



# RE-REGISTRATION FORM

ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: St. Bernadette School Date: \_\_\_\_\_

School Year: 2011-2012 Registering for Grade: \_\_\_\_\_

## Information for Student Requesting Re-registration

Student Name: \_\_\_\_\_  
*Last First M.I. (Jr., III)*

Sex:  Male  Female Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

Home Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_  
*City State ZIP Code*

Email Address: \_\_\_\_\_  
*Please provide an email address where all official school communication may be sent.*

## Please Update Any Changes in Family Information

**Mother**

**Father**

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

Cell Phone ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

Preferred Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone ( ) - **Ext.** \_\_\_\_\_ ( ) - **Ext.** \_\_\_\_\_

Religion \_\_\_\_\_

Parish/Church \_\_\_\_\_

Parents' Marital Status:  Single  Married  Separated\*  Divorced\*  
*Please check all that apply*  Mother Deceased  Mother Remarried  Father Deceased  Father Remarried

**\* NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

Student lives with:  Mother and Father     Mother Only     Father Only     Shared Custody  
 Legal Guardian (*Please complete the information below*):

Full Name \_\_\_\_\_  
Country of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, & ZIP \_\_\_\_\_  
Home Phone (    )    -    \_\_\_\_\_ Cell Phone (    )    -    \_\_\_\_\_  
Preferred Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone (    )    -    **Ext.** \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish/Church \_\_\_\_\_

Person responsible for Tuition/Fee Payments: (*Please complete the information below*)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & ZIP \_\_\_\_\_  
Phone (    )    -    \_\_\_\_\_ Email \_\_\_\_\_

### Update Emergency Contact Information

*Please list the names of two adults who should be contacted in the event of an emergency if parent(s)/guardian cannot be reached*

**Contact #1:**

Relation to Student: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ (*Jr., III*)  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
Home Phone City (    )    -    \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Other Phone (    )    -    **Ext.** \_\_\_\_\_

**Contact #2:**

Relation to Student: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ (*Jr., III*)  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
Home Phone City (    )    -    \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Other Phone (    )    -    **Ext.** \_\_\_\_\_

## Parent/Guardian Acknowledgment and Request for Re-registration

I/We, the undersigned parent(s), understand and acknowledge that this re-registration request does not guarantee our child's registration at **St. Bernadette School** for the School Year **2011-2012**. I/We understand and acknowledge that registration is contingent upon compliance with all applicable policies and procedures regarding archdiocesan and school-based registration, including, but not limited to, health examinations and immunizations. By the first day of the next school year, all students in Catholic schools in the Archdiocese are to be immunized in accordance with the immunization requirements and the guidelines of the Archdiocese. Exemptions are provided only on a temporary basis to those with a physician-documented medical contraindication.

I/We understand and acknowledge the Roman Catholic religious nature of the school from which our child is requesting registration. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/we will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the student shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the student, I/we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and St. Bernadette School. I/We hereby confirm that the following documents, required to be considered for re-registration, including the non-refundable re-registration fee of **\$100.00**, accompany this form:

- AT THE BEGINNING OF THE 2011-2012 SCHOOL YEAR,**  
**ALL RE-REGISTERED STUDENTS MUST SUBMIT THE FOLLOWING:**
- Technology and Internet Usage Agreement
  - Transportation Permission Form
  - Publicity Release Form
  - All current evaluations/assessments and special education plans *(If Applicable)*
  - Allergy Agreement and Action Plan *(If Applicable)*
  - Copy of current custody order, or other applicable court orders *(If Applicable)*

We hereby acknowledge that all the information contained in this RE-REGISTRATION FORM and the accompanying documents is accurate and truthful. I/We agree to pay all of applicant's tuition and fees when due.

**Names of Parents/Guardians:** \_\_\_\_\_  
*Mother* *Father*

**Signatures:** \_\_\_\_\_  
*Sign and date* *Sign and date*

\*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.



