

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

(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 TO BE PAID BY MARCH 15, 2017**

**\$300.00 NON-REFUNDABLE LATE REGISTRATION FEE IF PAID AFTER MARCH 15, 2017**  
**FIRST MONTH TUITION PAYMENT DUE IF REGISTERING AFTER MAY 15**

**Tuition (select one)**

I will pay tuition in full by July 30, 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) \_\_\_\_\_ \$11,125.00 (three children)  
\_\_\_\_\_ \$7,975.00 (two 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) \_\_\_\_\_ \$13,950.00 (three children)  
\_\_\_\_\_ \$10,650.00 (two children) \_\_\_\_\_ \$18,095.00 (four children)

Facts payments will begin June 1 or 15(12 months), Aug. 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)

**I WILL NOT BE RETURNING** to Trenton Catholic Academy.  
Please send my school records, providing financial obligations are met to: \_\_\_\_\_

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.

HR



*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)

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](http://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,

A handwritten signature in cursive script that reads '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,

A handwritten signature in cursive script that reads '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*

<u>Family Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
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

SCHOOL YEAR 2017-2018

RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
M or F 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 9/1/2017 CLOSURES 6/8/18 SCHOOL HOURS FROM 7:50 AM TO 2:20 PM  
MILES TENTHS

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.

Dear Parents:

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GENDER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
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FULL NAME OF SCHOOL TO BE ATTENDED TRENTON CATHOLIC ACADEMY PHONE 609-586-5888

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INELIGIBLE \_\_\_\_\_ (REASON) \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

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**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 8<sup>th</sup> 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 8<sup>th</sup> grade students following submission of above, review of report cards, standardized testing and Director interview.