

Please include your \$75.00 Application Fee

SCHOOL YEAR: 2018/2019

Application Date: _____

**Catholic Diocese of Arlington
Application for Admission**

EPIPHANY CATHOLIC SCHOOL

Date Received: _____	Reg. Fee: \$ _____	Cash/ Check #: _____
Book/Supply Fee: \$ _____	Tuition Pmt .Method: 6/1/2018	FACTS
Birth: _____	Baptism: _____	Imm: _____ dTap _____ Records: _____

Applying For:	Grade : _____	Preschool 3 Yr. _____ (2 Day)	Student's Age as of Sept. 30, 2018: _____
		Preschool 4 Year: _____ 5 Day Full Day (8:00-3:15)	

STUDENT DATA

Legal Name	Last: _____	First: _____	Middle: _____	Nickname: _____
Sex:	_____	Date of Birth (mm/dd/yy): _____	City & State of Birth: _____	
Country of Birth (if outside the United States of America): _____				
Home Address:	_____		City: _____	State: _____ Zip: _____
Home Phone:	_____	County School District in which student resides: _____	Actual school student would attend: _____	
E-mail address(es) where official school communication can be sent: _____				
Check all that apply:	Only child at this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oldest child at this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not oldest, name of oldest sibling at this school: _____			Grade: _____

Religion:	_____	Parish:	_____	Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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FOR CATHOLIC APPLICANTS	Date	Church	City & State
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Eucharist:	_____	_____	_____

The following information regarding ethnicity is optional but helpful for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnicity of Student:	<input type="checkbox"/> American Indian/Native Alaskan	<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"/> Multi-Racial	<input type="checkbox"/> All others

FAMILY BACKGROUND

Student lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced*
	<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Father deceased	<input type="checkbox"/> Mother remarried	<input type="checkbox"/> Father remarried

**NOTE: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instruction regarding release of the child to the parent*

	Mother	Father	Guardian (if applicable)
Full Name			
Maiden Name		N/A	
Country of Birth			
Home Address			
Home Phone			
Cell Phone			
Work Phone			
Occupation			
Employer			
Religion			
Parish			

Grandparent Information:

Paternal:	Name:		Complete Address		Phone:	
Maternal:	Name:		Complete Address		Phone:	

Primary Language spoken in the home:	
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Name of person responsible for Tuition & Fee Payment:	
Address of person responsible for payments:	

PREVIOUS SCHOOLS ATTENDED

Name of School	Dates Attended:	Grades:	City:	State:

If your child is transferring from another school, please indicate the reason for making a change: _____

Has your child ever been TESTED or EVALUATED for ANY disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, emotional disability, etc.), English as a Second Language, or medical condition? Yes No

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission; as such, if you answered 'Yes' to the question above, please provide on a separate sheet of paper:

- The description of any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at out school.
- The dates of IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial, if applicable.
- A request of any adjustment or accommodation to allow participation to any program. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and form an appropriate health professional.

To be considered for admission, the following documents, including a non-refundable \$75.00 Registration Fee, must accompany this Application:

1. Copy of Baptismal Certificate (Catholics only), Reconciliation and Eucharist Certificates (if applicable)
2. Commonwealth of Virginia School Entrance Health Form *(MUST BE SUBMITTED PRIOR TO BEGINNING OF SCHOOL YEAR)*
 - Required for all students entering preschool, kindergarten and students moving into the Commonwealth of Virginia
 - If transferring from a grade school in Virginia, this will be included with school records
3. Immunization Record (to have on record until the Commonwealth of Virginia School Entrance Health Form is submitted prior to the beginning of the school year. Registration is not complete until this document is received.)
4. Copy of Custody decree (if applicable)
5. Original Birth Certificate must be presented to school personnel for verification
6. Current report card including comments AND the two previous academic years' report cards
7. Current standardized test scores plus the two previous years, if applicable
8. Completed School Records Request form if student is transferring from another grade school.

