

REGISTRATION CHECKLIST

KINDERGARTEN – EIGHTH GRADE

STUDENT NAME: _____

FAMILY NAME: _____

BIRTH DATE: _____

Please return the following documents and fees to the school office.

_____ Parent – School Agreement

_____ Non-refundable Registration fee of \$150 for each child

Please check one:

Option 1: _____ \$150 per child upon registration

Option 2: _____ \$50 per child upon registration and roll the remaining \$100 per child into FACTS

\$_____ received by Check # _____ or Cash _____ - Initial of Recipient _____

_____ Non-refundable \$250 deposit

\$_____ received by Check # _____ or Cash _____ - Initial of Recipient _____

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate

_____ Copy of Universal Health Record and Immunization Records with Physician's Stamp

_____ Non-Public Nursing Form

_____ Records Request Form

_____ Student Application (one per student)

_____ Book Order Form (one per student)

_____ Transportation Form (one per student) Note: If Trenton Resident, Please include Proof of Address

_____ Family Info Sheet

_____ After School Care



151 Gropp Avenue Hamilton, New Jersey 08610
Phone: 609-585-7733 Fax: 609-581-8436
www.srsnj.org

Inspired by Faith

Empowered by Knowledge

United by Community

We, the faith-filled community of Saint Raphael School, are inspired to celebrate and share our God-given talents, be passionate life-long learners who strive for academic excellence, and foster a spirit of respect, reverence and responsibility as we journey together empowered by the Gospel message to serve the Lord.

Parent – School Agreement 2024 – 2025

Family Name: _____

	Name(s) of Student(s) in Grades K-8 <small>(Please print full name: First, Middle and Last)</small>	Grade(s) in 2024-2025
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Address: _____

(Street, City/Town, State, Zip Code)

Home Phone: _____

Name & Cell Phone (Mother): _____

Email Address (Mother): _____

Name & Cell Phone (Father): _____

Email Address (Father): _____

PART I: Tuition Commitment

Tuition Commitment for the 2024-2025 school year:

Tuition Commitment 2024/25				
SECTION 1	Base Fees	# of Students K-8		
		1	2	3 or more
	Base Tuition	\$ 6,085	\$ 10,660	\$ 14,090
	Registration Fee (1)	\$ 150	\$ 300	\$ 450
	Technology Fee (1)	\$ 200	\$ 400	\$ 600
	Archangel Fund	\$ 150	\$ 150	\$ 150
	Total Tuition & Fees	\$ 6,585	\$ 11,510	\$ 15,290
	Tuition & Fees Monthly Payment (FACTS) (2)	\$ 575.91	\$ 1,023.64	\$ 1,367.27

1 Technology and Registration fees are per child and are not capped after three children.

2 Excludes \$250 Deposit per Family due with registration and is based on 11 equal monthly payments

SECTION 2	Service and Fundraising Buyout	# of Students K-8		
		1	2	3
	Scrip Buyout	\$ 250	\$ 250	\$ 250
	PTA Fundraising Buyout	\$ 250	\$ 250	\$ 250
	Service Buyout	\$ 800	\$ 800	\$ 800
	Service and Fundraising Total Buyout	\$ 1,300	\$ 1,300	\$ 1,300
	Buyout Monthly Payment (FACTS)	\$ 118.18	\$ 118.18	\$ 118.18

SECTION 3	All Inclusive	# of Students K-8		
		1	2	3
	Total Tuition & Fees	\$ 6,585	\$ 11,510	\$ 15,290
	Total Service and Fundraising Buyout	\$ 1,300	\$ 1,300	\$ 1,300
	Total All Inclusive	\$ 7,885	\$ 12,810	\$ 16,590
	All Inclusive Monthly FACTS Payment 1	\$ 694.09	\$ 1,141.82	\$ 1,485.45

SECTION 4	PTA Dues	# of Students K-8		
		1	2	3
	PTA Dues 3	\$ 20	\$ 20	\$ 20

3 Paid to PTA and not included in the FACTS program

Part II: Contract for Admissions to Saint Raphael School 2024-2025

Admission and Registration

The foundation of Saint Raphael School is the Gospel message of Jesus Christ. As a learning community, we recognize and celebrate our God-given gifts and talents and empower one another to be active participants as we learn and grow by fostering a spirit of inquiry and discovery, collaboration, and reflective practice. Saint Raphael School does not discriminate on the basis of religion, race, color, national or ethnic origin, and gender in the administration of educational policies, admission policies, scholarship, financial aid or other school administered programs.