# APPLICATION FOR ADMISSION

ARCHDIOCESE OF WASHINGTON – Catholic Schools Office

School Name: St. Bernadette School Date: \_\_\_\_\_

School Year: 2011-2012 Applying for Grade: \_\_\_\_\_

## Applicant Information

Student Name: \_\_\_\_\_  
*Last First M.I. (Jr., III)*

Sex:  Male  Female Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

Place of Birth: \_\_\_\_\_  
*City State Country*

Home Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_ *City State ZIP Code*

Email Address: \_\_\_\_\_  
*Please provide an email address where all official school communication may be sent.*

Sibling(s) Enrolled: \_\_\_\_\_  
*Name Grade*

\_\_\_\_\_ *Name Grade*

Religion: \_\_\_\_\_ Baptized:  YES  NO

Local Public School System: \_\_\_\_\_

Local Public School Child Would Attend: \_\_\_\_\_

The following information is optional but helpful when completing census data for grants and the National Catholic Education Association (NCEA) Data Bank. This information is not used in any way to determine admission.

Ethnicity of Student: *Please check ✓ one of the following*

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Black  |
| <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White  |
| <input type="checkbox"/> Multiracial     | <input type="checkbox"/> Unknown                          | <input type="checkbox"/> Other: |

## Family Information

**Mother**

**Father**

Full Name	<hr/>	<hr/>
Maiden Name	<hr/>	<hr/>
Country of Birth	<hr/>	<hr/>
Home Address	<hr/>	<hr/>
Home Phone	(    )    -	(    )    -
Cell Phone	(    )    -	(    )    -
Preferred Email	<hr/>	<hr/>
Occupation	<hr/>	<hr/>
Employer	<hr/>	<hr/>
Work Phone	(    )    - <b>Ext.</b>	(    )    - <b>Ext.</b>
Religion	<hr/>	<hr/>
Parish/Church	<hr/>	<hr/>

Parents' Marital Status:     Single                       Married                       Separated\*                       Divorced\*  
*Please check all that apply*     Mother Deceased     Mother Remarried             Father Deceased             Father Remarried

**\* NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

Student lives with:     Mother and Father     Mother Only     Father Only  
                                   Legal Guardian (*Please complete the information below*):

Full Name	<hr/>
Country of Birth	<hr/>
Home Address	<hr/>
Home Phone	(    )    -
Cell Phone	(    )    -
Preferred Email	<hr/>
Occupation	<hr/>
Employer	<hr/>
Work Phone	(    )    - <b>Ext.</b>
Religion	<hr/>
Parish/Church	<hr/>

Person responsible for Tuition/Fee Payments: 

---

## Emergency Contact Information

*Please list the names of two adults who should be contacted in the event of an emergency if parents listed above cannot be reached*

### Contact #1:

	<i>Last</i>	<i>First</i>	<i>M.I.</i>		<i>(Jr., III)</i>
Relation to Student:	_____	Email Address:	_____		
Home Address:	_____				
	<i>Street Address</i>				<i>Suite #</i>
	_____				
	<i>City</i>		<i>State</i>		<i>ZIP Code</i>
Home Phone	(    )    -	Other Phone	(    )    -		<b>Ext.</b>

### Contact #2:

	<i>Last</i>	<i>First</i>	<i>M.I.</i>		<i>(Jr., III)</i>
Relation to Student:	_____	Email Address:	_____		
Home Address:	_____				
	<i>Street Address</i>				<i>Suite #</i>
	_____				
	<i>City</i>		<i>State</i>		<i>ZIP Code</i>
Home Phone	(    )    -	Other Phone	(    )    -		<b>Ext.</b>

## Student Background Information

Subject to the review and approval of the principal, students with special needs may be permitted to attend archdiocesan schools; however, parents must provide accurate and complete information regarding the applicant's needs to assist schools in determining whether reasonable accommodations can be made.

