



Inspiring Achievement; Instilling Faith

Registration Information and Student Application 2017-2018

Registration Information

Please complete and return all attached registration forms. **There is a non-refundable \$100 registration fee for all new families for the 2017-2018 school year.**

Tuition Schedule 2017-2018

Pre-K and Kindergarten payments may be deducted as child care expenses when filing tax returns providing both parents work.

Pre-K 3 and Pre-K 4 Program	Yearly Cost	10-Month Payment	12-Month Payment
Full-Day Program	\$3100	\$310	\$258.33
Half-Day Program**	\$1950	\$195	\$162.50

**Full-day students will be registered before half-day students are considered.

K – 6 th Grade Program	Yearly Cost	10-Month Payment	12-Month Payment
Full Day Program	\$2650	\$265	\$220.83

Please ask about our family discount.

Please complete the Tuition Agreement (one per household) and return it before August 1st. Please make checks payable to **St. Ann's Academy**.

Send Pages 3 - 7 of Registration to:

St. Ann's Academy
PO Box 446
Hornell, NY 14843
laura.picco@saacademy.org
(607) 545-4060

***St. Ann's Academy -
Inspiring Achievement; Instilling Faith***

St. Ann's Academy

Registration Form
2017-2018

Child Name	Entering Grade	Date of Birth	Previous School Attended

Mother / Guardian	Name	
	Address	
	Email Address	
	Phone / Cell	
	Place of Employment	

Father / Guardian	Name	
	Address	
	Email Address	
	Phone / Cell	
	Place of Employment	

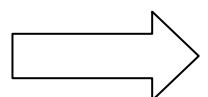
Child / Children Live With _____

I give permission for my child(ren) to be photographed/filmed for use in SAA publications, including, but not limited to publications via web, newspaper, radio, or television.



Check One

Please DO NOT photograph my child.



Brothers and Sisters	Date of Birth	Grade / School Attending

Emergency Contact Information

1) Name _____ Phone _____
 Relationship to Student _____

2) Name _____ Phone _____
 Relationship to Student _____

Medical Information

Child(ren)'s Physician _____ Office Phone _____

Address _____
Street City, State Zip

Medications / Allergies / Additional Information

_____ **My child(ren)'s immunizations are up-to-date.**

Immunization records and most recent Health Appraisal must be provided before the start of the 2017-2018 school year.

Checklist (to be completed prior to the first day of school)

- _____ \$100 Non-Refundable Registration Fee
- _____ Records Request Signed (if transferring from another district/school)
- _____ Health records faxed/sent to SAA
- _____ Transportation request returned (if transporting students via school district bus)
- _____ Sick Policy received and signed
- _____ Textbook Authorization Form completed
- _____ Signed Tuition Agreement

PARENT/GUARDIAN AUTHORIZATION FOR LOAN OF TEXTBOOKS FORM

Student Name _____

Student's Address _____

Name of Public School District residing in: _____

Name of Nonpublic School attending: _____

LOAN OF TEXTBOOKS

I hereby request the Loan of Textbooks in the name of:

(Student's Name)

I authorize _____ to act on behalf of this student in identifying and ordering books to be loaned to
(Non Public School)

the student identified above, and residing in the school district above. Textbooks must be maintained in good condition. Replacement of damaged or lost textbooks, are the responsibility of the student.

SIGNATURE OF PARENT OR GUARDIAN:

DATE: _____

I certify that the students above are students in our school and that the textbooks that they request are required by said students for a period of one semester or longer.

Signature of Nonpublic School Official _____ Date _____

Phone Number _____

District Verification _____ Date _____

Keep this form on file at the nonpublic school for the individual school districts for the duration of the student enrollment



P.O. Box 446, Hornell, NY 14843
(607) 545-4060 www.saacademy.org

Request for Transportation (Grades K-6)

SUBMIT TO ST. ANN'S ACADEMY

IMMEDIATELY UPON REGISTERING

Student Name(s) _____

Parent Name(s) _____

Home Address _____

Telephone _____

Email Address _____

AM Busing Departure Location: _____

PM Busing Destination: _____

Parent Signature _____ Date _____



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RECORDS REQUEST

I give my permission for the _____
School District

to release all records pertaining to my child(ren),

Student Name(s)

to St. Ann's Academy.

Parent Signature

Date

Please forward all information to:

St. Ann's Academy
PO Box 446
Hornell, NY 14843
laura.picco@saacademy.org
(607) 545-4060 (Phone & Fax)

Thank you.