Students who are applying to Pre-Kindergarten and Kindergarten must be three/four/five years old by **October 1st** of the year they are seeking admission. Certification of birth, baptism, and immunization records must be presented at the time of registration. Certification of birth, baptism and other sacramental certificates, as well as academic and health records must be presented for all students applying in Grades 1-8.

Registration Fee, Tuition Deposit and Fees

- A **NON-REFUNDABLE** Registration Fee of **\$150.00** for each child. This fee is required with the return of this agreement.
- A **NON-REFUNDABLE** deposit of **\$250.00** per family is due by **Friday, March 8, 2024**. Payment of this fee is required to ensure a place at Saint Raphael School for the 2024-2025 school year. **This deposit will be credited toward tuition payment(s).**
- A **NON-REFUNDABLE** Technology Fee of \$200.00 is required per student. Payment must be made on or before **Friday, June 7, 2024**.
- Each family is required to support the **Saint Raphael School Archangel Fund** in the amount of \$150.00 per family. Donation must be made on or before **Friday, June 7, 2024**.

Tuition Assistance

A Financial Assistance Program is offered by the Diocese of Trenton. A family with a child/children in a Catholic school may apply for a grant using the **FACTS** on-line application link located on our website. Supporting documentation is required.

As a Catholic community, we are called to work together to build a community empowered by the Gospel message; to give of our Time, Talent and Treasure.

- All Saint Raphael School families are required to enroll and participate in our **SCRIP Program**, raising a minimum of **\$250.00 in rebate dollars annually** (May 1, 2024 – April 30, 2025) or make a minimum purchase of \$4,500.00 annually. Should you choose NOT to participate in this program, there is a **BUY OUT Option** available for **\$250.00 per family**.
- All Saint Raphael School families are required to complete **40 hours of service to the school**. Should you choose NOT to participate, there is a **BUY OUT Option** available for **\$800.00 per family**.
- Dedication, commitment, and support of the ministry of Catholic education in all areas of the school, is attained through **mandatory** membership and support of the **Saint Raphael School Parent Teacher Association**. Should you choose NOT to participate in the fundraising opportunities, there is a **BUY OUT Option** available for **\$250.00 per family**.
- Timely payments of fees and tuition are required in full within the parameters of the school year and according to the payment options decided upon. Failure to pay fees and tuition in a timely manner without communication and agreement with the school may result in a student being denied admission to classes.

I/We understand that in signing this Parent-School Agreement for the 2024-2025 school year, I/we are agreeing to accept the rules and regulations of the school as stated in the current Saint Raphael School Handbook, and the rules concerning payment of fees stated in this contract. It is further agreed that enrollment, as specified within this agreement, may be canceled by the school at any time.

Initial here

Initial here

Date

Tuition

I/we understand that my tuition for the **2024-2025** school year is _____.

- The final amount will be adjusted before FACTS payments begin if financial aid is awarded.

I/we have chosen to use the following Tuition Payment Option # _____ for the **2024-2025** school year.

PAYMENT OPTIONS: Indicate one option by placing an “X” on the appropriate line.

- Depending upon a PSAS Grant, the Option selected may be modified.

_____ **Option 1: ONE PAYMENT**

Non-refundable deposit of **\$250.00** due by **Friday, March 8, 2024**

FULL payment due **Friday, June 7, 2024**.

_____ **Option 2: TWO PAYMENTS**

Non-refundable deposit of **\$250.00** due **Friday, March 8, 2024**

First installment (50% of total tuition minus \$250.00 deposit): due by **Friday, June 7, 2024**

Second installment (Balance of unpaid tuition): due by **Friday, January 3, 2025**

_____ **Option 3: FACTS TUITION PAYMENT PLAN**

Non-refundable deposit of \$250.00 due **Friday, March 8, 2024**

Balance of tuition is paid in eleven monthly payments (from **July 2024 through May 2025**), via debit from your bank account or charged to your credit card through the FACTS Program.

_____ **Initial here**

_____ **Initial here**

_____ **Date**

BUYOUT OPTIONS: Indicate your option(s) by placing an “X” on the appropriate line.

_____ **SCRIP BUY OUT: \$250.00**

Check # _____

_____ **SERVICE BUY OUT: \$800.00**

Check # _____

_____ **PTA Fundraising BUY OUT: \$250.00**

Check # _____

Family Name: _____ Date: _____

I/We have read the Parent-School Agreement and agree to observe the conditions governing the attendance of our child/children at Saint Raphael School for the 2024-2025 school year.

