

- Registration Fee Paid (\$150.00)
- Registration Payment Plan (Sept/Oct/Nov)
- NEW student



**2024/2025 SCHOOL YEAR  
REGISTRATION AND RE-REGISTRATION INFORMATION FORM**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **for 2024/2025**

**Date of Birth:** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Mother's name** \_\_\_\_\_

**Best phone number at which to reach you** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Father's name** \_\_\_\_\_

**Best phone number at which to reach you** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Is your child a recipient of a voucher?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes,** \_\_\_\_\_ **Cleveland Scholarship Program** \_\_\_\_\_ **EdChoice/Expansion?**

\_\_\_\_\_ **Jon Peterson**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**





### Signature Permission for Voucher Checks

My child \_\_\_\_\_ attends Saint Stanislaus School and is in

the \_\_\_\_\_ grade for the 2024/2025 school year. Our family is a recipient of the

- Cleveland Scholarship voucher
- EdChoice voucher, or
- Jon Peterson voucher

I understand that the voucher payments will now be arriving monthly. As a matter of convenience, *and only for the purposes of signing the voucher checks*, I give Saint Stanislaus School permission to endorse the voucher checks for me.

\_\_\_\_\_  
Print Parent Name

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

\_\_\_\_\_  
Date

# SAINT STANISLAUS ENROLLMENT AGREEMENT

It is my intent to enroll my child into Saint Stanislaus School for the 2024/2025 school year. In doing so, I agree to the following terms and conditions:

- I will pay the \$150 non-refundable fee.
- I understand that financial responsibility to Saint Stanislaus School is \$6,166 for tuition, plus a \$150 Registration Fee. I am responsible for paying the following amount:

**\$6,316 (Tuition of \$6,166 + \$150 Registration Fee)**

\_\_\_\_\_ minus voucher - OR -

\_\_\_\_\_ minus FACTS -OR-

\_\_\_\_\_ minus other adjustment \_\_\_\_\_

\_\_\_\_\_ minus registration fee (\$150)

\_\_\_\_\_ **TOTAL AMOUNT DUE**

- I agree to pay the total amount due at the time of registration/re-registration or according to the payment plan schedule given to me. *Failure to have a current account may result in removal from the school's roster for my child.*
- If I have a voucher, I agree to provide all information requested by the stated deadlines. Further, I will sign my voucher check within **ten days** of its arrival at the school office. Alternatively, I will complete the *Signature Permission for Voucher Checks* form.
- I will create and maintain parental accounts to access school communication and information regarding my child's progress.
- *I will abide by the practices and policies of Saint Stanislaus School that govern the education and care of my child. This includes academic performance, behavioral expectations, and dress code. I understand the expectations of parents to be cooperative, professional, and supportive.*

By signing this form, I agree to comply with all the statements above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date