Has your child received special services from a professional (e.g. counselor, speech therapist, special education teacher)?  
 NO     YES, Briefly describe the type of service, length of service, and if it discontinued, a reason for discontinuation:

\_\_\_\_\_

Does your child need accommodations to be successful in school?     NO     YES  
If yes, please explain briefly (other forms will be required):

\_\_\_\_\_

Does your child need any particular academic enrichment in order to successful in school?     NO     YES, Please list:

\_\_\_\_\_

Does your child have any diagnosed allergies?     NO     YES  
If yes, please list (other forms will be required):

\_\_\_\_\_

Will your child require medication to be administered during the school day?     NO     YES  
If yes, please explain briefly (other forms will be required):

\_\_\_\_\_

Medical Diagnosis:    *Please check ✓ all that apply:*

No known medical conditions

Diagnosed Condition (specify): \_\_\_\_\_

Physical Disability:

No existing physical disability

Identified Disability (specify): \_\_\_\_\_

Learning Disorder:

No known learning disorder

Identified Disorder (specify): \_\_\_\_\_

Please provide copies of any completed diagnostic work, evaluations or specialized plans that have been developed for your child in the past, which may include psycho-educational evaluations, speech & language evaluations, an Individualized Educational Plan (IEP), a 504 plan, testing for Gifted and Talented Programs or any similar documents. Although archdiocesan Catholic Schools are not required to implement public schools' special education plans, principals may determine the school is able provide reasonable accommodations in some circumstances.

## Home Language Survey

Primary language(s) spoken in student's household: \_\_\_\_\_ Does primary guardian speak English?  YES  NO

Is the Student Bi-Lingual?  NO  YES \_\_\_\_\_ Does the student spend significant time with a non-English speaking caregiver?  YES  NO

NOTE: All of the Student Background Information and the Home Language Survey is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education and reasonable accommodations. It will not be considered in determining if he/she is otherwise qualified for admission. Submitting documentation of a disability in no way obligates the Catholic school to fulfill the student's documented needs.

### For Catholic Applicants Only

Current Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Sacramental Records: *Fully complete each section pertaining to Sacrament(s) the student has received.*

Baptism:	Date	Church	City	State
Reconciliation:	Date	Church	City	State
First Eucharist:	Date	Church	City	State
Confirmation:	Date	Church	City	State

**Transferring Student:** Is the student transferring from another Catholic school?  YES  NO

<i>If YES, Previous School(s) Attended:</i>	Dates Attended	School Name	City	( ) -	Phone Number	Grade Avg
	Dates Attended	School Name	City	( ) -	Phone Number	Grade Avg

## Parent/Guardian Acknowledgment

I/We, the undersigned parent(s), understand and acknowledge that in the event that an Archdiocesan Catholic elementary school receives more qualified applicants than it has the capacity to accommodate, students shall be admitted in the following priority: Catholic students in the order in which they submit completed applications prior to the posted deadline; non-Catholic students in the order in which they submit completed applications prior to the posted deadline; all other students in the order in which they submit completed application after the posted deadline. I/We understand and acknowledge that all applicants shall follow all applicable policies and procedures regarding school-based entrance requirements, including, but not limited to, health examinations and immunizations, before admission may be finalized. Upon admission, all students in Catholic schools in the Archdiocese are to be immunized in accordance with the immunization requirements and the guidelines of the Archdiocese. Exemptions are provided only on a temporary basis to those with a physician-documented medical contraindication.

I/We understand and acknowledge that the admission, instruction and retention of students with disabilities, students with special needs, and students who are English Language Learners cannot be guaranteed. Whether reasonable accommodations can be made for such students is determined on an individual basis and is in the sole discretion of the school's chief administrator (principal) in consultation with the Catholic Schools Office.

