

TRENTON CATHOLIC ACADEMY at McCORRISTIN CAMPUS
K-8 Student Financial Registration 2019-2020

(Please print)

STUDENT NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBERS _____
Home Work Cell

**\$50.00 PER FAMILY NON-REFUNDABLE REGISTRATION DEPOSIT DUE AT
REGISTRATION TO BE PAID BY MARCH 15, 2019**

\$250.00 NON-REFUNDABLE LATE REGISTRATION FEE IF PAID AFTER MARCH 15, 2019
FIRST MONTH TUITION PAYMENT DUE IF REGISTERING AFTER MAY 15

Tuition (select one)

I will pay tuition in full by July 30, 2019. This payment can be made by check, cash, or money order.
Tuition for the 2019-2020 school year is:

Active Catholic/Qualified: _____ \$4,700.00 (one child) _____ \$12,025.00 (three children)
_____ \$8,575.00 (two children) _____ \$15,620.00 (four children)

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

Other/Non-Qualified: _____ \$6,100.00 (one child) _____ \$14,850.00 (three children)
_____ \$11,250.00 (two children) _____ \$19,295.00 (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 @ \$470.00 per month (qualified one child)
_____ 12 months @ \$391.66 per month (qualified one child)
_____ 10 months @ \$857.50 per month (qualified two children)
_____ 12 months @ 714.58 per month (qualified two children)

_____ 10 months @ \$610.00 per month (non-qualified one child)
_____ 12 months @ \$508.33 per month (non-qualified one child)
_____ 10 months @ \$1125.00 per month (non-qualified two children)
_____ 12 months @ \$937.50 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.

AK



TRENTON CATHOLIC ACADEMY

at McCarristin Campus

177 Leonard Avenue † Hamilton, NJ 08610-4899

P: (609) 586-5888 † F: (609) 631-9295 † www.trentoncatholic.org

January, 2019

Dear Parents/Guardians:

Re-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 \$50 per family non-refundable tuition deposit are due in the school office before March 15, 2019. All **completed** registrations will be processed on a first come, first serve basis. For all families who do not take advantage of the March 15th deadline, a \$250 re-registration fee will be charged.

Through the support of our fundraising efforts and financial assistance from the Diocese of Trenton, 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. We expect all families to cooperate with our "50-50 Booklet of Chances" drawing by selling \$100 worth. This amount will automatically be added to your tuition if you choose not to participate in this fundraiser.

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, S.S.J.
President

Expect The Exceptional

SCHOOL YEAR 2019-2020

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

December 10, 2018

Public School District: Hamilton Township Board of Education
90 Park Ave
Hamilton, NJ 08690

Non Public School: Trenton Catholic Academy
Lower School
177 Leonard Avenue
Hamilton, NJ 08610

NAME OF PUPIL: _____

GRADE (for the 2019-2020 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: _____



Federal Funds Letter and Survey

January, 2019

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. Anne Reap'.

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

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

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 **2019-2020**

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

Trenton

ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____

SAME

ZIP _____

SAME

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)

MILES TENTHS

DATE SCHOOL OPENS _____

9/3/2019

CLOSES _____

6/5/20

SCHOOL HOURS FROM _____

7:50

AM

TO _____

2:20

PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

Trenton Catholic Academy

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.

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 15TH.

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 1ST.

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.

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.

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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