Name(s) of Student(s) in Grades K – 8 <small>(Please print full name: First, Middle and Last)</small>	Grade(s) in 2024-2025
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

The total tuition for my/our _____ student(s) for the 2024-2025 school year is: \$ _____

Mother's Name **Mother's Signature**
(Print)

Father's Name **Father's Signature**
(Print)

Guardian's name **Guardian's signature**
(Print)

Personal Guarantee

I/We understand that each parent/guardian of the child/children enrolled at Saint Raphael School must sign the Parent-School Agreement on an annual basis and that I/we am/are both jointly and severally liable for my/our child/children's entire yearly tuition and fees to include any/all buyout of volunteer hours.

Tuition and fees must be paid in full or up to date with monthly payments for the previous academic school year before the child/children may be registered for the following academic school year.

Mother/Guardian **Date**

Father/Guardian **Date**

Receipt of Signed Agreement and Registration Fee

The undersigned school official has received this **completed** and **signed** Parent-School Agreement for the 2024-2025 school year and the checked forms and payment(s).

A photocopy of the completed and signed Parent-School Agreement for the 2024-2025 school year has been given to the parent(s)/guardian.

_____ 1. Loan of Textbooks form received (for each student).

_____ 2. **NON-REFUNDABLE Registration Fee**

Please check one:

Option 1: _____ \$150 per child upon registration

Option 2: _____ \$50 per child upon registration and roll the remaining \$100 per child into FACTS

_____ 3. **NON-REFUNDABLE Deposit** (\$250.00 per family)

_____ a. Payment received today.

_____ b. Payment will be made by **Friday, March 8, 2024**

Missing Documents: _____

Total amount paid today: \$ _____

Check number: _____

Today's date: _____

Name: _____

Received by: _____

(Signature)

Date: _____

Family Information

Family Name: _____ Home Phone: _____
Email: _____ Cell Phone: _____

PLEASE ADD MY FAMILY INFORMATION TO THE SCHOOL DIRECTORY: Yes No

Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____

Street Address: _____ School District: _____
Apt #: _____ City: _____ State: _____ Zip Code: _____

Religion: _____ Registered Parish: _____ City: _____
Primary Language: _____ Race & Ethnicity: _____

Guardian 1 Full Name: _____ Relationship: _____
Address: _____
Employer: _____ Occupation: _____
Work Schedule: _____ Work Phone: _____ Cell: _____

Guardian 2 Full Name: _____ Relationship: _____
Address: _____
Employer: _____ Occupation: _____
Work Schedule: _____ Work Phone: _____ Cell: _____

Are birth parents separated? _____ Divorced? _____ Deceased? _____
If yes, who do the child(ren) live with? _____

If custodial restrictions exist, please provide a copy of the legal document setting forth the restrictions.

Emergency Contact Information: Please provide information for at least two people who we may contact in the event we are unable to contact the parent/guardian. The names provided are permitted to pick up the child from school.

Name: _____ Phone: _____
Relation to child: _____ Cell: _____

Name: _____ Phone: _____
Relation to child: _____ Cell: _____

Are there any Medical conditions which we should be aware of? _____
Specify and allergies to medications, bee stings, etc: _____
Transportation information (Check all that apply and indicate days):

Walker _____ Car Rider _____ Bus _____ After School Care _____



Student Application

Date of Application ___/___/___

Entering Grade _____

Student Information:

Student Name _____ Gender _____
First Middle Last

Date of Birth ___/___/___ Place of Birth _____ US Citizen: Yes No

Race: White Black Amer. Indian Asian Pacific Islander

Ethnicity: Hispanic Non-Hispanic Primary Language Spoken: _____

Admitted from _____ Location _____ Grade _____
School

Religious Affiliation: Catholic Non-Catholic Church _____

Sacrament	Parish	Location	Date
Baptism			
Penance			
First Communion			
Confirmation			

Person Responsible for Financial Obligations (if not parent/guardian named above):

Name _____ Phone _____

Address _____

Other Information:

Has the student been classified as having a learning disability? Yes No

If yes, please state the disability _____

Has the student received Compensatory Education? Yes No

Medical Information:

Does the student have any physical disabilities which require special attention? Yes No

If yes, please state the disability _____

Family Physician _____ Phone _____

Please complete this form and return with the Registration Packet along with the non-refundable registration fee of \$150.00.