I verify that the information provided within this application is correct.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardia

A \$75.00 non-refundable Registration Fee is due with each Application for Admission

Preschool for 3 & 4 Year (age on 9/30/2018)			
Preschool Classes Days and Times	Cost per Days/Week		
	3 Year Olds Tues/Thurs 8:00-12:00	4 Year Olds Tues/Wed/Thurs 8:00-3:15	4 Year Olds Monday-Friday 8:00-3:15
Parishioner Rate:	\$ 1,500.00	\$ 3,000.00	\$ 4,200.00
Non-Parishioner Rate:	\$ 1,850.00	\$ 3,550.00	\$ 5,000.00
Additional Supply Fee	\$ 100.00	\$ 125.00	\$ 150.00

Kindergarten – Gr. 8	Tuition Rates	Book/Tech Fees	
• *Parishioner Rates:	Kgn-Grade 8	Kgn.- Gr. 5	Gr. 6 - 8
First Child	\$5,700.00	\$ 250.00	\$ 300.00
Second Child	\$4,600.00	↓	↓
Third + Child (each)	\$3,700.00	↓	↓
• Non-Parishioner Rates:			
First Child	\$6,350.00	\$ 250.00	\$ 300.00
Second Child	\$5,775.00	↓	↓
Third + Child (each)	\$4,750.00	↓	↓

• **Tuition Payment**

Due June 1, 2018 or at time of registration -OR- families may register with FACTS Tuition Management if they wish to:

- pay ANY Tuition amount after June 1, 2018
- make tuition payments (up to 12 payments beginning June, 2018. Eleven and ten month options available.)
- There is a onetime Annual Fee for this option

• **Book and Supply Fees**

Due on June 1, 2018 (to Epiphany or FACTS) -or- at time of registration (after 6/1/18)

• **Late Fees**

(\$10.00/child/month) will be added beginning June 10, 2018, to any past due Fee and/or Tuition

• **Please Note:**

There will be a \$25 per sport, per student Sports Fee

Choose one: I will pay tuition in full no later than June 1, 2018 -OR- I will make tuition payments and enroll (or authorize re-enrollment) with FACTS Tuition Management Company.

 I will apply for Tuition Assistance. I understand I must complete the FACTS Grant & Aid application process by the March 9, 2018 deadline, including the all documents required by FACTS.

- I understand that *Parishioner Rate refers to the cost of tuition for active registered members of the following parishes: St. Isidore the Farmer in Orange, Our Lady of the Blue Ridge in Madison, Precious Blood in Culpeper, and St. Peter in Washington, Va. Catholic families registered at a Parish within the Diocese of Arlington may also be eligible for the Parishioner Rate. Eligibility is confirmed by the pastor.
- I understand the Tuition & Fee schedule and due dates outlined above.
- I understand that I am responsible for payment of the Registration Fee by submission of this Application, if room is available for my child.
- I understand that if I choose to cancel my child's registration **after May 15, 2018**, I remain responsible for the payment of fees due for each student (Registration, Book/Supply Fees) and payment of a cancellation penalty equal to 1/10 of the annual tuition.
- I understand that if I choose to cancel my child's registration from **7/1/18 - 8/29/18**, I remain responsible for the payment of fees due for each student and payment of a penalty equal to 2/10 of the annual tuition.
- I understand that if I choose to move my child/ren from Epiphany after **August 29, 2018**, I am responsible for 2/10 tuition penalty and a prorated tuition amount based on the number of days enrolled and in session.
- I understand that if I have chosen to pay tuition in full by June 1, 2018, and do not, or if I have not enrolled with FACTS Tuition Mgmt. to make tuition payments by June 1, 2018 that my child could lose his/her space should there be a student awaiting admission in that class and I remain responsible for payment of fees.
- I understand that Epiphany Catholic School has the right to decline the release of student records should there be any outstanding debt due the school, including non-payment of the fees and penalties outlined on this Application for Admission.

Parent/Guardian Signature _____

Date _____