



TO: Parents and/or Guardians of New Students
FROM: Sharon Willmes, Principal
DATE: January 31, 2016
SUBJECT: Registration for the 2016-2017 School Year

Attached you will find the registration papers for the 2016-2017 school year. The tuition policy is stated on page two of the registration packet. Kindergarten acceptance is based on our admission policy outlined on page two of the registration form. Included in the packet is a Cincinnati Census Form that needs to be completed based on the Public School District in which you reside. If you are in the Oak Hills School District, please advise us and we will have you fill out an Oak Hills Census Form. There is also an information sheet about our after school Latchkey program.

All parents should apply to the Michael L. Bidwell Tuition Grant Fund.

If you are a registered parishioner and feel you may need tuition assistance, we will be using the FACTS on-line service; however, you must be registered and have paid your fees *before* you may apply for tuition assistance through FACTS. Deadline for returning FACTS applications is May 1, 2016.

If you have any questions about the tuition assistance, please call Terri Buckner in the parish office at 921-9200.

A non-refundable registration fee of \$100.00 per student and a \$50.00 technology fee per student (refundable up to the 1st day of school) are due at the time of registration. The registration fee and the technology fee must be paid on separate checks and are not applied to tuition. If you would like to have your tuition automatically withdrawn from your checking or savings account on the 15th of each month (July – April), please fill out the attached “Authorization Agreement for Pre-authorized Payment” form.

If your child will be entering grades 1-8, please also include a copy of their current report card and complete the Record Release Form. Additional information may be requested. Admission to St. Teresa of Avila is at the discretion of the principal.

If you are applying for an EdChoice Scholarship, a separate packet is available.

When returning your packet, please include a copy of your **child’s Birth Certificate, Baptismal Certificate, custody papers (if applicable), copy of current utility bill showing your name and address, registration fee of \$100.00 for each new student, and the \$50.00 technology fee per child.** Please make checks payable to St. Teresa of Avila School. The deadline for enrollment at St. Teresa is August 1.

When all forms have been completed, you may drop them at the school office or mail them to the school (St. Teresa of Avila, 1194 Rulison Avenue, Cincinnati, OH 45238). Once you have returned your forms to the school, you may consider your student accepted unless you hear from the school.

If you have any questions, please feel free to call the school office at 471-4530.

2016-2017
ST. TERESA OF AVILA SCHOOL
Registration for New Student

For Office Use:

Grade _____
of children enrolled _____
[] New Family
[] Parishioner
[] Non-Parishioner
[] Ed-Choice
[] Copy of Birth Cert
Amt. Enclosed _____
Check Number _____

CHILD

Last Name _____ First _____ MI _____ D.O.B. _____
Address: _____ Zip: _____ Phone # _____
City/State **of Birth**: _____ [] Male [] Female
Transferred from (school) _____ Date and Grades attended _____
Baptism: Church _____ City/State: _____ Date: _____
1st Communion: Church _____ City/State: _____ Date: _____

FATHER

Name: _____ Address: _____ Phone # _____
City/State **of Birth** _____ U.S. Citizen [] Yes [] No
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single
Religion: _____
Are you a registered parishioner of St. Teresa? [] Yes [] No Church envelope # _____
Occupation: _____ Employer: _____
Business Phone: _____ Cell Phone/Pager: _____
Email: _____

MOTHER

Name: _____ Address: _____ Phone # _____
Maiden Name: _____
City/State **of Birth** _____ U.S. Citizen [] Yes [] No
Marital Status: [] Married [] Divorced [] Separated [] Widowed [] Single
Religion: _____
Are you a registered parishioner of St. Teresa? [] Yes [] No Church envelope # _____
Occupation: _____ Employer: _____
Business Phone: _____ Cell Phone/Pager: _____
Email: _____

Married couple, parent, or guardian who is responsible for the payment of ALL tuition:

Name: (Please Print) _____

Home Address: _____ Zip: _____ Phone: _____

Will you be applying for the Ohio EdChoice Scholarship Voucher? [] Yes [] No
If you do not receive the Scholarship Voucher, is it your intention to remain at St. Teresa? [] Yes [] No