I/We understand and acknowledge the Roman Catholic religious nature of the school to which our child is applying. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/We will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the applicant shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the applicant, we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and **St. Bernadette School**. I/We hereby confirm that the following documents, required to be considered for admission, including the non-refundable application fee of **\$50.00 (\$75.00 for Kindergarten)**, accompany this application:

<u>ALL STUDENT APPLICANTS</u>	<u>TRANSFER STUDENT APPLICANTS ONLY</u>
<input type="checkbox"/> Non-Refundable Application Fee of \$ <input type="checkbox"/> Copy of Valid Age Birth Certificate <i>(Passport, Green Card, or Government Issued Identification)</i> <input type="checkbox"/> Archdiocese of Washington Immunization Policy Acknowledgment and All Attachments <i>(Required for Admission)</i> <input type="checkbox"/> Copy of Baptismal Certificate <i>(Catholics only)</i> <input type="checkbox"/> Allergy Agreement and Action Plan <i>(If Applicable)</i> <input type="checkbox"/> Copy of custody order, or other applicable court orders <i>(If Applicable)</i> <input type="checkbox"/> All relevant evaluations/assessments and previous special education plans <i>(If Applicable)</i>	<input type="checkbox"/> Current standardized test scores plus the two previous years' scores <input type="checkbox"/> Current report card including comments and the two previous years' report cards

I/We hereby acknowledge that all the information contained in this application and its accompanying documents is accurate and truthful. I/We agree to pay all of applicant's tuition and fees when due.

**Names of Parents/Guardians:**

\_\_\_\_\_  
*Mother*

\_\_\_\_\_  
*Father*

**Signatures:**

\_\_\_\_\_  
*Sign and date*

\_\_\_\_\_  
*Sign and date*

**\*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.**

# STUDENT APPLICATION REVIEW FORM

## OFFICE USE ONLY

Applicant Name: \_\_\_\_\_  
*Last* *First*

**Principals:** Applications are not reviewed until application fee is paid and ALL documentation received, except immunization documentation is due by first day of school.

Applications must be signed by both parents. If parents are not married, all persons with legal authority to make educational and religious decisions on behalf of the applicant must sign the application.

### **Check ✓ and Date when each item is received and verified**

- Application Received: \_\_\_\_\_
- Application Fee Paid: \_\_\_\_\_
- Baptismal Certificate: \_\_\_\_\_
- Immunization Documents: \_\_\_\_\_
- Birth Certificate: \_\_\_\_\_

### *If Applicable:*

- Allergy Agreement : \_\_\_\_\_
- Custody Decree: \_\_\_\_\_

### *Transfer Students ONLY:*

- Report Cards: \_\_\_\_\_
- Test Scores: \_\_\_\_\_
- TerraNova ID Transferred: \_\_\_\_\_
- Admissions Interview Completed: \_\_\_\_\_

RELIGION:  Catholic  Non-Catholic: \_\_\_\_\_

TUITION:  Catholic  Out-of-Parish \_\_\_\_\_

Parish Registration Form: \_\_\_\_\_

STATUS:  Accepted: \_\_\_\_\_  Denied: \_\_\_\_\_

Grade: \_\_\_\_\_  Room Number: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

### PERSON RESPONSIBLE FOR TUITION/FEE PAYMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# St. Bernadette Catholic School

80 University Blvd. East Silver Spring, MD 20901

Phone: (301) 593-5611; fax: (301) 593-9042

[www.st-bernadetteelem.com](http://www.st-bernadetteelem.com)

For more information please visit the Admission Office at the School

## TUITION RATES FOR SCHOOL YEAR 2011-2012

<i>Rate per Student</i>	
<i>Catholic Rate</i>	<i>Non-Catholic Rate</i>
\$ 7,220.00	\$ 8,480.00

