



# 2016-2017 DCS Re-Enrollment Form

**Father/Guardian Information:**

Father Last Name: \_\_\_\_\_  
 Father First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Father Home Phone: \_\_\_\_\_  
 Father Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Parish/Religion: \_\_\_\_\_  
 THS Grad?      NO      YES      Year: \_\_\_\_\_  
 Custodial Parent?      YES      NO

**Mother/Guardian Information:**

Mother Last Name: \_\_\_\_\_  
 Mother First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Mother Home Phone: \_\_\_\_\_  
 Mother Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Parish/Religion: \_\_\_\_\_  
 THS Grad?      NO      YES      Year: \_\_\_\_\_  
 Custodial Parent?      YES      NO

**Students Live with:**  Both parents       Father       Mother       Other \_\_\_\_\_

**Who should receive cooresponance from the school (i.e. Report Cards, school mailings):**

**Choose One:**  Both parents       Father       Mother       Other \_\_\_\_\_

**Emergency Contact:** *Other than parents whose student may be released to or make decisions regarding the student.*

Primary Contact / Relation \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_  
 Secondary Contact / Relation \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_  
 Clinic / Doctor \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist / Doctor \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_

**Student Information:**

1. First Name:	Last Name:	Grade:	School to Enter (circle one): Trinity East      Trinity West      Trinity JH/HS
2. First Name:	Last Name:	Grade:	School to Enter (circle one): Trinity East      Trinity West      Trinity JH/HS
3. First Name:	Last Name:	Grade:	School to Enter (circle one): Trinity East      Trinity West      Trinity JH/HS
4. First Name:	Last Name:	Grade:	School to Enter (circle one): Trinity East      Trinity West      Trinity JH/HS
5. First Name:	Last Name:	Grade:	School to Enter (circle one): Trinity East      Trinity West      Trinity JH/HS

**2016-2017 Tuition Schedule**

Grade Level	Tuition Rate	Registration Fee*	Technology Fee	Total
Preschool 2 day	\$1,320	\$75	\$0	\$1,395
Preschool 3 day	\$1,650	\$75	\$0	\$1,725
Preschool 4 day	\$2,200	\$75	\$0	\$2,275
Grades K-6	\$2,800	\$75	\$75	\$2,950
Grades 7-8	\$3,450	\$75	\$75	\$3,600
Grades 9-12	\$4,000	\$75	\$75	\$4,150

\*Registration fee of \$75 is non-refundable

**Students Enrolling**

School	Grade	Student First and Last Name	Tuition Amount
<b>Subtotal</b>			<b>=</b>
<b>Multiple child discount (\$150/child starting with 3<sup>rd</sup> child)</b>			<b>=</b>
<b>TOTAL Family Tuition</b>			<b>=</b>
<b>Minus Other adjustments (Scholarships, Work Study/Emp Discount)</b>			<b>-</b>
<b>Minus Pre-Payments Made (ie Registration or tuition)</b>			<b>-</b>
<b>Tuition Payment Plan TOTAL</b>			<b>=</b>

**Additional Fees**

**Extra-Curricular fees** are billed after the season has started. Fees will be billed through FACTS. Fees are as follows:

- Elementary Fees: Band (grade 6 only), Basketball & Volleyball = \$50/activity
- JH/HS Fees: Drama, Speech, Football, Volleyball, Basketball, Track & Golf = \$100/activity

**College Course Fees (Dual Credit)** will be billed through FACTS. Dual Credit course fees will be set in the fall.

**Payment Options (check one)**

- I will PAY IN FULL by July 1<sup>st</sup> via personal check. (Please make checks payable to Dickinson Catholic Schools.)
- I will make payments through FACTS Tuition Payment Plan.

**Tuition Assistance**

To be considered for tuition assistance, a family must complete a Confidential Financial Aid Application. The application and the required documentation must be completed/submitted via the FACTS Financial Aid Application Process by **June 1, 2016** to receive priority consideration. When applying for Tuition Assistance you must ALSO set up a payment plan in FACTS. Families will be informed of the decision on their application in **June of 2016**.

The Dickinson Catholic Schools makes every effort to offer financial assistance or scholarships to any child (K-12) wishing to attend. Please communicate any financial concerns to the Business Office during the enrollment process and as your family circumstances change over time.

\_\_\_\_\_ Responsible Party Initial after reading this page

**Payment Terms and Agreement**

This Tuition and Fees Agreement is a legal contract with the Dickinson Catholic Schools that **must be signed by ONE** Responsible Party upon enrollment. The Responsible Party is the person that receives the monthly billing statement and the one that is required to make payments. If a person other than the Responsible Party (ex-spouse, grandparent, or other unrelated individual or entity) desires to also assume financial responsibility, he or she must sign a **separate** Tuition and Fees Agreement and remit payments according to the agreed-upon schedule. If only one form is submitted, the full tuition balance will be applied to the account of that Responsible Party. Failure to submit the Agreement to the Dickinson Catholic Schools business office or your school office will result in your child(ren)'s dismissal. **Tuition and fees must be paid in full on ALL accounts associated with the child(ren) by the end of the school year to qualify for enrollment the following year.**

**My signature below indicates that I have read and understand the terms of the agreement and my financial obligation to the Dickinson Catholic Schools.**

\_\_\_\_\_ **Responsible Party - Parent/Legal Guardian Signature**

\_\_\_\_\_ **Date**

- A Non-refundable **\$75 Annual Registration Fee (per student)** is **DUE** with this Enrollment Form.

**\*\*Current Families enrolling a new student(s) – please fill out below information on new student(s) only!\*\***

<b>NEW Student Number 1</b>					
First Name:		Middle Name:		Last Name:	
Date of Birth		Grade		Gender: Male      Female	
		School to Enter (circle one): Trinity East      Trinity West      Trinity High			
Date & Place Baptized at:			Date & Place Confirmed at:		
Race (circle one) Caucasian      Native American      African American      Latino/Hispanic      Asian/Pacific Islander      Other					
Special Needs Notes or Medical Conditions e.g. Glasses/Contact/Allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

<b>NEW Student Number 2</b>					
First Name:		Middle Name:		Last Name:	
Date of Birth		Grade		Gender: Male      Female	
		School to Enter (circle one): Trinity East      Trinity West      Trinity High			
Date & Place Baptized at:			Date & Place Confirmed at:		
Race (circle one) Caucasian      Native American      African American      Latino/Hispanic      Asian/Pacific Islander      Other					
Special Needs Notes or Medical Conditions e.g. Glasses/Contact/Allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

**\*\*Note:** The Dickinson Catholic Schools (DCS) has limited resources to serve students with disabilities. DCS will make every effort to work with your child within the range of services DCS can provide. New students who enroll at DCS are required to begin with a probationary period. After a nine-week period from enrollment (or sooner if need be), a meeting including the principal/dean of students and parents will be held to discuss how the student is adjusting to the new school setting, whether or not the student is demonstrating academic success, and whether or not the student is exhibiting behavior consistent with DCS standards. In the event that a student does not show adequate progress during this probationary period, the student may be required to withdraw from DCS.