PSI Affiliates, Inc. Used with Permission.

HEALTH HISTORY

Ohio Department of Health – School and Adolescent Health

Student's Name	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth: / /
----------------	--	----------------------------

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions:

Father
Mother
Brothers & Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? <input type="radio"/> Yes <input type="radio"/> No
Was the infant born full term? <input type="radio"/> Yes <input type="radio"/> No Did the infant have any serious sickness or problems? <input type="radio"/> Yes <input type="radio"/> No

Briefly explain illness or problems. _____
How does the child's development compare to other children, such as his or her brothers/sisters/playmates? <input type="radio"/> About the same <input type="radio"/> Delayed <input type="radio"/> Advanced

Student Health Conditions

- | | | |
|--|--|---|
| <input type="radio"/> Yes, my child receives regular medical/health care for the following conditions: | | <input type="radio"/> NO medical conditions |
| <input type="radio"/> Allergies | <input type="radio"/> Diabetes | <input type="radio"/> Seizure disorder |
| <input type="radio"/> Asthma | <input type="radio"/> Depression | <input type="radio"/> Sickle Cell Anemia |
| <input type="radio"/> ADD/ADHD | <input type="radio"/> Ear problem/hearing difficulty | <input type="radio"/> Skin conditions |
| <input type="radio"/> Autism | <input type="radio"/> Emotional concerns | <input type="radio"/> Speech problems |
| <input type="radio"/> Behavior concerns | <input type="radio"/> Headaches | <input type="radio"/> Traumatic Brain Injury |
| <input type="radio"/> Birth/congenital malformations | <input type="radio"/> Heart problems | <input type="radio"/> Vision problems (glasses, contacts) |
| <input type="radio"/> Bone/muscle/joint problems | <input type="radio"/> Hemophilia | <input type="radio"/> Other _____ |
| <input type="radio"/> Blood problems | <input type="radio"/> Juvenile arthritis | <input type="radio"/> Other _____ |
| <input type="radio"/> Bowel/bladder problems | <input type="radio"/> Lead poisoning | <input type="radio"/> Other _____ |
| <input type="radio"/> Cancer | <input type="radio"/> Migraines | <input type="radio"/> Other _____ |
| <input type="radio"/> Cystic Fibrosis | <input type="radio"/> Neuromuscular disorder | <input type="radio"/> Other _____ |

Please explain any conditions above or any reasons for hospitalizations. _____

Please indicate any allergies your child may have.		
Allergy type	Reaction	School restrictions or recommended actions
<input type="radio"/> Bee/Insect		
<input type="radio"/> Food		
<input type="radio"/> Medication		
<input type="radio"/> Other		



HEALTH HISTORY (CONTINUED)

Please list any prescription and over-the-counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, and/or intervention?

Yes No If yes, please explain.

Does the student require any special procedures and/or treatments for their health conditions?

Yes No If yes, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by

Relationship to student

Date

/ /

APPLICATION AND TUITION PAYMENT INFORMATION

Application Fee

A non-refundable Application Fee of \$150 is required with each application. A new student is defined as a child who is not a Seton Catholic School student at the time of application. Thus, entering siblings of students currently enrolled are considered new students.

Application does not guarantee enrollment. We may not be able to accommodate all students who apply. The application fee does not reduce the amount of tuition due for the school year.

Tuition

Tuition for the **2018-19** school year and payment options are as follows:

- First Child: \$5,900
- Second Child: \$5,605
- Third Child: \$5,310
- Fourth & Over: \$5,015



Tuition for the 2019-20 school year and payment options will be set in January 2019.

A non-refundable tuition payment of \$500 (*payable to Seton Catholic School and applied toward tuition*) per student is due at the time of re-enrollment (or upon notification of acceptance for new students) for the following school year. There are five (5) options for payment of the **balance** of tuition.

PLEASE NOTE: All tuition will be billed and collected through FACTS.

