



## 2017-2018 Stamford Catholic School

### 2017-2018 Registration Process

*Current families of Holy Spirit School, Our Lady Star of the Sea School, St. Cecilia School and Trinity Catholic Middle School must:*

1. Complete a 2017-2018 Stamford School Registration Form (also available at your local school office) OR submit an online registration form found at [www.catholicschoolsstamford.org](http://www.catholicschoolsstamford.org).
2. Return your paper registration form or printed confirmation of online registration along with a check or money order for the \$200 non-refundable registration fee per family to your oldest child's school office. Please make check or money order payable to Stamford Catholic School.

### 2017-2018 Tuition Assistance Application Process

*If you wish to apply for tuition assistance for the 2017-2018 school year and you have already registered to the school, you must:*

1. Complete a Bishop's Scholarship Fund Application (also available at your local school office.) The application process begins 2/1/17. The deadline to submit an application is 4/1/2017.
2. Return your completed application to your oldest child's school office so that the principal can sign verifying the student is registered for 2017-2018.
3. Mail your completed application to:  
Foundations in Education  
Bishop's Scholarship Fund  
238 Jewett Avenue  
Bridgeport, CT 06606
4. Complete a 2017-2018 FACTS Grant and Aid Assessment available at <https://online.factsmgt.com/signin/4L15B> (please select Stamford School.) Note there is a \$30 non-refundable fee required to complete the assessment and 2016 tax returns and W-2's are requested.



## 2017-2018 Stamford Catholic School Tuition Rates

	Certified*	Non-Certified
Pre-School (3 and 4 year old)		
3 days per week	\$5,750	\$5,750
5 days per week	\$7,190	\$7,190
Grades K-5	\$6,580	\$8,860
Grades 6-8	\$7,200	\$9,348

- ❖ Sibling Discount for K – 8 Students = \$500 discount for each sibling excluding the 1st child. Pre-K students are not included in sibling discounts.
  
- ❖ Registration Fee: \$200 per family (non-refundable). Please make check or money order payable to Stamford Catholic School.

\*Certified: Family is an active member of a Catholic parish in the Diocese of Bridgeport. A parish certification form signed by the pastor or his delegate is required yearly.



# 2017-2018 Stamford Catholic School Current Student Registration Form

SCHOOL OFFICE only

Registration Fee Received:

Check # \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

*Thank you for choosing Catholic Education - an investment that will last a lifetime!*

## SCHOOL(S) ATTENDED IN 2016-2017

Holy Spirit School

Our Lady Star of the Sea School

St. Cecilia School

Trinity Catholic Middle School

## STUDENT/FAMILY INFORMATION

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (MALE/FEMALE) (DATE OF BIRTH)

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (MALE/FEMALE) (DATE OF BIRTH)

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (MALE/FEMALE) (DATE OF BIRTH)

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (MALE/FEMALE) (DATE OF BIRTH)

### Father/Guardian:

Name: \_\_\_\_\_  
(TITLE) (FIRST) (LAST)

Address: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

Phone: \_\_\_\_\_  
(HOME) (MOBILE)

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

### Mother/Guardian:

Name: \_\_\_\_\_  
(TITLE) (FIRST) (LAST)

Address: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

Phone: \_\_\_\_\_  
(HOME) (MOBILE)

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If divorced/separated, is there joint custody?  Yes  No If No, are visitation rights permitted to non-custodial parent?  Yes  No

Student lives with: (select all that apply)  Mother  Father  Grandparent  Guardian  Other \_\_\_\_\_

## MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website.

(select one)  Yes  No

## EMERGENCY CONTACTS (Non-Parent or Non-Guardian)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

## OTHER

Bus Transportation Requested (*Stamford residents only*):  Yes  No

Please include the following to complete registration:  \$200 non-refundable registration fee per family (check or money order payable to Stamford Catholic School). Please return the form and registration fee to your oldest child's school office.

## SIGNATURES

*I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the school handbook including the tuition policy.*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Our Catholic schools admit students without regard to race, creed or color.

