



OUR LADY OF SORROWS SCHOOL

CURRENT STUDENT RE-REGISTRATION FORM 2017-2018

Application must be filled out completely. Applicant is to type or print all information in full.

If you wish to enroll new student please write in their name and check off that they are new, also fill out supplemental form B*.

Name of Child(ren) attending (Oldest to Youngest)	Grade Applying For	Returning Student	New Student
1.			
2.			
3.			
4.			

1. FAMILY INFORMATION

Father: _____ () Living () Deceased
 Last First MI
 Physical Address: _____ City: _____ Zip Code: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 Employer: _____ Job Title: _____ Work Number: _____
 Religion: _____ Church Registered at: _____ Church Attending: _____
 E-mail is required: _____ Phone Number: _____

Mother _____ () Living () Deceased
 Last First Maiden
 Physical Address: _____ City: _____ Zip Code: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 Employer: _____ Job Title: _____ Work Number: _____
 Religion: _____ Church Registered at: _____ Church Attending: _____
 E-mail is required: _____ Phone Number: _____

Student Lives with: () Mother () Father () Both **Parent's Marital Status:** () Married () Divorced () Separated
 () Parent/Step Parent () Other _____ () Widowed () Single () Remarried

IF DIVORCED PLEASE ATTACH A COPY OF THE CUSTODY AGREEMENT

Does the other parent have legal access? () Yes () No () N/A

Family Annual Income:

_____ Under \$20,000 _____ \$20,000 - \$29,999 _____ \$30,000 - \$39,000 _____ \$40,000 - \$49,000
 _____ \$50,000 - \$59,999 _____ \$60,000 - \$69,999 _____ \$70,000 or more Total Household size: _____

2. NAME OF PUBLIC SCHOOLS THAT YOUR CHILD IS ZONED FOR: *(MUST BE FILLED IN IF YOU HAVE MOVED)

DISTRICT: _____
ELEMENTARY: _____
MIDDLE SCHOOL: _____
HIGH SCHOOL: _____

FOR OFFICE USE ONLY:	
DATE RECEIVED _____	DATE PAID _____
REG. PAYMENT _____	RECEIPT # _____
REGISTERED BY _____	

3. AUTHORIZATION

I understand that this application authorizes the school to investigate my child’s academic record and to secure other pertinent information necessary to reach an admission decision. I also voluntarily waive the right of access to all other information and materials of any kind received by Our Lady of Sorrows School from any source in connection with the application.

I hereby certify that all the information given on this application is true, complete and correct.

PLEASE PRINT PARENT NAME

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

.....
Our Lady of Sorrows School follows a policy of non-discrimination with regard to race, color, religion or ethnic origin within its Christian philosophy. The policy of non-discrimination refers to the acceptance and participation of all students. The school adheres to the policies stipulated by the Diocese of Brownsville

TUITION AND FEE GUIDELINES

****Please read this agreement carefully and initial to confirm that you will commit to each of the following requirements****

REGISTRATION: _____ Initial

All students pay a non-refundable registration fee of **\$255**. Application will NOT be processed unless registration fee is paid. The school's expectation at the time of registration is that all tuition and fees will be paid on time. Failure to do so violates the contract that the school makes with the Parent/Guardian and this will result in the suspension of child(ren) for delinquent tuition or fees, and/or non-registration for the following year.

TUITION & FEE PAYMENT: _____ Initial

Your tuition payment will include technology, books and school supplies fee. Tuition itself does not help the school cover all costs of educating each child. The school must rely on other sources of funding, including parish allocations, grants, donations, and fundraisers.

- Tuition is to be paid in twelve (12) month increments (June through May).
- The tuition is due on the 1st day of each month.
- A \$30 late fee will be assessed after the 15th of each month.
- There is a 10% tuition discount for families with 3 or more children.
- The first tuition payment is due by June 1, 2017 (12 months).
- **Tuition past due 90 days or more may result in the ineligibility for the student(s) to remain at Our Lady of Sorrows School.**
- If a student withdraws from school voluntarily, advance tuition will be refunded by the following schedule (not including registration or other fees):

Prior to July 1st..... 100%

July 2nd – July 13th 50%

On or After July 14th NO REFUND

MANDATORY FUNDRAISERS: _____ Initial

The school has two major fundraising projects per year. The **MANDATORY FUNDRAISERS** will be a total of \$400.00 per family. The Fall Raffle Commitment will require selling \$200 worth of raffle tickets. The Spring Car Raffle Commitment will require selling \$200 worth of tickets. Families are encouraged to sell additional tickets to support the school.

