



Shenango Valley Catholic School System Student Application for

Check One: Saint John Paul II Elementary ___ Kennedy Catholic Middle School ___ Kennedy Catholic High School ___

STUDENT INFORMATION

STUDENT NAME: _____ SEX _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

STUDENT PLACE OF BIRTH _____ SOCIAL SECURITY# _____

PHONE _____ CELL PHONE _____ E-Mail _____

STUDENT'S RELIGION _____ FAMILY PARISH _____

GRADE IN SEPTEMBER 2019 _____ PREVIOUS SCHOOL _____

STUDENT'S RACE _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

STUDENT RESIDES WITH (CIRCLE ONE): FATHER & MOTHER, FATHER ONLY, MOTHER ONLY, FATHER/MOTHER & STEP-PARENT, GUARDIAN
MARITAL STATUS (CIRCLE ONE): MARRIED, WIDOWED, SEPARATED, DIVORCED, SINGLE

PARENT INFORMATION

FATHER'S NAME _____ RELIGION _____

FATHER'S ADDRESS IF DIFFERENT FROM STUDENT _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

FATHER'S OCCUPATION _____

PLACE OF EMPLOYMENT _____

BUS. PHONE _____

CELL PHONE _____ E-MAIL _____

MOTHER'S NAME _____ MOTHER'S MAIDEN NAME _____

MOTHER'S ADDRESS IF DIFFERENT FROM STUDENT _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

MOTHER'S OCCUPATION _____ RELIGION _____

PLACE OF EMPLOYMENT _____ BUS. PHONE _____

CELL PHONE _____ E-Mail _____

STEP PARENT OR GUARDIAN'S NAME _____

STEP-PARENT/GUARDIAN'S OCCUPATION _____

PLACE OF EMPLOYMENT _____ BUS. PHONE _____

CELL PHONE _____ E-Mail _____

PHYSICAL HANDICAP(s) _____

PLEASE PROVIDE INFORMATION ABOUT THE STUDENT'S SIBLINGS:

NAME _____ AGE _____ SCHOOL _____

NAME _____ AGE _____ SCHOOL _____

NAME _____ AGE _____ SCHOOL _____

NAME _____ AGE _____ SCHOOL _____

PLEASE LIST THE REASONS FOR ENROLLING

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____



Kennedy Catholic
Family of Schools

I am registering for:

Kindergarten _____

Pre-Kindergarten _____

To secure your place a \$100.00 non-refundable deposit is required for kindergarten and \$100.00 for Pre-school. These will be applied to your tuition.

If for Pre-K Please Check:

Mini-Pre-k (Tuesday & Thursday)

_____ 8:00 to 11:00AM

_____ Full Day 8AM to 2:30PM

Pre-K (Monday-Wednesday-Friday)

_____ 8:00 to 11:00AM

_____ Full Day 8AM to 2:30PM

Pre-K (Monday – Friday)

_____ 5 Full Days 8AM to 2:30PM

Saint John Paul II Elementary School Grade _____

Kennedy Catholic Middle School Grade _____

Kennedy Catholic High School Grade _____

Shenango Valley Catholic School System

Saint John Paul II Elementary ___ Kennedy Catholic Middle School ___ Kennedy Catholic High School ___

TRANSCRIPT REQUEST

Student's Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade _____ Telephone _____

Transferring From _____

Address _____

City _____ State _____ Zip _____

School District _____ School Telephone _____

My child (named above) is transferring to _____, Hermitage, PA. I hereby request and authorize the transfer (or copies thereof) of all my child's records (transcript of courses, grades, credits, record of standardized testing, reports on psychological testing, health and dental records, discipline records, attendance records) to the attention of the **REGISTRAR** of _____ as soon as possible.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

FOR OFFICE USE ONLY

Date request sent _____

Official Signature _____

Title _____ Date _____

Date Records Received _____ Records Reviewed by _____

For Saint John Paul II (K-6) mail to:
Registrar
2335 Highland Road
Hermitage PA 16148

For Kennedy Catholic Middle/High School (7-12) mail to:
Registrar
2120 Freeway
Hermitage, PA 16148

Shenango Valley Catholic School System
PAYMENT PLAN WORKSHEET

Saint John Paul II Elementary ___ Kennedy Catholic Middle School ___ Kennedy Catholic High School ___

NAME _____

PARISH _____

_____ Have you or are you planning to apply for financial aid?

Please indicate your choice of payment plan:

_____ One Payment via _____ check _____ credit card

_____ FACTS Two Payment System (\$10.00 fee applies)

_____ FACTS Three - Twelve Payment System (\$42.00 fee applies)

If using the FACTS Tuition Payment Plan, go to the website below to create your Agreement.

Please notify the Finance Office (724-346-5531) when your Agreement is complete.

<https://online.factsmgt.com/signin/4HGQ0>



KENNEDY CATHOLIC FAMILY OF SCHOOLS

Saint John Paul II Elementary School • Kennedy Catholic Middle & High School

Authorization Form

For Use of Child/Youth Name, Likeness, Photographic and/or Video Image

This authorization form shall serve as parental permission for the use of name, likeness, photographic, and/or video image of a child/youth where such permission is required.

I grant permission to _____
(print or type the above-named entity)

to use my child's/youth's first name only first & last name (check only one),
likeness, photographic, and/or video image in the production of the following:

Check all that apply

Above-named entity's official Publications, Brochures, Programs, Newsletters and other printed publications administered by the named entity.

Above-named entity's official Website, Facebook page, Instagram, Twitter and other social networking sites administered by the named entity.

Above-named entity's official postings on online video communities such as YouTube

www.eriercd.org The official website of the Diocese of Erie

Other: _____

Other: _____

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the above-named entity **in writing**, all references to my child/youth (i.e.: name, likeness, photographic, and/or video image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the above-named entity is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e.: name, likeness, photographic, and/or video image). I further understand that my child's/youth's name, likeness, photographic, and/or video image may continue to be used in any publications already printed or published prior to my revocation of consent provided herein.

SHENANGO VALLEY CATHOLIC SCHOOL SYSTEM

Kennedy Catholic Family of Schools | 2120 Shenango Valley Freeway • Hermitage, PA 16148

p) 724.346.5531 | f) 724.346.3011 | w) svcss.k12.pa.us



KENNEDY CATHOLIC FAMILY OF SCHOOLS

Saint John Paul II Elementary School • Kennedy Catholic Middle & High School

I also understand that adult supervisors, coaches and/or activities sponsors may take photographic or video images of my child/youth during athletic, and/or program or extracurricular activities, for purposes of newsworthiness, post-secondary athletic or academic grants or scholarships, and for which I provide my consent. I understand that no financial or other compensation will be paid for any photo, video or work product used.

Additionally, other parents, adults, and third parties may attend and take photographs and/or video of public events and activities. Finally, I understand that such parties are not within the control of the above-named entity to direct or limit the use of any photographic or video image taken or obtained by them which may include images of my child/youth.

Name of Child (please print)

Date of Birth

Signature of Parent or Legal Guardian

Date

Definitions:

Child/Youth – anyone under the age of 18

Adult – anyone who has reached the age of 18 and older

Above-named entity/Named entity – Institution named on the Letterhead of the Authorization Form

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**DIOCESE OF ERIE
CATHOLIC MISSION
MEMORANDUM OF UNDERSTANDING**

As a parent/guardian of a student in a Catholic School, I understand, affirm and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teachings of the Catholic Church.
2. Catholic schools are distinctive religious educational institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the diocese or religious community.
3. Attending a Catholic school is a privilege not a right.
4. While academic excellence and involvement in extracurricular activities (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching and Church law, the final determination rests with the diocesan Bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and, by enrolling my child, I commit myself to uphold all the principles and policies that govern a Catholic school.

Father:

Mother:

Guardian:

Printed

Printed

Printed

Signature

Signature

Signature

Student's Name (please print):

School:

Date: _____

THIS FORM IS TO BE INCLUDED WITH EACH CHILD'S PERMANENT RECORD FOLDER AND UPDATED ANNUALLY AT THE START OF EACH SCHOOL YEAR.

SHENANGO VALLEY CATHOLIC SCHOOLS SYSTEM

Saint John Paul II Elementary _____ Kennedy Catholic Middle School _____ Kennedy Catholic High School _____

Form Revision: January 2017
20__ - 20__ AUTO RENEWABLE

TUITION CONTRACT AND AGREEMENT

FAMILY NAME _____

STUDENT NAME _____ GRADE IN SEPTEMBER _____

CONTRACT PERIOD--AUTO-RENEWABLE: ALL TUITION CONTRACTS ARE AUTO-RENEWABLE; INDICATING THE METHOD OF PAYMENT WILL BE THE SAME EACH YEAR UNLESS THE SCHOOL IS NOTIFIED OTHERWISE.

METHOD OF PAYMENT:

- ONE PAYMENT
- F.A.C.T.S. TWO PAYMENTS (\$10.00 FEE)
- F.A.C.T.S. THREE - TWELVE PAYMENTS (\$42.00 FEE)
- OTHER _____

FOR ONE PAYMENT FIRST PAYMENT IS DUE BY JULY 1. FOR TWO PAYMENTS 1ST PAYMENT IS DUE IN JULY, 2ND PAYMENT IS DUE IN DECEMBER. FOR TEN MONTH PLAN FIRST PAYMENT IS DUE IN JULY WITH 10TH PAYMENT DUE IN APRIL

TUITION	\$ _____.
NON-CATHOLIC ASSESSMENT	\$ _____.
TOTAL TUITION	\$ _____.

LESS DEDUCTIONS FOR:

ASSISTANCE	\$ _____	TAP	\$ _____
SCHOLARSHIPS	\$ _____	PRE-PAY	\$ _____
STAR FOUNDATION	\$ _____	SV FOUNDATION	\$ _____
MULTI-STUDENT	\$ _____	OTHER	\$ _____
TOTAL DEDUCTIONS		\$ _____.	

TOTAL NET PAYABLE \$ _____.

FEE PAYABLE AT REGISTRATION

<i>Pre-School</i>	\$ _____.	<i>Amount Pd.</i>	\$ _____
<i>Elementary</i>	\$ _____.	<i>Amount Pd.</i>	\$ _____
<i>Middle School</i>	\$ _____.	<i>Amount Pd.</i>	\$ _____
<i>High School</i>	\$ _____.	<i>Amount Pd.</i>	\$ _____

PAYMENTS MADE: Date _____

Amount: \$ _____ via

Cash ___ Check ___

Master Card ___ Visa Card ___

Card No. _____

Exp. Date Month Year
 / / / /

Signature

Print Name Exactly as it appears on the Card

GENERAL AGREEMENT:

I specifically understand that students are enrolled for the entire year and that the school reserves the right to dismiss a student at anytime. I also understand that there will be no reduction of current school year tuition if a student is dismissed or withdraws, and I agree that full payment will be required in all cases. In no case are any fees refundable. In the event tuition is pro-rated, I understand that it will be done on a quarterly basis.

I also specifically understand that tuition payments, if not paid in full, will be done through the FACTS management system. Further, I understand that I must give at least five (5) days advance notice if a change is needed for a certain month with my FACTS agreement.

As the undersigned I also agree to pay increases in tuition and fees as may occur from year to year. I understand that my tuition payment agreement will rollover into the next school year, unless I notify the Finance Department of any changes.

I also agree to abide by the rules and regulations of the school as presented in the Student-Parent Handbook and other publications, along with any other such policies and notifications.

All figures are in accordance with the policies of The Shenango Valley Catholic Schools System (SVCSS).

The responsible party can make changes to the method of payment terms allowable under this agreement by contacting the Finance Office of the SVCSS. In the event additional fees, charges, penalties, etc. are assessed by the institution in accordance with institution policy or as a result of changes in services authorized by the responsible party, the responsible party recognizes that the total balance due and/or payment amount will change. The responsible party agrees that the responsible party's authorization of any such change including re-enrollment for subsequent years, shall constitute the responsible party's authorization to change the payment amount, and/or continue the payments until the total balance due is paid in full. The responsible party does not require the institution to send advance notice of any adjustments resulting from any such changed authorization, which includes any reduction in the balance due and/or payment as a result of financial aid or any other similar cause, or resulting from any re-enrollment. A copy of any such changed authorization or re-enrollment is to be provided to the responsible party by the institution. If there will be any change in the pre-authorized payment amount other than as a result of a changed authorization or re-enrollment, the institution will give notice of such changed payment amount at least ten (10) days in advance of the next scheduled payment.

All transcripts, report cards, student records and diplomas are the property of the specific school contained as part of the SVCSS and will not be issued to transferring or graduating students until all tuition and fees are paid in full. Report cards may be held for past due balances at the sole discretion of the specific school of the SVCSS. In the event of default, the person(s) indicated below will pay all costs incurred to collect this account, including reasonable fees of an attorney and/or collection agency.

I, the undersigned, having fully read the tuition contract and above agreement regarding the payment of tuition and fees for the above named student, understand this to be legally binding as attested to by my signature, and I fully agree to assume these obligations in full.

SIGNATURE OF PERSON FINANCIALLY RESPONSIBLE

Relationship to Student

SIGNATURE OF PERSON FINANCIALLY RESPONSIBLE

Relationship to Student

DATE _____

STUDENT NAME _____

SCHOOL OFFICIAL

For Office Use Only:

Initial registration for:

Saint John Paul II Elementary ___

Kennedy Catholic Middle School ___

Kennedy Catholic High School ___

WITHDRAWAL DATE _____

RE-ENTERED DATE _____