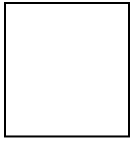




**OUR LADY OF BLACK ROCK CATHOLIC SCHOOL
REGISTRATION /TUITION AGREEMENT FORM 2017-2018**



AGE REQUIREMENTS FOR PRE K 4: AGE 4 BY DEC. 31ST
AGE REQUIREMENTS FOR KINDERGARTEN: AGE 5 BY DEC. 31ST

PLEASE PRINT

DATE OF APPLICATION: _____

STUDENT INFORMATION

(2016-17) CURRENT GRADE: _____

STUDENT: _____ SEX: MALE FEMALE

LAST NAME FIRST NAME MI

ADDRESS: _____

STREET CITY STATE ZIP

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ BORN IN WHAT COUNTRY: _____ WHEN ENTERED USA: _____

RELIGION: _____ CHURCH: _____

SCHOOL BUS - BUFFALO RESIDENTS ONLY: YES ___ NO ___

NAME OF CURRENT SCHOOL : _____

DID STUDENT EVER ATTENDED A CATHOLIC SCHOOL: YES ___ NO ___

DOES YOUR CHILD HAVE AN INDIVIDUAL EDUCATION PLAN (IEP): YES ___ NO ___

OTHER ACCOMODATIONS NEEDED : _____

PARENT INFORMATION

CHILD LIVES WITH: MOTHER FATHER OTHER _____

CUSTODIAL PARENT/ GUARDIAN: _____ *Legal Documents Required

MOTHER'S NAME: _____ MARTIAL STATUS: _____
FIRST LAST MAIDEN

PHONE: _____

MOTHER'S EMPLOYMENT: _____ WORK PHONE: _____

FATHER'S NAME: _____ MARTIAL STATUS: _____
FIRST LAST MAIDEN

PHONE: _____

FATHER'S EMPLOYMENT: _____ WORK PHONE: _____

SEND SCHOOL PAPERWORK TO: STUDENT'S HOME OTHER FAMILY MEMBER : _____

ADDRESS: _____
STREET CITY STATE ZIP

IN CASE OF AN EMERGENCY:

PRIMARY EMERGENCY CONTACT (May be a parent/guardian): NAME _____

PHONE _____ ALT. PHONE: _____ RELATIONSHIP TO STUDENT: _____

SECONDARY EMERGENCY CONTACT (For when primary contact is unreachable): NAME: _____

PHONE _____ ALT. PHONE: _____ RELATIONSHIP TO STUDENT: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

HEALTH INSURANCE: _____ HEALTH INSURANCE PLAN # _____

ALLERGIES/ MEDICAL CONDITIONS: _____

TUITION INFORMATION

Tuition Rates for Our Lady of Black Rock School for 2017-2018:

Number of Children	Parishioner Rate*	Non-Parishioner Rate
1	\$2,515	\$3,945
2	\$4,130	\$5,900
3	\$4,620	\$6,675
4	\$4,885	\$6,940

***Verification Form Required to be eligible Parishioner Rate**

**** Rates subject to OLBR School Board approval**

Please check below:

_____ \$100.NONREFUNDABLE REGISTRATION FEE PAID UPON REGISTRATION (This is not part of tuition)

_____ \$100.NONREFUNDABLE REGISTRATION FEE WILL BE PAID BY: **AUGUST 31st** (This is not part of tuition)

Tuition is billed over 10 months - August to May of the current school year and is due the end of each month.

I Agree to the terms of Our Lady of Black Rock Registration and Tuition obligation.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

ANY OTHER PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS:

NAME: _____

ADDRESS: _____ PHONE: _____

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OFFICE NOTES ONLY: New Student Oldest/Only BISON (new) recipient '15-16

TAKEN BY _____ DATE _____ Transfer request: Sent: _____ Received: _____

REGISTRATION FEE: _____ Bus Reg. Sent: _____

TUITION RATE: _____ NOTES: _____

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