Saint Raphael School does not discriminate on the basis of race, color, sex, nation or ethnic origin in the acceptance of students.

For Office Use Only:

Application Fee _____ Cash or Check# _____ Initials _____



151 Gropp Avenue Hamilton, NJ 08610
Phone: 609-585-7733 Fax: 609-581-8436
www.srsnj.org

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Request For Student Records

To: _____

Date: _____

Student Name: _____

Current Grade: _____

Date of Birth: _____

The student listed above has been accepted for entrance to Saint Raphael School. Please forward the following documentation to complete this student's file:

- All Health and Academic Records
- Child Study Team Reports/Individual Service Plans
- Confidential Materials to Support Learning
- Other-Additional Information Which May Be Pertinent

Please contact the Main Office if you have any questions regarding the requested information (609) 585-7733.

Parent/Guardian Signature

Date

Principal Signature

Date

(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)

Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic 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 nonpublic 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.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as 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 "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

Application Form

School Year: 2024-2025 Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: Saint Raphael School

Phone: 609-585-7733

Address of School: 151 Gropp Avenue, Hamilton, NJ 08610

Area code + number

UNIVERSAL CHILD HEALTH RECORD

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

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>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)		
IMMUNIZATIONS			<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	
<input type="checkbox"/> <i>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.</i>					
Name of Health Care Provider (Print)				Health Care Provider Stamp:	
Signature/Date					



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Educational Services Commission of New Jersey

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 the SRSNJ nurse’s office as soon as possible.

_____ I DO give my permission

_____ I DO NOT give my permission

For my child _____ in grade _____ to participate in nursing services. I give the Saint Raphael School nurse permission to share medical information with staff involved in my child’s care.

Signature of Parent/Guardian

Date

Medical Update for the 2024-2025 School Year

Have there been any changes in your child’s medical status since last year? _____
If yes, please describe: _____

Please list anything (foods, pollen, insects, medications, etc) your child is allergic to: _____

Illness/Accidents/Hospitalizations: _____

Any international travel during the summer? _____

Country: _____ Dates of Visit: _____

Please provide documentation of any recent immunizations, signed by a doctor, if the school does not already have a record.

Please be advised that if your child requires medication during school hours, the required forms must be completed by the doctor and parent, and returned to school. This includes over the counter medication. If your child needs to be excused from Physical Education classes, a note from the doctor indicating the reason and period of exclusion, is required.

We look forward to a healthy school year. Please feel free to contact the SRSNJ Nurse’s Office at any time at 609-585-4925.



Before/After School Program

Please read this information carefully and completely and retain for informational purposes.

After School Care Information

The **Before/After School Care Program** provides professional care and supervision of children enrolled at Saint Raphael School. Within a Christ-centered environment, the program strives to provide individual attention and security consistently for all children.

Before School Care is available from **7:15 to 8:00 am**. On days of a delayed opening because of inclement weather, *Before School Care* will be delayed the same amount of time as the school opening.

The hours of the **After School Care Program** are from **3:00 to 6:00 p.m.** on regular school days. There is **NO AFTER SCHOOL CARE ON 12:30 PM DISMISSAL DAYS**.

Please note: There is NO After School Care on early dismissal days due to inclement weather or other emergencies.

The After School Care schedule is as follows: (Subject to change)

- **3:00 – 3:15pm: SNACK** ~ You **MUST** provide a snack for your child/children **EVERY** day.
- **3:15 – 4:15pm: HOMEWORK** ~ For students in grades 3 – 8
INDOOR/OUTDOOR PLAY ~ For students in grades Pre-K – 2
- **3:30 – 6:00pm: ACTIVITIES**
OUTDOOR PLAY ~ Weather permitting.
MOVIES, BOARD GAMES, COLORING/CRAFTS

It should be noted that:

- There is **NO nurse** on duty during the **After Care Program**.
- There will be **NO After Care Program** on the day before **Thanksgiving, Christmas, and Easter** vacations or on the last day of school.
- **In cases of divorce/separation or guardianship, a copy of the custody agreement MUST be attached to the registration form.**

Fees:

- **Registration Fee** - \$10.00**

****For emergency purposes, EVERY family MUST register. You will not be billed this fee unless / until you use the program.**

- **Before School Care** – No Charge
- **After School Care** – The cost of the After School Care Program is as follows:

