

# St. Ann's Academy

## Returning Family Registration Form 2018 – 2019 School Year

Child Name	Entering Grade	Date of Birth	Previous School Attended



Check One

\_\_\_\_\_ 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.

\_\_\_\_\_ Please DO NOT photograph my child.

<b>Mother / Guardian</b>	Name	
	Address	
	Email Address	
	Phone / Cell	
	Place of Employment	

<b>Father / Guardian</b>	Name	
	Address	
	Email Address	
	Phone / Cell	
	Place of Employment	

School District of Residence \_\_\_\_\_

Child / Children Live With \_\_\_\_\_

**Emergency Contact Information**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**Pick-Up Authorization**

\*In the event an individual who is not named must pick up my child(ren),  
I will call the school in advance to give verbal authorization.

Name	Relationship to Child(ren)

**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 2018-2019 school year for all new students.\*\*

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

- \_\_\_\_\_ \$100 Non-Refundable Deposit (per family - to be applied toward first tuition payment)
- \_\_\_\_\_ Records Request Signed (if transferring from another district/school)
- \_\_\_\_\_ Health records faxed/sent to SAA **no later than September 1<sup>st</sup>** (new students)
- \_\_\_\_\_ 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: St. Ann's Academy

**LOAN OF TEXTBOOKS**

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

\_\_\_\_\_  
(Student's Name)

I authorize St. Ann's Academy 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 607-281-1010

District Verification \_\_\_\_\_ Date \_\_\_\_\_

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



**Tuition Agreement**  
2018-2019

Parent Name		
Address		
City, State & Zip		
Phone		

2018-2019 Tuition Rates*	
Pre-K (3- & 4-year-old) – FULL DAY	\$3400
Pre-K (3- & 4-year-old) – HALF DAY	\$2200
Kindergarten – Grade 6	\$2800

\*Approximate cost to educate a child is \$5000. The Board works hard to keep rates affordable to all by fundraising and being fiscally conservative.

I/We will pay the tuition in the following manner (please check one):

- Monthly (10-Month)** - due on the 6th of each month beginning 8/6/18 and ending 5/6/19  
 **Monthly (12-Month)** - due on the 6th of each month beginning 7/6/18 and ending 6/6/19  
 **Each Semester** - the first payment due 8/6/18 and the second payment due 1/6/19  
 **Annually** - full payment due August 6<sup>th</sup> 2018

Name of Student	Grade	Tuition Amount
<b>Total Tuition Due</b>		

Payment Option	Payment Amount

- I/We understand that tuition payments not received by the 6<sup>th</sup> of the month are subject to a **\$20 late fee**.  
 If payment is not received for two consecutive months, my/our account will be referred to the SAA Board of Directors for review, and my/our child(ren) will be removed from St. Ann's Academy.  
 In the case that my account is referred to collections, **an additional 35% fee will be added**.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
SAA Representative Date

*St. Ann's Academy admits students of any race, color, and national or ethnic origin.*



41 Genesee Street, Hornell, NY 14843  
(607) 281-1010 [www.saacademy.org](http://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](mailto:laura.picco@saacademy.org)  
(607) 281-1010 (Phone)  
(607) 281-1011 (Fax)

Thank you.