- 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

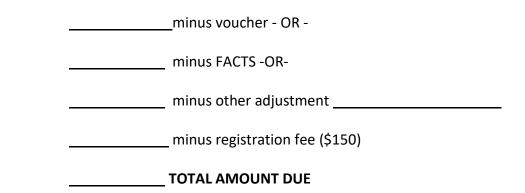
Date

## 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