Time of Pick Up	2024-2025 ASC Fees
3:00 - 4:00 pm	\$8.00
4:00 - 4:30 pm	\$10.00
4:30 – 5:00 pm	\$12.00
5:00 – 5:30 pm	\$14.00
5:30 – 5:45 pm	\$16.00
5:45 – 6:00 pm	\$18.00

- Parents are to pick up their child/children by the appointed time. **Failure to do so will result in additional fees.**
- **PLEASE NOTE: AFTER 6:00 p.m., there is an additional fee of \$5.00 per 5 minutes.** Please be considerate of the staff and pick up your child/children on time. **The After School Program is only open until 6:00 p.m.** If you have a problem/emergency, please call the School phone **609-585-7733** and leave a message. **By law, DYFS must be called if you do not pick up your child by 7:00 p.m.**

Billing: After School Care billing invoices are issued to parents on a **monthly basis**. **Your monthly payment is requested within 14 school days of receiving the invoice.** The *After School Care Program* is self-funded. Your child may not be permitted to return to After School if payment is not received as noted above.

Family Name _____

My child/children will attend the After School Care Program. Yes _____ No _____

Personal Guarantee

It is understood that each parent/guardian of the child/children enrolled in the **Saint Raphael School After School Care Program** must sign the After School Care Agreement on an annual basis attesting that they are both jointly and respectively liable for their child/children's financial obligation incurred through the use of the ASC Program. Failure to meet your financial obligations will result in your child/children's removal from the program.

Mother/Guardian	Date	Father/Guardian	Date
-----------------	------	-----------------	------

Emergency Permission Slip

There is always a possibility that a child may be injured or become seriously ill during after school hours and that we may be unable to reach the parents. This has happened in the past. ***Medical aid cannot be given to a child without his/her parent's consent.*** In an emergency, time can be vital. We would like to have your signature on file in case such an emergency occurs and we are unable to reach you immediately. We pray that this will never be necessary. Please complete the form below.

I give permission for my child/children, _____

to be transported to the Emergency Room at the hospital for medical aid in case of extreme emergency, provided that I cannot be reached when the emergency occurs.

Hospital Preference _____

Child's Doctor _____ Phone # _____

Specify any allergy to medications, bee sting, nuts, etc.: _____

Date _____ Parent's Signature _____

Diocesan Tuition Assistance Program 2024-25 School Year

For Families with Children Attending Catholic Schools In The Diocese Of Trenton

General Information

Tuition assistance is awarded each year to families with children in our Catholic schools in grades K-8. Awards are made based on financial need.

How is the determination made?

Information contained in the application along with the supporting materials is used to determine financial need. The formula utilized has been especially designed for families with children attending Catholic school. This calculation is based on a moderate standard of living for the geographic area of the applicant, further ensuring a realistic result. This formula determines the ability of a family to pay for private education. FACTS includes a comprehensive review and verification process ensuring the accuracy of the data.

Award Amount Families who apply can receive up to one-half of the school's in-parish tuition rate.

How to apply (One application per family)

- Applications will be available online November 1, 2023 at <https://online.factsmgt.com>. Online applications are available in English and Spanish.
- The application fee is \$35, and it is due at the time the application is submitted. Forms of payment include debit cards, major credit cards, or an electronic check. Continuing in the 24-25 School Year, the application fee of \$35 will be added to your tuition assistance award if you receive a Diocesan tuition assistance award.
- Allow for approximately two weeks for FACTS to process each document once it is uploaded. If additional documents are needed, an email will be sent from FACTS. All "Complete" applications by the due dates will be considered for The Diocesan Tuition Assistance Program.
- For Grades K-8: To be considered in Round 1 applications must be complete by **March 1, 2024**. The deadline for Round 2 is **May 13, 2024**.

Grades K-8

- **Applications completed by March 1, 2024** will be evaluated in Round 1. Typically, applications in the first round are submitted by existing school families or new families who register during *Catholic Schools Week*. ***All applications must be complete, containing all supporting tax documentation.*** Award emails will be emailed to all families with a "Complete" application on April 8th. New this year, is the accept/decline selection. If you accept the Diocesan financial assistance award, then when you register with your school, the financial assistance award and \$35 application fee will be recorded in your tuition account. If you decide not to enroll in one of our schools, please use the decline option so that we are aware of your decision. Please accept or decline by May 8th.