SERVICE HOURS: _____ Initial

Each family is required to perform 3 hours of SERVICE to the school for the 2017-2018 school year. A volunteer orientation will be held at the start of the school year to inform parents about volunteer opportunities within the school and/or during school functions. Mandatory service hours must be completed by April 27, 2018 to avoid having financial account billed for the remaining difference of \$50 per hour.

DELINQUENT ACCOUNTS: _____ Initial

Suspension: Students whose accounts are 90 days or more past due will be suspended until the account is paid up to date.

Report Cards/Progress Reports: Report card will not be issued to students whose accounts are delinquent.

Credit Card Payment: Delinquent accounts may be subject to payment by credit card. Repeated account delinquency, will require a credit card authorization to be on file.

Withdrawal: In the event that a student with a delinquent account withdraws from school, no grades, transcripts, or other records will be released until all financial obligations have been met.

PAYMENT TYPE _____ Initial

Payments may be made by check, money order, credit/debit card, pre-authorized credit/debit card charge or by pre-authorized ACH (no service charge). We accept Debit card payments with a service charge of \$5 and Credit Card (Visa, MasterCard, and Discover) payments with a service charge of \$5.

INSUFFICIENT FUNDS (NSF) & ACH RETURNS _____ Initial

A \$35 Fee will be assessed in each case when a check or ACH is returned by the bank for insufficient funds.



OUR LADY OF SORROWS SCHOOL

1100 GUMWOOD AVE.

MCALLEN, TX 78501

PHONE: (956) 686-3651 | FAX: (956) 686-1996

www.olsschool.org

Enrollment Contract for School Year 2017-2018

Non-Refundable Fees

Registration Fee- \$255.00 per Student

Fall Fundraiser Commitment- \$200.00 per Family

Spring Fundraiser Commitment- \$200.00 per Family

U.S. Resident

PK-Kinder	Annual	12 Month
1 st & 2 nd Child	\$5400.00	\$450.00
3 rd + Child*	\$4860.00	\$405.00
1st-8th grade		
1 st & 2 nd Child	\$5400.00	\$450.00
3 rd + Child*	\$4860.00	\$405.00

NON-U.S. Resident

PK-Kinder	Annual	12 Month
1 st & 2 nd Child	\$5640.00	\$470.00
3 rd + Child*	\$5076.00	\$423.00
1st-8th grade		
1 st & 2 nd Child	\$5640.00	\$470.00
3 rd + Child*	\$5076.00	\$423.50

1. Payment of non-refundable registration fee of \$255.00 per child is due upon submission of a completed application.
2. Payment is due on the 1st of each month. Payments received after the 15th of each month will be subject to a \$30 late charge per month. Tuition past due 90 days or more may result in the ineligibility of my son/daughter to remain at Our Lady of Sorrows School.
3. The parent(s)/guardian(s) agree to participate in and support all school activities, including fundraising events. **Parent(s)/Guardian(s) agree to sell mandatory fall and spring raffle commitment tickets of \$200 per raffle (\$400 annually).** If not fulfilled by event date (TBD) the tuition account will be billed for the monetary difference and an **additional late fee charge of \$30.00**
4. The parent(s)/guardian(s) agrees to complete 3 hours of service to the school by April 27, 2018. **Parent(s)/Guardian(s) agree to pay \$50 per service hour not completed.**
5. If a student withdraws from the school voluntarily on the opening day or thereafter, advance tuition payments will be refunded according to the schedule given on the previous page. All other fees are nonrefundable.
6. There is a \$35 NSF fee for checks and ACH returns by the bank for insufficient funds. At the discretion of the administration, it may be necessary to require all future payments be made in the form of cash, credit card, money order or cashier's check.
7. I, _____ **will be responsible for all financial obligations stated above.**
Print Parent/Guardian responsible for tuition