- Option 1** Payment in full on May 1. If this option is chosen, a **\$100 discount per child** may be taken.
- Option 2** Payment in full on August 1.
- Option 3** Payment plan. (A FACTS fee of \$45 is applied for payment plan option).
- Option 4, 5** Tuition Assistance. Applications for financial aid will be available after January 1 from FACTS. Deadline to enroll for round one financial aid consideration is March 1 and round 2 is June 1. Contact Director of Finance, Mrs. Mary Lindow, 330-342-4200 ext. 225 or lindowm@setoncatholicschool.org for additional information.

TUITION PAYMENT AGREEMENT FORM

PLEASE COMPLETE AND SIGN THIS FORM

TUITION PAYMENT AGREEMENT

Parents' Names _____

Names and Grades of Students

<u>Name</u>	<u>Grade (2019-20)</u>
_____	_____
_____	_____
_____	_____
_____	_____
Total Number of Students	_____

Payment Option Selected (please circle choice): **All tuition will be billed and collected through FACTS.**

OPTION (CIRCLE ONE CHOICE)		FACTS PAYMENT PLAN FEE (PER FAMILY)
1	\$100 DISCOUNT PER STUDENT WITH PAYMENT IN FULL BY MAY 1	-0-
2	FULL PAID BY AUGUST 1 (ONE PAYMENT)	-0-
3	8 PAY MAY 1, JUNE 1, JULY 1, AUG. 1, SEPT. 1, OCT. 1, NOV. 1, DEC. 1	\$45
4	FINANCIAL AID RECIPIENTS – PAYMENT IN FULL ON AUGUST 1	-0-
5	FINANCIAL AID RECIPIENTS - 5 PAY AUG. 1, SEPT. 1, OCT. 1, NOV.1, DEC. 1	\$45

(refers to *Options* listed on page 17, “Application and Tuition Payment Information”)

New Applications: A non-refundable **application fee of \$150 per student** (payable to *Seton Catholic School*) must accompany the application packet. *A non-refundable tuition deposit of \$500 per student is due upon acceptance (applied to your tuition).*

Returning Students: A non-refundable tuition deposit of \$500 per student (payable to *Seton Catholic School*) is due upon re-enrollment (*applied to your tuition*).

I have read the tuition payment information. I agree to pay the tuition for my child(ren) as indicated above.

Parent/Guardian Signature

Date

IMPORTANT! Preferred email address for FACTS billing and cell phone. PLEASE PRINT CLEARLY.

EMAIL: _____

Cell Phone: _____

TUITION PRORATION POLICY

In cases where a student enters or withdraws from Seton Catholic School after the school year has begun, the following policy shall be utilized to prorate tuition.

If a student is present for any day in a school quarter, tuition is owed for that quarter. Likewise, if a student withdraws before the end of a quarter, no tuition shall be refunded for that quarter.

Tuition for students entering after the start of the school year

<i>If the student's first day is between/during:</i>	<i>The amount due:</i>
August 1 and End of First Quarter	\$5,900*
Second Quarter	\$4,425
Third Quarter	\$2,950
Fourth Quarter and End of School Year	\$1,475

The non-refundable application fee of \$150 and tuition is due on or before the student's first day at Seton Catholic School.

*Tuition amount used is for the 2018-19 school year as tuition for the 2019-20 school year will not be set until January 2019.

Tuition refund for students withdrawn after the start of the school year

<i>If the student's last day is between/during:</i>	<i>The refund amount:</i>
August 1 and End of First Quarter	\$2,360
Second Quarter	\$1,180
Third Quarter	\$590
Fourth Quarter and End of School Year	No Refund

Please contact the Principal in writing to request a tuition refund.

N.B. The above policy will be adjusted for financial aid recipients and payment plan participants in proportion to the amount of financial aid granted as well as multi-student and early payment discounts. Any tuition paid for a student who is not accepted to Seton Catholic School will be refunded in full. The application fee of \$150 is non-refundable.