

BISHOP FOLEY

CATHOLIC HIGH SCHOOL

FAMILY REGISTRATION FORM & FINANCIAL CONTRACT

2011 — 2012

Please attach the following required documents and fees to this form to complete the Registration Process:

- Record Release — (new students only)
- Course Selection Sheet
- Registration Fee
- Tuition Deposit
- Facts Billing Fee

IMPORTANT: This information is used in the event of student emergencies thus it could be imperative to the welfare of your child. Please make sure that the information you provide is complete and accurate. This information is also used in the event that the school must be dismissed early due to weather conditions or mechanical failure in the building. It is your responsibility to keep the school informed of any changes that may occur during the course of the school year.

All of the information in this document is required for student registration. Please fill it out completely, making sure that you have signed the form in all required areas. Registration is complete only when all registration fees are paid and registration forms are accurately completed and turned into the Finance Office.

SECTION 1 — STUDENT INFORMATION

Please complete this section for **all** students that you are registering for the 2011-2012 academic year.

FIRST NAME	MIDDLE NAME	LAST NAME	GRADE IN 2011-12	✓ IF NEW STUDENT

ADDRESS	CITY	ZIP	AREA CODE + PHONE
SCHOOL DISTRICT YOU RESIDE IN	RELIGION	PARISH/CHURCH — NAME & CITY	

SECTION 2 — NEW STUDENT INFORMATION

Please complete this section for **any new** student that you are registering for the 2011-2012 academic year.

STUDENT	DATE OF BIRTH	GENDER	SOCIAL SECURITY # (REQUIRED)	CITY OF BIRTH	CITIZENSHIP

SACRAMENTS RECEIVED

BAPTISM — DATE	FIRST COMMUNION — DATE	CONFIRMATION - DATE

DEMOGRAPHICAL INFORMATION

AFRICAN AMERICAN	MIDDLE EASTERN	ASIAN	HISPANIC	AMERICAN INDIAN	CAUCASIAN	OTHER (please indicate)
FIRST LANGUAGE			LANGUAGE SPOKEN AT HOME			

Who may we thank for referring you to Bishop Foley? _____

SECTION 3 — FINANCIAL CONTRACT

I/we have indicated our selected Payment Plan and Payment Method with a “✓” in the table below.

PAYMENT OPTIONS	✓ the plan selected	✓ if ACH \$50	✓ if Invoice \$95	Single
Single Installment — Single payment: July 1st				\$15
2 Installments - Consists of two equal payments: June and November				
10 Installments- Consists of ten equal payments: June - March				
11 Installments- Consists of twelve equal payments: May - March				
12 Installments — Consists of twelve equal payments: April - March				

1. I/we have completed the FACTS Tuition Enrollment form (on-line) and have included the Facts Billing Fee with the non-refundable tuition deposit and non-refundable registration fee as the conditions of my enrollment.
2. I/we have received, read, and understand the tuition, fees and financial policies outlined in the “Money Matters” document.
3. I/we are aware of the financial responsibility for the following student(s) enrolled at Bishop Foley Catholic High School and accept full responsibility for payment of all tuition and fees.
4. I/we understand that I/we will forfeit the 1.5% Single Payment discount if the payment is made after July 1, 2011.
5. I/we understand that the tuition deposit and all fees are non-refundable.
6. I/we understand that we are responsible for all fees charged due to late payments or payments returned for insufficient funds.
7. I/we understand and agree to pay the Student Activity Fee, Graduation Fee (seniors only), Retreat Fee, the Book Use Fee and the Book Deposit no later than May 31, 2011.
8. I/we understand that I/we are required to provide 10 hours of service per student to Bishop Foley Catholic High School. A minimum of five hours of service must be completed prior to the start of the second semester; the remaining hours must be completed prior to June 1, 2012 (senior parent service hours must be completed on or before April 30, 2012).
9. I/we understand that a service hour is considered completed once the approved supervisor has signed off on the Service Hour Tracking Form and the form has been submitted to and signed by the Finance Office.
10. I/we understand it is my/our responsibility alone to get the service hour tracking form signed and turned into the Finance Office.
11. I/we understand that I/we will be charged and agree to pay a service hour fee at a rate of \$40 per un-worked hour in the event I/we fail to complete this requirement as scheduled.
12. I/we understand that failure to show up for a scheduled Service Hour commitment will result in additional charges.
13. I/we understand that I/we are responsible to sell a minimum of \$400 of Tuition Raffle tickets and I/we are responsible to pay for all tickets, including those that are not sold.
14. I/we understand that a student’s tuition account must be current to begin school, each quarter, and the second semester.
15. I/we understand that if my/our account becomes delinquent, my student may be subject to exclusion from exams, classes, school activities (graduation, trips, dances, prom, etc.). No access to Edline, class credit, report cards, progress report, schedule, diploma, or transcripts will be given or transferred until the account is made current.