### School fees:

Reservation Fee:	\$100.00 per child (Non-refundable)
* Registration / Classroom /Supplies Fee:	\$125.00 per child (Non-Refundable)
Application fee :	\$ 50.00 grade school (Non- Refundable)
	\$ 75.00 kindergarten (includes testing- Non-Refundable )
Volunteer Credit Requirement (Buy out):	\$ 500.00 per family (Non-Refundable)
Fundraising Commitment:	<b>\$ 250.00 overall donation to school with yearly total</b> SCRIP purchase of \$3,500 July to May
Fundraising Commitment Buy-out:	\$ 500.00 (includes two Dinner/Auction tickets) if buy out by <b>Sept. 1, 2011</b>
Late fee, assess after 5 grace days of due day:	\$ 40.00 per instance
Non- Sufficient funds fee (bank fee):	\$ 35.00 per item
School late pick up:	\$ 15.00 every 15 minutes or fraction. \$ 1.00 per minute after.
Credit Card fee:	3.5% of amount
*8th Grade Supplemental Activity Fee:	\$185.00
* Kindergarten Supplemental Supply Fee	\$75.00

### EDP fees:

Registration fee:	\$ 25.00 (Non- refundable)
Late pick up EDP:	\$ 10.00 every 10 minutes or fraction after 6.05 p.m.
Rates:	see schedule
Change plans :	\$50.00
Drop-ins:	\$ 40.00 per period use (a.m. or p.m.)



## ST. BERNADETTE EXTENDED DAY PROGRAM

### EDP RATES FOR FY'2011-2012

#### AVAILABLE PLANS

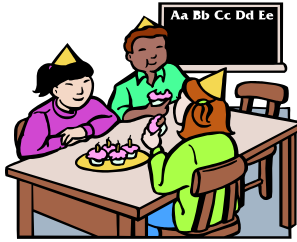
MORNINGS	7:15 A.M. TO 7:50 A.M.
AFTERNOONS	3:05 TO 6:00 P.M.
1/2 DAYS	12:15 TO 6:00 P.M.

THERE ARE 3 PLANS TO CHOOSE FROM: MORNINGS, AFTERNOON AND 1/2 DAYS. PARENTS MAY CHOOSE ONE OR MORE ACCORDING TO THEIR NEEDS.

FOR EXAMPLE IF PARENTS NEED MORNINGS AND AFTERNOONS SERVICE FOR THE SCHOOL YEAR THEY WILL CHOOSE MORNINGS \$ 924.00 AND THEN ADD P.M. FOR \$2,359.00. FOR A TOTAL OF \$3,283.00. THERE IS A FEE INVOLVED IF A CHANGE OF PLAN IS MADE DURING THE YEAR

*PLEASE NOTE THAT WHEN YOU CHOOSE YOUR PLAN YOU ARE MAKING A COMMITMENT FOR THE ENTIRE SCHOOL YEAR, SEPTEMBER 2011 TO JUNE 2012. YOU WILL BE CHARGED FOR THE SERVICE REQUESTED REGARDLESS OF YOUR CHILD'S ATTENDANCE, THEREFORE, PLEASE CONSIDER YOUR NEEDS CAREFULLY AND DETERMINE YOUR MOST ECONOMICAL RATE PRIOR TO RETURNING YOUR REGISTRATION FORM. HOLYDAYS, HOLIDAYS AND DAYS OFF HAVE ALREADY BEING FACTORED IN THE RATES.*

#### RATES ARE PER CHILD FOR SCHOOL YEAR 2011-2012



MORNINGS	PER SCHOOL YEAR
FULL WEEK	924.00
4 DAYS	722.00
3 DAYS	542.00
2 DAYS	360.00
<b>AFTERNOONS</b>	
FULL WEEK	2,359.00
4 DAYS	2,359.00
3 DAYS	2,006.00
2 DAYS	1,605.00
Afternoon plan includes 1/2 days	



<b>1/2 DAYS ONLY</b>		460.00
	1/2 DAYS- 11 PER SCHOOL YR	

#### SPECIAL SERVICE FEES

DROP IN A.M. OR P.M. (PER DAY) \$40.00

WILL BE ACCEPTED ONLY IF SPACE IS AVAILABLE. REQUEST MUST BE MADE 24 HOURS IN ADVANCE. CHILD **MUST BE REGISTERED** IN THE PROGRAM AND ALL NECESSARY FORMS FILLED OUT, INCLUDING VACCINES AND EMERGENCY CARDS

#### EMERGENCY RATE \$40.00 PER AFTERNOON

ONLY IN CASE OF REAL EMERGENCIES- FOR EXAMPLE AN ACCIDENT, ETC.

