TRENTON CATHOLIC ACADEMY at McCORRISTIN CAMPUS
K-8 Student Financial Registration 2017-2018
NEW STUDENT

(Please print)
STUDENT NAME _____ GRADE ____

PARENT/GUARDIAN NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBERS _____
Home Work Cell

____ **$250.00 PER FAMILY NON-REFUNDABLE REGISTRATION DEPOSIT DUE AT REGISTRATION PLUS FIRST MONTH TUITION PAYMENT IF REGISTERING AFTER JULY 31.**

Referred to TCA by the _____ Family.
This referral qualifies the referring family for a tuition credit.

Tuition (select one)

____ I will pay tuition in full by July 31, 2017. This payment can be made by check, cash, or money order. Tuition for the 2017-2018 school year is:

Active Catholic/Qualified:
____ $4,400.00 **(one child)**
____ $7,975.00 **(two children)**
____ $11,125.00 **(three children)**
____ $14,420.00 **(four children)**

A LETTER FROM YOUR PASTOR MUST ACCOMPANY THIS FORM TO RECEIVE THE ACTIVE/QUALIFIED RATE AT TIME OF REGISTRATION.

Other/Non-Qualified:
____ $5,800.00 **(one child)**
____ $10,650.00 **(two children)**
____ $13,950.00 **(three children)**
____ $18,095.00 **(four children)**

____ Facts payments will begin June 1 or 15(12 months), August 1 or 15(10 months), with a one-time $45.00 start-up fee per year included in your first payment. Examples are listed below.

____ 10 months @ $ 440.00 per month **(qualified one child)**
____ 12 months @ $ 366.67 per month **(qualified one child)**
____ 10 months @ $ 797.50 per month **(qualified two children)**
____ 12 months @ $ 664.58 per month **(qualified two children)**

____ 10 months @ $ 580.00 per month **(non-qualified one child)**
____ 12 months @ $ 483.33 per month **(non-qualified one child)**
____ 10 months @ $ 1065.00 per month **(non-qualified two children)**
____ 12 months @ $ 887.50 per month **(non-qualified two children)**

_____ _____
Parent/Guardian Signature Date

Please return this form, with enclosures to: Trenton Catholic Academy
177 Leonard Ave
Hamilton, NJ 08610
Attn: Main Office
Extended Care is available. For additional information please contact the Main Office at 586-5888.

TCA
TRENTON CATHOLIC ACADEMY

The Lower School at McCorristin Campus
177 Leonard Avenue ✝ Hamilton, NJ 08610
Tel: (609) 586-5888 ✝ Fax: (609) 631-9295 ✝ www.trentoncatholic.org

January, 2017

Dear Parents/Guardians:

Registration time is here, a time to reflect on your child's education. It is our sincere hope that you will choose the educational experience here at Trenton Catholic Academy for your child/children.

The enclosed materials and a $250 per family non-refundable tuition deposit are due in the school office before March 15, 2017 to get the reduced fee. We will process all **completed** registrations on a first come-first served basis.

Through the support of our fundraising efforts and financial assistance from the diocese, we have been able to keep tuition increases to a minimum. The tuition rates for the new school year are listed on the enclosed form.

Trenton Catholic Academy recommends that families needing financial assistance apply to the Diocese of Trenton. All forms are available on the www.trentoncatholic.org website in English and Spanish. Be mindful that all applications for Diocesan financial assistance are strictly confidential.

If you have registration concerns, call Mrs. Reap at 586-5888, extension 141.

May God graciously bless all of our Trenton Catholic Academy families.

Sincerely,

S. Dorothy Payne, SSJ.

S. Dorothy Payne, SSJ
President

The mission of Trenton Catholic Academy is to educate a culturally and academically diverse student body to be responsible citizens of a global community through a challenging and relevant curriculum centered in Catholic tradition and values.