16. I/we understand that all financial obligations for a senior student must be paid in full no later than April 30th or the student may not attend prom or participate in the graduation exercises.

17. I/we have read and understand the Enrollment Policies of Bishop Foley Catholic High School and agree to abide by all.

Student Name(s): _____

Responsible Party Name - Print _____ Responsible Party Signature _____ Date _____

Responsible Party Name — Print _____ Responsible Party Signature _____ Date _____

RESPONSIBLE PARTY INFORMATION — IF DIFFERENT FROM STUDENT/PARENT/GUARDIAN INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	ALUMNUS OF BISHOP FOLEY — CLASS OF
HOME PHONE #	CELL PHONE #	BUSINESS PHONE #	EMAIL

ADDRESS	CITY	STATE	ZIP

Non-Refundable Fees Due with this form at the time of Registration

Registration Fee	\$ 150	<i>If student registers on or before April 30th</i>
	\$ 250	<i>If student registers on or after May 1st</i>
Tuition Deposit (Deducted from Tuition)	\$ 300	
Facts Enrollment/Payment Fee	\$ 95	<i>If selecting Invoice Method</i>
	\$ 50	<i>If selecting ACH Method</i>
	\$ 15	<i>If selecting Single Payment Option</i>

ENROLLMENT POLICIES OF BISHOP FOLEY CATHOLIC HIGH SCHOOL

Because Bishop Foley Catholic High School is a Catholic High School, all students enrolling are required to take religious education classes each semester and attend all religious services. I/we agree to abide by the rules and regulations set forth in the student handbook, plus any set forth by the Administration or Board of Education. Failure to abide by said rules could result in disciplinary action which may include suspension or expulsion.

Bishop Foley Catholic High School is a college preparatory school that aspires to prepare 100% of its student body to attend post-secondary education at colleges or universities. Bishop Foley provides reasonable academic support to students who need extra assistance. Examples of the academic support services we provide include: peer tutoring after school, a pre-high school summer study skills class, assignments and grades on Edline, and/or a 9th grade skills enrichment course. Furthermore, if grades fall below C-, parents receive one additional report card between midterm grades and the quarter grades. Specific grade point averages are required for participation in sports and some co-curricular activities.

SECTION 4 — PARENT/GUARDIAN INFORMATION

FATHER'S / GUARDIAN INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	ALUMNUS OF BISHOP FOLEY — CLASS OF
HOME PHONE #	CELL PHONE #	BUSINESS PHONE #	EMAIL

ADDRESS — IF DIFFERENT THAN STUDENTS	CITY	STATE	ZIP

STUDENT RESIDES WITH FATHER?	FATHER HAS LEGAL CUSTODY?	IF NOT THE CUSTODIAL PARENT, DOES THIS PERSON RECEIVE MAILINGS?
EMPLOYER	OCCUPATION	IF A GUARDIAN, WHAT IS YOUR RELATIONSHIP TO THE STUDENT?

SPOUSE INFORMATION — IF DIFFERENT FROM MOTHER'S INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	ALUMNUS OF BISHOP FOLEY — CLASS OF

MOTHER'S / GUARDIAN INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	ALUMNUS OF BISHOP FOLEY — CLASS OF
HOME PHONE #	CELL PHONE #	BUSINESS PHONE #	EMAIL

ADDRESS — IF DIFFERENT THAN STUDENTS	CITY	STATE	ZIP

STUDENT RESIDES WITH MOTHER?	MOTHER HAS LEGAL CUSTODY?	IF NOT THE CUSTODIAL PARENT, DOES THIS PERSON RECEIVE MAILINGS?
EMPLOYER	OCCUPATION	IF A GUARDIAN, WHAT IS YOUR RELATIONSHIP TO THE STUDENT?

SPOUSE INFORMATION - IF DIFFERENT FROM FATHER'S INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	ALUMNUS OF BISHOP FOLEY — CLASS OF

SECTION 5 — EMERGENCY/MEDICAL INFORMATION

EMERGENCY CONTACT INFORMATION

This information will be used if the school is unable to reach the legal guardian.

NAME	RELATION TO STUDENT	HOME PHONE #	CELL PHONE #
NAME	RELATION TO STUDENT	HOME PHONE #	CELL PHONE #

MEDICAL INFORMATION

Student Name	List any health problems, such as asthma, diabetes, allergies, etc., if any	Describe any physical restrictions your child may have, if any.	Does your child require medication during school hours? **

** If yes, the “*Medication Administration Order*” form completed by your Physician must be returned to the Guidance Office before any medication can be administered to this student.

I authorize Bishop Foley Catholic High School to secure medical care for my student(s) in the event of serious illness or accident when I or the other persons listed above cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is to be handled by me.



Father's/Guardian Name - Print

Father's/Guardian's Signature

Date



Mother's/Guardian Name - Print

Mother's/Guardian's Signature

Date