- C Registration Fee Paid (\$150.00)
- O Registration Payment Plan (Sept/Oct/Nov)
- O 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/I	Expansion?
Jon Peterson		

Parent/Guardian Signature

Rev. 2024/2025

Rev. 2024/2025



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

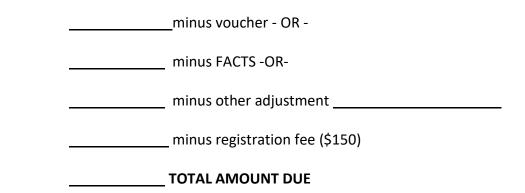
Date

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)



- 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