You may be eligible to receive bus transportation if you live in the Cincinnati Public School District and you live over one mile from St. Teresa School. Would you like to request bus transportation? [] Yes [] No

Please read carefully before signing:

I have read the tuition policies and I understand the tuition for the 2016-2017 school year (detailed on the next page) and that the first tuition payment will be due on July 15, 2016. I have submitted the registration fee of \$100.00 (non-refundable) for each NEW student enrolling for the first time at St. Teresa School with this form. I also understand that a technology fee of \$50.00 (refundable up to the 1st day of school) per student is due at time of registration. I understand that 8th grade tuition must be paid in full by December 31, 2016 before any transcripts will be released to the High Schools.

Parent / Guardian Signature _____ **Date** _____

Tuition for 2016-2017

The tuition rate for the 2016-2017 school year is \$4,650.00 per child; however, the average estimated cost of educating one child is over \$5,000.00. A parish subsidy from the weekly Sunday collection and a state reimbursement (approx. \$250.00) help to offset the total tuition cost. All parents should apply to the Father Michael L. Bidwell Tuition Grant Fund for a tuition grant.

Tuition Assistance for 2016-2017

If you are a registered parishioner seeking additional tuition assistance, you may apply on-line to FACTS Management using school code 16731.

Admission policy

Kindergarten through Grade 8

St. Teresa of Avila School was established and continues to serve the membership of St. Teresa of Avila Parish. Children of non-members will be considered for enrollment if qualified teachers and classroom space is available, parents or guardians fulfill the tuition requirements, and the administration believes the interests and needs of the child and the school will best be served by admission.

In accordance with Christian principles, St. Teresa of Avila parish school admits students of any gender, race, color, national and ethnic origin to all rights and privileges, programs and activities generally accorded or made available to students at the parish school. It does not discriminate on the basis of gender, race, color, national or ethnic origin in administration of educational policies, admission policies, and other school-administered programs.

Classroom space will be allocated according to the order of preference listed below. If all spaces are filled, a waiting list will be established. When space becomes available, any openings will be filled in that same order.

Order of preference for admissions:

1. A child currently enrolled in St. Teresa of Avila School in kindergarten through grade 8.
2. A child with brothers and/or sisters currently enrolled, seeking enrollment for the first time, whose parents are considered active parishioners*.
3. A child, seeking enrollment for the first time, whose parents are considered active parishioners. If there are more parishioner applicants than openings; order of admission will be determined by the families' initial date of parish registration.
4. A child, seeking enrollment for the first time whose brothers and/or sisters are currently enrolled, whose parents are non-members of the parish.
5. A child, seeking enrollment for the first time, whose parents are non-members of the parish.

**An active parishioner is one who participates in the Sunday liturgies, takes part in parish projects, and supports the parish through active participation in the parish stewardship program.*

Tuition and fee policy

Parents/guardians are required to support the school both financially and through their volunteer efforts. The Sunday collection is the primary source of funding for the school. Tuition and fees are the second source through which the school obtains its operating funds. To enable the Parish to plan and meet its budgetary requirements, tuition and fees must be paid in a timely manner.

Tuition fees are suggested by the Education Commission and approved by Parish Council. The following policy has been approved by the Education Commission and Parish Council:

- Tuition will be charged for each student enrolled in St. Teresa of Avila School.
- A non-refundable registration fee of \$100.00 for new students or \$50.00 for returning students is due at the time of registration.
- A technology fee of \$50.00 per student is due at time of registration and is refundable up to the 1st day of school.
- Tuition payments are made in ten (10) monthly installments. Beginning on July 15th of each year and continues through April 15th of the following year. Eighth grade tuition is paid in six (6) monthly installments (July – Dec).
- Tuition payments are due by the fifteenth (15) of each month.
- If the prior year's tuition has not been paid in full, the child(ren) will not be permitted to begin the new school year.
- Eighth grade tuition must be paid in full by **December 31, 2016** (six payments). No transcripts will be forwarded to the high schools until tuition is paid in full (records are requested from the high schools in January).
- Tuition payments can be made monthly by check or by automatic monthly transfer from a checking or savings account.
- At the end of each quarter, report cards are held if school fees are unpaid or tuition is not current.

