

I (we) hereby make application for the admission of: _____
as a student at St. John Catholic School. I (we) accept responsibility as the first educators of our child and agree to accept the rules and regulations of St. John Catholic School. I (we) understand the economic obligations of the school and agree to fulfill our share of the responsibility through the prompt payment of tuition charged and in service to the school community.

A \$50. deposit must be made to secure the registration of each student. However, additional amounts may also be added at time of registration.

Total amount enclosed with this application: \$ _____

Tuition rates for the 2009-2010 School Year and payment options will be available soon.

TUITION ASSISTANCE: St. John Catholic School is able to offer a limited amount of partial tuition assistance to students in need depending on funding availability. *Should you need a Tuition Assistance application, please contact the school office at 872-7115 and one will be sent to you.*

The following considerations must be kept in mind:

1. Tuition assistance will be granted to families based on need as indicated in the application process.
2. Grants will be made only for students who are properly registered for the upcoming school year. In the case of unpaid tuition, arrangements for payment must be made with the Principal prior to the processing of the application for tuition assistance. Arrangements must be in writing and acceptable to the family and to the school. If, for any reason, tuition assistance cannot be offered, the prepaid registration fee can be refunded if there is no outstanding balance.
3. Decisions regarding the tuition assistance amount will be made by Fr. Phil Tracy.
4. All applications for Tuition Assistance must be submitted to the school office with registration form. Families will be notified of the amount of their grant by May.
5. It is expected that families receiving Tuition Assistance Grants will continue regular payments toward the balance of tuition in good faith through their Tuition Payment program.
6. **ALL APPLICATIONS AND GRANTS WILL BE HELD IN STRICT CONFIDENCE BY ALL CONCERNED.**

Office use only:

Date: _____ Amount received: _____

Check # _____ Cash _____

Comments: