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# KENNEDY CATHOLIC FAMILY OF SCHOOLS

Kennedy Catholic Middle & High School

## Application for Admission

*Please Print*

### Student Information

Legal Name \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME NICKNAME

Street Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Mailing Address \_\_\_\_\_  
(if different than above) PO BOX OR STREET NUMBER STREET CITY STATE ZIP CODE

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
CITY STATE

Gender:  Male  Female Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Parish: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Public School District: \_\_\_\_\_ Year Applying For:  7  8  9  10  11  12

Previous Schools (List Current School First)

\_\_\_\_\_

### Interests (Check All That Apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Ice Hockey           | <input type="checkbox"/> Band/Chorus/Music  |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Soccer               | <input type="checkbox"/> Campus Ministry    |
| <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Softball             | <input type="checkbox"/> Drama              |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Volleyball           | <input type="checkbox"/> STEM               |
| <input type="checkbox"/> Golf          | <input type="checkbox"/> Bowling              | <input type="checkbox"/> Student Ambassador |
| <input type="checkbox"/> Tennis        | <input type="checkbox"/> Engineering/Robotics | <input type="checkbox"/> Student Council    |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Other _____          | <input type="checkbox"/> TV Production      |
|  |   | <input type="checkbox"/> Yearbook           |

**Parent Information**

- Resides With:  Mother & Father  
 Mother & Stepfather  
 Father & Stepmother  
 Mother Only  
 Father Only  
 Grandparent(s)  
 Guardian(s)

- To Whom Should The  Mr. & Mrs.  
School Send Direct  Mrs.  
Mailings?  Ms.  
 Mr.  
 Dr. & Mrs.  
 Mrs. & Dr.  
 Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address(Only if different than student address)

Home Address (Only if different than student address)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Title/Position \_\_\_\_\_

Title/Position \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

City/State \_\_\_\_\_

City/State \_\_\_\_\_

**Please Provide Information About the Student's Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Please List the Reason for Wanting to Join the Kennedy Catholic Family**

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For Billing Purposes:

Guarantor \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME SOCIAL SECURITY NUMBER

**Signatures**

Our signatures indicate that all the information in this application is factually correct and honestly presented.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_



## 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 Preschool. These will be applied to your tuition.

If for Pre-K Please Check:

Mini Pre-K (Tuesday & Thursday)

8:00 AM – 11:00 AM OR  Full Day from 8:00 AM – 2:30 PM

Pre-K (Monday, Wednesday, & Friday)

8:00 AM – 11:00 AM OR  Full Day from 8:00 AM – 2:30 PM

Pre-K (Monday through Friday)

5 Full Days from 8:00 AM – 2:30 PM ONLY

Saint John Paul II Elementary School Grade \_\_\_\_

Kennedy Catholic Middle School Grade \_\_\_\_

Kennedy Catholic High School Grade \_\_\_\_



# KENNEDY CATHOLIC FAMILY OF SCHOOLS

## 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:

Date Records Received:

Records Reviewed by:

Please fax transcripts and discipline records to Nicole Perry 724-346-3011 and mail additional to...  
For Saint John Paul II (K-6): Registrar, 2335 Highland Road, Hermitage, PA 16148  
For Kennedy Catholic Middle/High School (7-12): Registrar, 2120 Freeway, Hermitage, PA 16148



## KENNEDY CATHOLIC FAMILY OF SCHOOLS

### Shenango Valley Catholic School System - PAYMENT PLAN WORKSHEET

Name:

Parish:

Have you or are you planning to apply for financial aid? -  Yes OR  No

Please indicate your choice of payment plan:

- One Payment:  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

## 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 OR 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.eriered.org](http://www.eriered.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.

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 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 (Print or Type)

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.





# KENNEDY CATHOLIC FAMILY OF SCHOOLS

## 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.

Child's Name

School

Date

Father (Print/Type)

Mother (Print/Type)

Guardian (Print/Type)

Signature

Signature

Signature

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



# KENNEDY CATHOLIC FAMILY OF SCHOOLS

## 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)

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	\$	Star Foundation	\$	
Tap	\$	Sv Foundation	\$	
Scholarships	\$	Multi-Student	\$	
Pre-Pay	\$	Other	\$	
Total Deductions	\$			
Total Net Payable	\$			

Payments Made:

Date:

Amount:

Type: Cash  Check  Visa  Mastercard

Card #:

Exp. Date:

Signature

Print Name Exactly as it appears on the Card

Fees Payable At Registration

Pre-School \$      High School \$      Middle School \$      Elementary School \$



# KENNEDY CATHOLIC FAMILY OF SCHOOLS

## 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 preauthorized 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

Student Name

Date

FOR OFFICE USE ONLY – Initial Registration for:  
WITHDRAWAL DATE

SJPII

KCMS

KCHS

RE-ENTER DATE