☆ PRIVATE/PAROCHIAL SCHOOL ☆

STUDENT INFORMATION

School Year 16-17

Today's Date **1** _____/_____/_____

School Name St. Teresa of Avila

School Code 880

Desired Action

Enroll on Date _____/_____/_____

From School _____

School Use Only

Withdraw on Date _____/_____/_____

To School _____

Modify Student Data as of _____/_____/_____

Student has EdChoice Voucher? No Yes

Submitted by (print) Lisa Hingsbergen

Signed _____

Student

Please provide legal names.

Last Name _____

First Name _____

Middle Name _____

Entering Grade Level _____

Gender (Check One) Male Female

Resident Address _____

Apartment _____

City _____

State _____

ZIP Code _____

Phone Number _____ Unlisted: No Yes

Birthdate (mm/dd/yyyy) _____

Birth Document Source _____

Social Security Number _____ - _____ - _____ (if issued)

Race/Ethnic Code Black White Hispanic

(Check One) Asian/Pacific Islander Multiracial

Native American

Birthplace (City, State) _____

Birthplace (Country) _____

Nationality _____

Nickname (If any) _____

Parent/Guardian _____

(CPS Use)

Student ID _____

Parent/Guardian's Resident District, if not CPS

Emergency Contacts

Name _____

Relation _____

Phone _____

Cell Phone _____

Name _____

Relation _____

Phone _____

Cell Phone _____

Home Language: What was this student's first language (i.e. native language)? _____

What language does this student most frequently speak? _____

What language is most often spoken by adults at home? _____

Withdrawal Authorization

Parent's signature authorizes Cincinnati Public Schools to withdraw this student from the current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

Parent/Guardian Signature _____

Date _____

**PRIVATE/PAROCHIAL SCHOOL
STUDENT REGISTRATION INFORMATION**

Today's Date **2**

/ /

Use additional pages as necessary.

Student Name _____

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.

Father Michael L. Bidwell Tuition Grant
Application for 2016-17
(All families should apply.)

I. General Information

Name of Student(s) and grade(s) for which this application is being submitted:

Name _____ Grade (2016-17) _____

Address: _____
Number and Street City State Zip

Phone Number: _____ Home Work Cell

Email: _____

Are you a registered member of St. Teresa of Avila Parish?

_____ Yes _____ No

**If yes, Envelope Number _____

II. Volunteering

Please comment on your family's participation in school/parish events. Please note that non-participation will not be held against you.

III. Additional Information

Please provide any additional comments you may have as to why your child(ren) should be considered for the Father Michael L. Bidwell Tuition Grant.

**Authorization Agreement for
Pre-authorized Tuition Payments
2016/17**

I (we) hereby authorize St. Teresa Parish, hereafter called COMPANY, to initiate electronic entries to my (our) checking or savings account, indicated below, and the Financial Institution named below to debit the same to such account.

Financial Institution name _____

The name of the bank where you have your checking or savings account.

City, State _____

The city and state where your bank is located.

Checking Account Number _____

This is your checking account number. (If debiting checking account, please also fill our below [Routing/Transit number]).

Routing/Transit Number _____

This should be the first nine-digit number on the lower left corner of your check. Please verify this by calling your bank.

Savings Account Number _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: _____ **SS#** _____

Signature: _____ **Date:** _____

YOUR ACCOUNT WILL BE DEBITED ON THE 15TH OF EACH MONTH OR THE NEXT BUSINESS DAY AFTER THE 15TH.

Any Questions Please Call Terri at 921-9200 ext. 103

**PLEASE ATTACH A SAMPLE VOIDED CHECK TO VERIFY
ACCURACY OF ROUTING/TRANSIT NUMBER AND ACCOUNT
NUMBER.**
