


  
**St. Mary School**
  
*"Faith First"*

PO Box 340, Lake Leelanau, MI 49653 (231) 256-9636

## 2011/2012 Enrollment Form

Prior to enrollment, it is requested that new students meet with the principal to assure that St. Mary School can meet the needs of the student.

### Family Information

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

I give St. Mary School permission to print the above information in the school directory   yes\_\_\_\_\_no\_\_\_\_\_

Parish where family is registered: \_\_\_\_\_

School District where you reside: \_\_\_\_\_

	Participating Parishioner	Non-parishioner
<b>Tuition for students K - 12:</b>		
One Child - Grade K-12	\$ 3,625	\$ 6,667
Two Children - Grades K-12	\$ 5,532	\$10,410
Three Children - Grades K-12	\$ 7,060	\$13,763
Four Children Grades K-12	\$ 7,440	\$15,972
Each Additional	\$ 364 each	\$ 3,006 each
<b>A \$130.00 Student Fee, in addition to tuition, will be assessed for each child in grades K-12</b>		

### Payment Options:

\_\_\_\_\_ Payment in full by July 1st.

\_\_\_\_\_ SMART Program (Families currently on the SMART Program will automatically be re-enrolled; if you need to change date or frequency, a new form must be completed.)

\_\_\_\_\_ I would like to apply for a Guardian Angel Scholarship

\_\_\_\_\_ I am able to meet tuition and would like to make the following arrangement

\_\_\_\_\_

\_\_\_\_\_ I am not planning on re-enrolling.

**I agree that I will pay the tuition in good faith to the agreement stated above. I am aware that tuition does not cover the entire cost of education. It is understood that parish support and involvement in fundraisers is expected by all school families.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE OTHER SIDE

**Registration Information Continued:**

**PLEASE LIST BELOW ALL CHILDREN WHO WILL BE ENROLLED**

**\*returning students' date of birth and social security number are on file**

<b>Student's Name</b>	<b>11/12 Grade</b>	<b>Date of Birth*</b>	<b>Social Security Number*</b>	<b>Male/Female</b>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

**Names and ages of siblings not attending St. Mary School:** \_\_\_\_\_

**School student(s) is transferring from if applicable:** \_\_\_\_\_

**Any special need(s) for your child? No \_\_\_\_\_ Yes \_\_\_\_\_**

If yes, please explain: \_\_\_\_\_

**Any special medical conditions (allergies, medications, etc.):** \_\_\_\_\_

**Father:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

**Mother:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

**Step-Parent:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

**ENROLLMENT POLICY**

St. Mary School believes that any student who desires a Catholic education and whose needs can be met by St. Mary School will be considered for admission. Admission shall not be denied on the basis of race, color, or national origin. When capacity is limited, enrollment preference will be given to students of the Catholic families of the participating parishes.