

# St. John Francis Regis School

8941 James A. Reed Road, Kansas City, MO 64138 Ph: 816-763-5837 Fax: 816-966-1350  
[www.regisschool.org](http://www.regisschool.org)

## Application Form 2018 / 2019

### Tuition Agreement

FAMILY NAME: \_\_\_\_\_

Please list all children applying to St. Regis for the 2018-2019 school year.

Child #1 \_\_\_\_\_  
Last Name First Name M/F Date of Birth Grade (2018-19)

Child #2 \_\_\_\_\_  
Last Name First Name M/F Date of Birth Grade (2018-19)

Child #3 \_\_\_\_\_  
Last Name First Name M/F Date of Birth Grade (2018-19)

Child #4 \_\_\_\_\_  
Last Name First Name M/F Date of Birth Grade (2018-19)

### Application Fees:

**\*A \$50 discount will apply to Application Fees paid on or before Tuesday, April 3, 2018.**

Number of Children	Non-Refundable Application Fees	
	Fees Paid by April 3, 2018	Fees Paid After April 3, 2018
One child	\$350.00	\$400.00
Two children	\$500.00	\$550.00
Three children +	\$580.00	\$630.00

Application Fees are due on Tuesday, April 3, 2018.

The application process is not complete until these fees are paid.

(Only in the event that your application is not accepted, will fees be refunded.)

## **Tuition Rate**

The Tuition Rate for children enrolled in St. Regis Catholic School for the 2018-2019 school year (July 1, 2018 through April 30, 2019) is as follows:

Number of Children	Tuition Rate (Yearly) / (Monthly)
One child	\$5,450.00 / \$545.00
Two children	\$9,500.00 / \$950.00
Three children +	\$11,700.00 / \$1,170.00

*All tuition payments are made through Smart Tuition.*

*It is necessary for all families to fill out the enclosed Smart Tuition Form.*

*If you are interested in applying for Tuition Assistance/Scholarships, please fill out the enclosed form.*

*If you were awarded Tuition Assistance for 2017-2018, you must reapply for the 2018-2019 school year.*

**FUNDRAISING:** St. Regis School participates in fundraising activities to help develop and enhance current programs. Fundraising for each St. Regis family is mandatory, with each family being responsible for a **profit** to the school of \$250. Most fundraisers assume a 40% allocation. You may “buy out” your fundraising obligation for \$300. The PTO has various fundraisers planned for the 2018-19 school year.

## **Parent Covenant Agreement:**

*I, the parent or legal guardian of the above mentioned child(ren), have read and understand the terms of this agreement. I understand that this is a financial obligation and, by my signature below, I agree to abide by the terms of this agreement.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

***Thank you for choosing St. John Francis Regis School.***

## **Consent for Photos, Recordings, Phone Directory, School Messenger**

Diocese of Kansas City / St. Joseph

For purposes of marketing and publicity for St. Regis School and the Diocese, sometimes photos and other audio/visual recordings of our students are used. Please complete this section to indicate your permission for using these materials.

\_\_\_\_\_ Grant Permission

\_\_\_\_\_ Do Not Grant Permission

As a service, the School Handbook includes a Phone Directory with the names and addresses of our school families. Please complete this section to indicate your permission for printing this information.

\_\_\_\_\_ Grant Permission

\_\_\_\_\_ Do Not Grant Permission

To notify our families of school closure days, special events, etc., we use School Messenger. Please complete this section to indicate your permission to be notified on your phone/cell phone through School Messenger.

\_\_\_\_\_ Grant Permission

\_\_\_\_\_ Do Not Grant Permission

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# St. John Francis Regis School

## Additional Application Information

**Parent Information** – If both parents reside in the same household, list “Same” in the mother’s column; if different households, please indicate which address should receive school correspondence by placing an “X” by the name.

\_\_\_\_\_  
Father’s Name

\_\_\_\_\_  
Mother’s Name

\_\_\_\_\_  
Father’s Address

\_\_\_\_\_  
Mother’s Address

\_\_\_\_\_  
Father’s City, State, Zip Code

\_\_\_\_\_  
Mother’s City, State, Zip Code

\_\_\_\_\_  
Father’s Home Phone Number

\_\_\_\_\_  
Mother’s Home Phone Number

\_\_\_\_\_  
Father’s Cell Phone Number

\_\_\_\_\_  
Mother’s Cell Phone Number

\_\_\_\_\_  
Father’s E-Mail Address (Please Print Clearly)

\_\_\_\_\_  
Mother’s E-Mail Address (Please Print Clearly)

\_\_\_\_\_  
Father’s Occupation & Employer

\_\_\_\_\_  
Mother’s Occupation & Employer

\_\_\_\_\_  
Father’s Work Number

\_\_\_\_\_  
Mother’s Work Number

\_\_\_\_\_  
Father’s Parish/Church and Denomination

\_\_\_\_\_  
Mother’s Parish/Church and Denomination

**Emergency Contacts: If Parent/Guardian is not available, please contact:**

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

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### Regarding Custody of Children

It is the intention of St. Regis to best serve the children in our care. Regarding custody of children, please realize that unless we have legal documentation regarding custodial arrangements, we cannot legally refuse a parent coming to pick up a child. All documents regarding custody are kept in the child’s permanent file. If you have any specific concerns, please contact the school office.

Children reside with:    Both Parents    Mother    Father    Other \_\_\_\_\_ (please indicate)

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### Ethnic Background

For State and Diocesan recording purposes, the following information needs to be noted as accurately as possible. Please circle the one that best fits your family:

**Black/African American    Asian    Caucasian    Caucasian/Hispanic**

Multi-Racial    Native American    Pacific Islander    Other: \_\_\_\_\_

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**All Families: Public School Information**

In order for us to receive Federal and State funding for student testing, special student programs, and staff development, please indicate the public school district in which you reside, and the name(s) of the public school your child(ren) would attend if they were not students at St. Regis. Please be aware of possible school changes when your child enters Middle School. If you are unclear on how to fill out this part of the form, please contact the school office at 816-763-5837.

Our family lives in the following School District: \_\_\_\_\_

**IF my child/ren attended the public school, he/she would attend:**

1<sup>st</sup> Child would attend \_\_\_\_\_ School

2<sup>nd</sup> Child would attend \_\_\_\_\_ School

3<sup>rd</sup> Child would attend \_\_\_\_\_ School

4<sup>th</sup> Child would attend \_\_\_\_\_ School

**\*\*\*NEW FAMILIES ONLY: Please list the name/s of the school/s your student/s attended in 2017-2018:**

Name/s of School/s: \_\_\_\_\_

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**Referral Program**

If you refer a family to our school, and they register and attend St. Regis for the 2018-2019 school year, you will receive a \$500 tuition credit to be applied to your account during the 4<sup>th</sup> quarter. Please list the family you would like to refer and their phone number.

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

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

\*\*\*\*\*  
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**FOR OFFICE USE ONLY ~ PLEASE DO NOT WRITE BELOW THIS LINE**

**APPLICATION FEES:** Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check/Cash \_\_\_\_\_