<b>LATE PICK UP FROM EDP</b>	<b>\$ 10.00</b>	PER CHILD WILL BE ASSESSED FOR EVERY PART OF A FIVE MINUTES INTERVAL THAT YOU ARRIVE AFTER 6:00 P.M. TEACHER IS NOT ALLOWED TO RECEIVE ANY MONEY. BILLS WILL BE SEND SOON THEREAFTER. CHECKS MUST BE PAYABLE TO ST. BERNADETTE SCHOOL <b>NON-SUFFICIENT FUND CHECKS WILL BE ASSESSED A FEE OF \$35.00</b>
<b>REGISTRATION PER FAMILY</b>	<b>\$ 25.00</b>	PAYABLE ALONG WITH SCHOOL REGISTRATION
<b>PLAN CHANGES FEE</b>	<b>\$ 50.00</b>	(PER INSTANCE) WITH 30 DAYS NOTICE

#### VERY IMPORTANT

#### EXTENDED SCHOOL PROGRAM PAYMENT SCHEDULE

**10 EQUAL PAYMENTS**

**FROM JULY 2011 TO APRIL 2012**

PAYMENTS ARE MADE THRU AUTOMATIC FUNDS TRANSFER ON THE 20TH OF EVERY MONTH OR IF YOU PREFER TO PAY IT IN FULL MAKE CHECK PAYABLE TO **ST. BERNADETTE SCHOOL** - PAYMENTS **MUST** BE SEND DIRECTLY TO THE FINANCE OFFICE AT THE PARISH OFFICE 70 UNIVERSITY BLVD. EAST SILVER SPRING, MD 20901.

SCHOOL OFFICE AND TEACHERS ARE NOT RESPONSIBLE FOR PAYMENTS SENT WITH CHILDREN.

# SAINT BERNADETTE

Catholic Parish K - 8 School

## Tuition Incentive Program

Looking to save on your family's tuition? Know any other families interested in attending St. Bernadette School? If the answer to both is YES!, have we got a T.I.P. for you!

Introducing - St. Bernadette School Tuition Incentive Program. For every new family your family brings to and enrolls in St. Bernadette School, your family will receive \$1,000 off your family's tuition! That's right \$1,000 off!

Here's how it works:

- Complete the attached form below with all of your "current family information"
- Detach it and give it to the new family interested in St. Bernadette School
- Have the new family complete their portion of the form and submit it with their completed application packet
- Once the new family is accepted and officially enrolled in St. Bernadette School, you will be contacted with the good news!
- Additionally, you will be notified of you new tuition payment schedule

It's that simple!

**\*\* Note\*\*** The maximum allowable amount of tuition credit will be equal to the value of a one child in-parish rate of the remaining balance of the current family's tuition whichever is less. The family receiving the tuition credit must be officially enrolled at St. Bernadette School in order to receive it. The tuition credit is based upon the new family enrolling, attending, and paying tuition for the full school year. The tuition credit will be rebated and prorated beginning in January of 2012. The tuition credit will be prorated for any new or current family who enroll and/or attend for less than the full school year and/or pay less than the required amount of tuition.

---

### St. Bernadette School Tuition Incentive Program

#### **New Family Information:**

Parent's Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) & Grade Level(s) of Child(ren) Enrolling: \_\_\_\_\_

#### **Current Family Information**

Parent's Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) & Grade Level(s) of Child(ren) Enrolling: \_\_\_\_\_