**St. Leo School**

**120 Main Street**

**Leominster, MA 01453**

**Tel 978-537-1007 Fax 978-537-7420**

**st-leoschool.com**

Dear Prospective St. Leo Family,

Thank you for your interest in our school. St. Leo School proudly continues the ministry of Catholic education, begun by the Sisters of the Presentation of the Blessed Virgin Mary in 1926. As our mission states,

*St. Leo School cultivates a Catholic atmosphere inspired by the Gospel values of charity, hospitality, and respect. The faculty and staff are committed to providing a quality education which challenges students to reach “one pace beyond” as they prepare to become responsible citizens and the caretakers of God’s world in the 21st century.*

We look forward to your family joining our family.

Mrs. Nancy Pierce

Principal, St. Leo School

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***New Student Admissions Application***

School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-K 3 yr. olds – 3 full days \_\_\_\_\_\_ Pre-K 3 yr. olds – 5 full days \_\_\_\_\_\_

Pre-K 4 yr. olds – 3 full days \_\_\_\_\_\_ Pre-K 4 yr. olds – 5 full days \_\_\_\_\_\_

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

Last First Middle

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Kindergarten child must be 5 on or before August 31 for admission**

**Mother/Female Guardian:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Male Guardian:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List three people who will assume temporary care of your child if you cannot be reached:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone #** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |

**\*\*Please complete and sign the back of this application\*\***

**For students planning to enter grades 1-8:**

Current school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_

Does your child receive accommodations through a/an: 504 \_\_\_\_\_\_\_\_ IEP \_\_\_\_\_\_\_\_

Will your child receive services during the school day from the public school system? \_\_\_\_\_\_\_

Current Parish Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of First Communion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applications for admission are reviewed when all of the following items are received:**

* New Student Admissions Application
* $100.00 non-refundable registration fee
* Birth certificate
* Immunization and health records
* Baptismal Certificate (where applicable)
* Copy of the most recent report card (applicants for grades 1-8)
* Skills/Placement Testing (as required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Female Guardian Father/Male Guardian

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **DO NOT WRITE BELOW THIS LINE – SCHOOL USE ONLY** |

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration fee received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_\_\_

Birth Certificate \_\_\_\_\_\_\_ Baptismal \_\_\_\_\_\_\_ Immunization \_\_\_\_\_\_

Accepted for Admission \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wait Listed \_\_\_\_\_\_\_\_ Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission Denied \_\_\_\_\_\_\_\_ Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Payment Plan Acknowledgement – 2017-2018 School Year***

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Responsible for payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check off your payment option below:**

\_\_\_\_\_\_ currently enrolled in FACTS Tuition Management\* and will remain in the program.

\_\_\_\_\_\_ would like to enroll in FACTS Tuition Management\*. Please send enrollment form.

\_\_\_\_\_\_ submit payment in full by July 7 for 2% discount

\_\_\_\_\_\_ submit payment in full after July 7 with no discount

\*FACTS Tuition Management will deduct an annual enrollment fee of $45 from your chosen account, 14 days after the enrollment/re-enrollment is processed.

***In order to receive a parish affiliation credit on your education fee bill, we must receive the Parish Affiliation Credit Form, signed by your pastor, no later than May 12, 2017. If approved by your pastor, your account will be credited once the funds have been received.***

***In accordance with handbook policies, any registered families who withdraw before the start of the school year will be charged one month’s tuition and a $200 administration fee per student. Families, who withdraw after the first day of school but before December 15, will be charged one quarter of the year’s tuition and the $200 administration fee per student.***

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**