

# St. Ann's Academy

Returning Student Registration Form  
2017 – 2018 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 \_\_\_\_\_

# 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**



**Tuition Agreement**  
2017-2018

|                   |  |  |
|-------------------|--|--|
| Parent Name       |  |  |
| Address           |  |  |
| City, State & Zip |  |  |
| Phone             |  |  |

| 2017-2018 Tuition Rates*           |        |
|------------------------------------|--------|
| Pre-K (3- & 4-year-old) – FULL DAY | \$3100 |
| Pre-K (3- & 4-year-old) – HALF DAY | \$1950 |
| Kindergarten – Grade 6             | \$2650 |

\*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 first of each month beginning 8/1/17 and ending 5/1/18  
 **Monthly (12-Month)** - due on the first of each month beginning 7/1/17 and ending 6/1/18  
 **Each Semester** - the first payment due 8/1/17 and the second payment due 1/1/18  
 **Annually** - full payment due August 1<sup>st</sup> 2017

| Name of Student          | Grade | Tuition Amount | Payment Option | Payment Amount |
|--------------------------|-------|----------------|----------------|----------------|
|                          |       |                |                |                |
|                          |       |                |                |                |
|                          |       |                |                |                |
| <b>Total Tuition Due</b> |       |                |                |                |

- I/We understand that tuition payments not received by the first 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

\_\_\_\_\_  
Board of Directors Signature Date

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



P.O. Box 446, Hornell, NY 14843  
(607) 545-4060 [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 \_\_\_\_\_