

**TRENTON CATHOLIC ACADEMY at McCORRISTIN CAMPUS**  
**K-8 Student Financial Registration 2018-2019**  
**NEW STUDENT**

(Please print)

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBERS \_\_\_\_\_  
Home Work Cell

**\$200.00 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, 2018. This payment can be made by check, cash, or money order.  
Tuition for the 2018-2019 school year is:

**Active Catholic/Qualified:** \_\_\_\_\_ \$4,600.00 (one child) \_\_\_\_\_ \$11,725.00 (three children)  
\_\_\_\_\_ \$8375.00 (two children) \_\_\_\_\_ \$15,220.00 (four children)

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

**Other/Non-Qualified:** \_\_\_\_\_ \$6,000.00 (one child) \_\_\_\_\_ \$14,550.00 (three children)  
\_\_\_\_\_ \$11,050.00 (two children) \_\_\_\_\_ \$18,895.00 (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 @ \$ 460.00 per month (qualified one child)
_____	12 months @ \$ 383.33 per month (qualified one child)
_____	10 months @ \$ 837.50 per month (qualified two children)
_____	12 months @ \$ 697.92 per month (qualified two children)
_____	10 months @ \$ 600.00 per month (non-qualified one child)
_____	12 months @ \$ 500.00 per month (non-qualified one child)
_____	10 months @ \$ 1105.00 per month (non-qualified two children)
_____	12 months @ \$ 920.83 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.*

EDUCATIONAL SERVICES COMMISSION of NEW JERSEY

**TO:** Parent/Guardian  
**FROM:** Private School Principal  
**RE:** Nursing Services; Chapter 226 - Laws of 1991

Existing legislation provides certain nursing services and funding for full time students in private schools.

Included in these services, based on available state aid, is maintenance of student health records, hearing assessment, and scoliosis screening.

In addition, your child will receive emergency nursing services for any school related illness or injury.

Please sign the form below and return it to my office as soon as possible.

----- ✂ -----  
-

**NONPUBLIC NURSING SERVICES**

I do give my permission

I do **NOT** give permission

for my child \_\_\_\_\_, in grade \_\_\_\_\_ to participate  
*(Please Print Child's Name)*  
in nursing services.

\_\_\_\_\_  
School District

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Signature of Parent/Guardian      Date

**SCHOOL YEAR 2018-2019**

**INDIVIDUAL PUPIL REQUEST FORM  
"LOAN OF TEXTBOOKS"**

Public School District:	Hamilton Township Board of Education 90 Park Ave Hamilton, NJ 08690
Non Public School:	Trenton Catholic Academy Lower School 177 Leonard Ave Hamilton, NJ 08610
NAME OF PUPIL:	_____
GRADE (for the 18-19 school year):	_____
NAME OF PARENT:	_____

NJSA 18A:58-37.1 et seq., "requires the board of education in each public school district in New Jersey with state funds to purchase and loan textbooks, "upon individual request" to all students attending a nonpublic school located in the public school district."

I hereby request that the Hamilton Township Public School District loan textbooks to the above nonpublic school in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

SCHOOL YEAR 2018-2019

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

(MEASURED VIA THE SHORTEST ROUTE  
ALONG PUBLIC ROADWAYS OR  
WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS \_\_\_\_\_

**9/4/2018**

CLOSES \_\_\_\_\_

**6/7/19**

SCHOOL HOURS FROM \_\_\_\_\_

MILES TENTHS

**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 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> 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.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.

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.



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

## **Federal Funds Letter and Survey**

January, 2018

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. Anne Reap  
Lower School Director

**New Jersey Department of Education  
Improving America's Schools Act  
LEA Consolidated Formula Subgrant Application  
July 1, 2017-June 30, 2018**

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	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
For each additional family member add:	+\$7,733	+\$645	+\$149

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 \_\_\_\_\_

\_\_\_\_\_

**Diocese of Trenton**

**Permanent Elementary School Record**

School Trenton Catholic Academy  
 City/Town Hamilton

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex:    M    F Date of Registration \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Public School District of Residence \_\_\_\_\_  
 2. \_\_\_\_\_ ZIP code \_\_\_\_\_

Parent Email \_\_\_\_\_ Name-Work Telephone \_\_\_\_\_

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

Religion \_\_\_\_\_ Registered Parish \_\_\_\_\_ City/Town \_\_\_\_\_

Admitted from \_\_\_\_\_ School \_\_\_\_\_ City, State \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

	Parish	City & State	Date
Baptism			
First Penance			
First Eucharist			
Confirmation			

  

Withdrawal Record		Cause*
Date	To	

\*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		Grade
Date	From	

Graduation Date \_\_\_\_\_ High School Entered \_\_\_\_\_ City/Town \_\_\_\_\_





# 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
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## SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

<b>IMMUNIZATIONS</b>	<input type="checkbox"/> Immunization Record Attached
	<input type="checkbox"/> Date Next Immunization Due:

### MEDICAL CONDITIONS

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



# 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](http://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

*We're TCA—Expect the Exceptional*

**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
- 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 8<sup>th</sup> Grade:

- Registration Form
- Non Refundable Registration Fee
- 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 8<sup>th</sup> grade students following submission of above, review of report cards, standardized testing and Director interview.