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Federal Funds Letter and Survey

January, 2017

Dear Parents,

Children in our school are entitled to a variety of programs, materials, and services comparable to those provided to public school students through the use of Federal Funds. **In order for our children to benefit from these additional funds, it is very important for us to know how many children attending our school come from these families.** This information is essential to insure our continued participation in the federal programs, such as Title 1, currently serving your children.

I kindly ask that you review the attached Family Survey and simply indicate a "yes" or "no" to questions 1, 2, and 3. **Please sign the Family Survey, indicate your address, and return the form to my office no later than March 14.** All information will be kept confidential.

Thank you for your assistance with this survey.

Sincerely yours,

Mrs. Reap

Mrs. Anne Reap
Lower School Director

New Jersey Department of Education
Improving America's Schools Act
LEA Consolidated Formula Subgrant Application
July 1, 2016-June 30, 2017
Private School Survey
(Title I Only)

Family Survey

1. Find your family size and the annual, monthly or weekly income level listed beside it on the chart below:

Source: Income Eligibility Guidelines

Family Size	Annual	Monthly	Weekly
1	$21,978	$1,832	$423
2	$29,637	$2,470	$570
3	$37,296	$3,108	$718
4	$44,955	$3,747	$865
5	$52,614	$4,385	$1,012
6	$60,273	$5,023	$1,160
7	$67,951	$5,663	$1,307
8	$75,647	$6,304	$1,455
For each additional family member add:	+$7,696	+$642	+$148

Is your family income less than this amount? Yes _____ No _____

2. Are you receiving assistance under the Aid to Families with Dependent Children program? Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicaid program? Yes _____ No _____

Signature _____

Name (please print) _____

Address _____

_____

Dear Parents:

TRENTON RESIDENTS ONLY!!

Please be advised that we have been informed by the **TRENTON** Department of Transportation that all applications for Private School Transportation **MUST BE ACCOMPANIED WITH PROOF OF RESIDENCY. WITHOUT THIS INFORMATION, THE APPLICATION WILL NOT BE ACCEPTED.** This can be a copy of a phone bill, PSE&G bill. **NO credit card bills.**

Thank you in advance for your cooperation in this matter.

Mrs. Anne Reap

NEW JERSEY STATE DEPARTMENT OF EDUCATION
OFFICE OF STUDENT TRANSPORTATION

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please submit a separate application for each child to the private school

SCHOOL YEAR **2017-2018** RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT's NAME _____ (LAST / FIRST / MIDDLE) DATE OF BIRTH _____ (MONTH / DAY / YEAR)

GENDER _____ (M or F) PARENT/GUARDIAN NAME _____ DAYTIME PHONE _____ (AREA CODE + NUMBER)

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED **TRENTON CATHOLIC ACADEMY** PHONE **609-586-5888**

ADDRESS OF SCHOOL **177 LEONARD AVE., HAMILTON, NJ 08610**

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL _____ MILES _____ TENTHS (MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS **9/1/2017** CLOSES **6/8/18** SCHOOL HOURS FROM **7:50** AM TO **2:20** PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

_____ INELIGIBLE _____ (REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

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A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

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Diocese of Trenton

Permanent Elementary School Record

School Trenton Catholic Academy

City/Town Hamilton

Last Name | First | Middle | Sex: M F | Date of Registration

1. Address | ZIP code | Telephone | Public School District of Residence

2.

Parent Email | Name-Work Telephone

Place of Birth (city, state) | Date of Birth (month, day, year) | Country of Citizenship

Religion | Registered Parish | City/Town

Admitted from | Date | Grade

School | City, State

	Parish	City & State	Date
Baptism			
First Penance			
First Eucharist			
Confirmation			

Withdrawal Record

Date	To	Cause*

**Withdrawal Causes: 1. Illness; 2.Death; 3.Change of Residence; 4.Financial Difficulties; 5.Parent Request; 6. Academics 7. School Request; 8.Other Reasons*

Re-entry Record

Date	From	Grade

Graduation Date | High School Entered | City/Town

FAMILY BACKGROUND

	Name	Address	Occupation	Religion	Date of Death	Education
Father						☐Elem. ☐Coll. ☐Sec. ☐Adv.
Mother *(include maiden name)*						☐Elem. ☐Coll. ☐Sec. ☐Adv.
Guardian						☐Elem. ☐Coll. ☐Sec. ☐Adv.

