

**Presentation BVM School Contract for Enrollment 2020 – 2021**

**Registration Fee per Family: \$150 (Non-Refundable)**

**MUST BE PAID AT TIME OF REGISTRATION**

**Please Print**

Full Name(s) of Parents or Guardians: \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

***Full name of child and grade in September 2020:***

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

**Monthly Tuition Payment Plan – Ten monthly payments from July through April**

<b><u>Parishioner</u></b>	<b><u>Tuition per student</u></b>	<b><u>Monthly payment</u></b>
Per student *Grades K to 8 (Parish _____)	\$4,600	\$460

<b><u>Non-Parishioner</u></b>	<b><u>Tuition per student</u></b>	<b><u>Monthly payment</u></b>
Per student *Grades K to 8	\$5,600	\$560

**All families are required to apply for financial assistance through FACTS and to purchase SCRIP**

**DELINQUENT TUITION ACCOUNTS**

Student(s) may be excluded from classes for seriously delinquent accounts. At the close of each trimester, report cards will be withheld. At the close of the school year, no academic records will be sent to other schools for any child who has outstanding tuition, CARES payments or any other financial obligations.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

Payee information if different from above signee:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

# ENROLLMENT APPLICATION PRESENTATION BVM SCHOOL

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**STUDENT INFORMATION: All fields are required**

**PLEASE PRINT ALL INFORMATION**

Name of Previous School (If Applicable): \_\_\_\_\_

Child's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F  
Gender

Home Phone \_\_\_\_\_ Country of Birth \_\_\_\_\_ Student Nationality/Race (for statistical purposes only) \_\_\_\_\_

Other Siblings at Presentation BVM: Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_

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**PARISH AND SACRAMENTAL INFORMATION:**

Registered member of: (Please circle your parish)    Presentation BVM    St. William    Other Parish    Non-Catholic

Other Parish Name: \_\_\_\_\_

**Baptism:**    Date \_\_\_\_\_    Church \_\_\_\_\_    City \_\_\_\_\_

**Reconciliation:**    Date \_\_\_\_\_    Church \_\_\_\_\_    City \_\_\_\_\_

**First Eucharist:**    Date \_\_\_\_\_    Church \_\_\_\_\_    City \_\_\_\_\_

**Confirmation:**    Date \_\_\_\_\_    Church \_\_\_\_\_    City \_\_\_\_\_

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**MEDICAL CONDITIONS - (Please check where appropriate):**

\_\_\_\_\_ My child **does not** have any medical conditions and/or allergies.

\_\_\_\_\_ My child has the following medical condition and/or allergy:

Medical Condition: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

Allergy/Allergies: \_\_\_\_\_

Treatment/Medication: \_\_\_\_\_

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**PARENT MARITAL STATUS - (Please check where appropriate):**

\_\_\_\_\_ Married            \_\_\_\_\_ Remarried (Step-parent)

\_\_\_\_\_ Separated            \_\_\_\_\_ Other - Explain: \_\_\_\_\_

\_\_\_\_\_ Divorced

**\*\*If divorced or separated, please attach copy of court order\*\***

**PARENT/GUARDIAN INFORMATION**

	<b>Mother</b>	<b>Father</b>	<b>Guardian (If Applicable)</b>
<b>Name</b>			
<b>Address</b>			
<b>City/State/Zip</b>			
<b>Religion</b>			
<b>Country of Birth</b>			
<b>Home Phone</b>			
<b>Cell Number</b>			
<b>Email</b>			
<b>Occupation</b>			
<b>Work Phone</b>			

Child lives with:  Both Parents  Mother  Father  Guardian

Primary language spoken at home\_\_\_\_\_

**Does your child have an IEP or do they require any Educational Modifications?**  Yes  No

Are you interested in our after school CARES Program  Yes  No

Are you interested in Bus Transportation (**Philadelphia residents - Busing is not available for Kindergarten students per the School District of Philadelphia**)  Yes  No

List any relatives who attend or have attended Presentation BVM School:

Name	Relationship	Years Attended
_____		
_____		

**By signing this document, you certify that the application is complete and is accurate. This document must be signed by all parties responsible for the financial account of this student.**

_____	_____	_____	_____
Printed Name	Signature	Relationship to Student	Date
_____	_____	_____	_____
Printed Name	Signature	Relationship to Student	Date

**FORMS REQUIRED TO COMPLETE REGISTRATION**

Birth Certificate  Baptismal Certificate  Immunization/Physical Form  Registration Fee  
 Parish Verification  Record Request (**if transferring**)  Report Card (**if transferring**)  
 If any academic or physical accommodations are needed for your child to succeed in the classroom, please check here and provide any necessary information.