Parent/Guardian Signature
Responsible for Tuition

Date

OFFICE USE ONLY

Total Annual Tuition \$ _____

Total Registration Payment \$ _____

___ Cash ___ Check

Date Received _____

Date Paid _____

Receipt # _____

Registered By: _____



OUR LADY OF SORROWS SCHOOL
ACH AND CREDIT CARD MONTHLY PAYMENT FORM
 2017-2018 SCHOOL YEAR

Parent' Name _____ Telephone Number _____

CHECK ACCOUNT-ACH

I (we) hereby authorize Our Lady of Sorrows School and Inter National Bank to make the following pre-authorized debit transaction

against my (our)

() Checking Account _____ Bank routing # _____

Financial Institution Name _____

_____ 5th of the month _____ 15th of the month

ATTACH VOIDED CHECK

I further agree to the terms and conditions stated below.

1. OLSS may cancel this authorization at any time by sending me a written notice of cancellation. In the event I want to cancel this authorization, I will provide OLSS a written notice prior to the next scheduled payment date.

Account Owner Initial(s) _____

2. If the payment date falls on a date the bank does not process payments. The payment will be deducted the next day the bank processes payments.

Account Owner Initial(s) _____

3. If the specified account does not have sufficient available funds on deposit on the day OLSS attempts to deduct the payment, a \$35 service fee will be assessed against my account.

Account Owner Initial(s) _____

Parent Signature _____ Date _____

CREDIT CARD DEDUCTION

I, _____ give Our Lady of Sorrows School authorization to deduct monthly tuition and meal payments from the following credit card.

Discover _____ Visa _____ Mastercard _____

Name on Card: _____ Billing Address: _____

Credit Card Number: _____ Expiration Date: _____ V Code: _____

_____ 5th of the Month _____ 15th of the Month

Authorization Signature _____ Date _____

Student Name(s): _____, _____, _____, _____

Tuition Amount: \$ _____ Meal Amount: \$ _____ Yearbook (September) \$ _____

Fall Raffle (October) \$ _____ Spring Raffle (April) \$ _____ After School Care: \$ _____

Transaction Fee: \$ 5.00 for credit cards

STUDENT EMERGENCY INFORMATION
SCHOOL YEAR 2017-2018

Applications must be filled out completely to complete the registration process.
An Emergency Information form must be filled out for EACH child. Please PRINT clearly.

STUDENT INFORMATION

GRADE: _____ TEACHER: _____

LAST NAME: _____ FIRST: _____ DOB: _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

GENDER: _____ HOME PHONE: _____ SSN: _____

INSURANCE COMPANY NAME: _____ POLICY NO.: _____

PARENTAL/GUARDIAN INFORMATION

MOTHER'S NAME: _____ WORK#: _____ CELL: _____

FATHER'S NAME: _____ WORK#: _____ CELL: _____

EMERGENCY CONTACTS

IN CASE OF EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL: **(MUST BE A U.S. NUMBER)**

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD FROM THIS SCHOOL:

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

HEALTH INFORMATION

1. List health conditions such as heart disease, diabetes, epilepsy, asthma, eye/ear problems, blood pressure abnormalities, severe food/drug allergies, etc. **A note from your child's physician is required for heart condition, diabetes, epilepsy/seizures, or asthma with use of inhaler.** (Please write "none" where applicable)

2. Is there any need for medication or inhalers at school? If so, list medication to be taken or kept at school?

3. Are there any special concerns or limitations regarding athletic participation for your child?

CONSENT TO TREAT

I, the undersigned, do hereby authorize the officials of Our Lady of Sorrows School to contact directly the person named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold Our Lady of Sorrows School financially responsible for the emergency care and/or transportation for said child.

PLEASE PRINT PARENT NAME

PARENT SIGNATURE

DATE

PHYSICIAN:

PHYSICIAN PHONE#:

IN CASE OF AN EMERGENCY REQUIRING PROFESSIONAL CARE, I/WE AUTHORIZE THE SCHOOL OFFICIALS TO HAVE MY/OUR CHILD TREATED BY EMS STAFF AND/OR TRANSPORTED TO _____ HOSPITAL.