Relationship of guardian to student _____

Home situation: ☐Two parents ☐One parent ☐Parents separated or divorced

(Check all that apply) ☐Restructured-mother/stepfather ☐Father remarried ☐Mother remarried

☐Restructured-stepmother/father ☐Other

Child resides with _____

Parental rights (in case of separation; attach court order) _____

Language spoken at home _____ Ethnic background _____

SIBLINGS

Complete Name	Date of Birth

OTHER PERTINENT INFORMATION:

picture

Diocese of Trenton

Permanent Elementary School Record

School Trenton Catholic Academy

City/Town Hamilton

Last Name | First | Middle | Sex: M F | Date of Registration

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Language spoken at home _____ Ethnic background _____

SIBLINGS

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OTHER PERTINENT INFORMATION:

picture

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	

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PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
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Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

TRENTON CATHOLIC ACADEMY

The Lower School at McCorristin Campus

177 Leonard Avenue ✦ Hamilton, NJ 08610

Tel: (609) 586-5888 ✦ Fax: (609) 631-9295 ✦ www.trentoncatholic.org

Request for Records

Student Name _____ Grade _____

Address _____

Date of Birth _____

Current School _____

School Address _____

Phone _____

To Parent/Guardian:

You are advised that pursuant to the provisions P>L> 93-380 (Family Education Rights and Privacy Act of 1974), these records will not be disclosed to any other party without written consent of the parent or guardian. Your signature indicates that you request a copy of your child's records to be sent to Trenton Catholic Academy for evaluation.

Parent Guardian _____

Date _____

To School Officials:

The above student is requesting admission to Trenton Catholic Academy. Please forward a copy of the records listed below:

Academic Records (current year and 3 years prior)
Health/Immunization Records
Standardized Test Scores (last 3 years)
Diagnostic Evaluations (may include psychological evaluations, psychiatric evaluations, I.E.P., or other records relative to Special Education classification)
Disciplinary Records and/or records related to the student's withdrawal or dismissal

Send all above information to:
Trenton Catholic Academy at McCorristin Campus

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Send all above information to:
Trenton Catholic Academy at McCorristin Campus

TRENTON CATHOLIC ACADEMY

Lower School

Registration Information Sheet

Thank you for your interest in Trenton Catholic Academy. We have instituted this form to help ease you through the registration process. Please feel free to call our Main Office, 586-5888 ext. 141, with any questions. The following items must be received/completed in order to finalize your registration:

PreKindergarten Students:

- Registration Form
- Non Refundable Registration Fee
- *($250.00 per family if paid prior to 3/15 - $300.00 after 3/15)*
- Copy of Official Birth Certificate
- Copy of Baptismal Certificate
- Completed Health Form
- Immunization Record (Immunizations must be up to date)

Final Acceptance is issued for incoming Pre-Kindergarten students following submission of above.

Students Entering Kindergarten through 8th Grade:

- Registration Form
- Non Refundable Registration Fee
- *($250.00 per family if paid prior to 3/15 - $300.00 after 3/15)*
- Copy of Official Birth Certificate
- Copy of Baptismal Certificate
- Completed Health Form
- Immunization Record (Immunizations must be up to date)
- Plus:
  - Student Interview with the Lower School Director
  - Report Cards from past two years
  - Standardized Test results from the past two years
  - Discipline Report from sending school
  - Copy of latest Child Study report if applicable

Final Acceptance is issued for incoming K through 8th grade students following submission of above, review of report cards, standardized testing and Director interview.