



Saint Patrick's School

3560 Richmond Road
Staten Island, New York 10306
718-979-8815

PARENT'S AGREEMENT- Kindergarten through 8th Grade

We are applying for registration for our child(ren) as listed below:

Last Name	First Name	Grade as of 2015
Last Name	First Name	Grade as of 2015
Last Name	First Name	Grade as of 2015

We understand that the tuition rate and fees for the school year 2015-2016 will be based on last year's tuition with a possible inflationary increase.

CHURCH CONTRIBUTIONS

PARISHIONERS: We require a minimum contribution of \$350.00 yearly from those school families who are registered parishioners. Church contributions will be reviewed on December 1st. Those parishioners who do not have contributions in the amount of \$350.00 by December 1st will lose the option of parishioner status and will be required to pay as non-parishioners. Please do not wait for reminders. Keep a record of weekly donations in order to confirm they are current.

Tuition payment are made through SMART TUITION (all information is attached). Although a monthly payment plan is available, we encourage the two payment plan option. Those payments are due on August 1 and February 1.

A \$75.00 non-refundable Application Fee must be submitted for each child (\$100.00 for two or more children) with this signed Parent Agreement. If your child is accepted into St. Patrick's School, a \$450.00 non-refundable down payment towards next year's tuition is required.

Your signature below indicates your acceptance of the terms specified on this form.

SIGNATURE: _____ DATE: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

“As a parent/guardian I am hereby authorizing the Principal of St. Patrick's School to submit requests to the appropriate Department of Education for the loans of textbooks, library material and computer software on behalf of my child(ren) under the NYSTL, NYSLIB, and NYSSL program of New York State.”



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Student Application

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Date of Application _____

Grade Applying For _____

Birth Certificate # _____

Child's Information

Name _____
Last First Middle

Date of Birth _____

Address _____ City _____ State _____ Apt# _____ Zip _____

Phone _____ Cell # _____

Gender _____ Religion _____ Parish _____

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child resides with _____ Relationship _____

Mother's Information

Please circle Single Married Separated Divorced Deceased

Name _____
Last First Maiden

Address _____ City _____ State _____ Apt# _____ Zip _____

Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____

Father's Information

Please circle Single Married Separated Divorced Deceased

Name _____
Last First

Address _____ City _____ State _____ Apt# _____ Zip _____

Religion _____ Occupation _____

Business Address _____ Email _____ Phone _____ Cell# _____

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Student Application Part II

Date: _____

Name of Applicant: _____

Grade as of Sept. 2015 _____

School Now Attending _____

Siblings in St. Patrick's School _____ Grade _____
_____ Grade _____

Why do you wish your child to attend St. Patrick's School? _____

I realize the importance of the Parent Organization and am willing to participate in any way I can: _____

Current Involvement in St. Patrick's Parish _____

If you are a non-parishioner, in which parish are you registered: _____

Have you submitted the following: (Please check) All must be in prior to the appointment day or at the time of the interview.

Baptismal Certificate _____ Immunization Record _____ Birth Certificate _____

Has your child ever been evaluated or has he/she received an IEP? Yes ___ No ___
If "yes", please submit the IEP with the school records

OFFICE USE ONLY – ST. PATRICK'S PARISH

Registered Parishioner: Yes _____ No _____ Date Registered in Parish: _____