- **Applications completed by May 13, 2024** will be evaluated in Round 2. This is the final opportunity to apply for Diocesan financial aid. Typically, applications in the second round are submitted by families who register late, regardless of whether they are new or existing families. ***All applications must be complete, containing all supporting tax documentation.*** Award emails will be sent on June 11th to families with a “Complete” application. New this year, is the accept/decline selection. If you accept the Diocesan financial assistance award, then when you register with your school, the financial assistance award and \$35 application fee will be recorded in your tuition account. If you decide not to enroll in one of our schools, please use the decline option so that we are aware of your decision. Please accept or decline by August 1st.
- For Round 1 tax forms from 2022.
- For Round 2 tax forms from 2023.
- Families will be notified by email whether an award is granted. Please accept or decline the award by the stated date for each round of awards.

Grades 9-12

- All applications must be complete, containing all supporting tax documentation. *Awards are based on a rolling submission. Notification will be made by the school.* For more information on High School Financial Aid, visit your high school’s website.

Contact information:

- FACTS Customer Care Representative: 866-441-4637
- Diocesan Contact: Marissa Marcille, Financial Analyst, at 609-403-7163 or mmarci@dioceseoftrenton.org.
- or contact your school office.



FACTS works with schools across the country to provide tuition management services that make education more affordable. Through our programs, parents can pay tuition and fees over time, using a variety of payment methods, making it easier to afford a quality education for their children.

Frequently Asked Questions

If payments are made automatically from my bank account or processed to my credit card, does that mean FACTS/Nelnet Business Solutions or my institution has direct access to my account?

No. No one other than you and your financial institution has access to your account. When you set up automatic payments, you are solely authorizing an automatic payment.

Are these transactions secure?

Yes. You have more privacy with automatic payments than by writing a check. Bank research has shown that as many as 10 people handle a check from the time it is written until the funds are finally deducted from your account. Most checks include your name, address, phone number, and other financial information which can be easily copied. With electronic payments, the transaction passes electronically from bank to bank. Any information you share with us is completely confidential. We do not share any information with unauthorized third parties.

When will payments begin?

When we receive your agreement, we send you a letter or email confirming the original terms of your agreement. This includes your payment amount, balance due, and date your authorized payments begin. Payments will continue until the total balance is paid in full.

What happens if I miss a payment?

If you miss a payment, you will receive a notice from us with instructions on how the missed or returned payment will be handled. You may also be assessed a \$30 returned-payment fee for each attempt that is returned, but only if the return is because of non-sufficient funds. This fee is assessed in part to offset the fees FACTS is assessed by our financial institution when your payment is missed or returned. In addition to our fee, your institution may assess a fee as well.

How do I change my payment date or amount once my agreement is on the FACTS system?

Any changes to payment dates or amounts may need to be approved by the school and the school will then need to notify FACTS. All changes must be received by FACTS at least two (2) business days prior to the automatic payment date in order to affect the upcoming payment.

What if I have a question about my agreement or want to print my payment history?

You may check balances, tuition and fees paid, print reports, and view scheduled payments by logging in to your account at online.factsmgt.com, or you may call us toll-free at 866.441.4637 for assistance.

Can I make payments with a credit or debit card?

If credit cards or debit cards are an acceptable form of payment at your school, you will see an option to pay by card when enrolling in a payment plan, making a payment, or editing your banking information online. If a fee is charged for paying by credit or debit card, it will be disclosed on your screen at these times.

What is the cost to set up a payment plan?

If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

How do I make changes to my demographics or financial account on the FACTS system?

Changes to your address, phone number, email address, or banking information can be made at online.factsmgt.com or by contacting your school or FACTS. All changes must be received by FACTS at least two (2) business days prior to the automatic payment date in order to affect the upcoming payment.

Customer Care Representatives are available to assist you at 866-441-4637 or online.factsmgt.com.



FACTS Account Set Up Instructions

Go to:

- www.srsnj.org
- Click on “Prospective Families”
- Click on “Registration Forms”
- Click on “FACTS Set up Link”



151 Gropp Avenue Hamilton, NJ 08610

Phone: 609-585-7733

www.srsnj.org

Inspired by Faith

Empowered by Knowledge

United by Community

Here at Saint Raphael School, the safety of all of God's children is of the utmost importance. As a Diocesan school, all Volunteers/Chaperones who come in contact with children, are required to be VIRTUS Trained and Fingerprinted. This includes PTA volunteers, chaperones for class trips, Room Parents, etc.

VIRTUS Training can be done In Person at local parishes, or online. If you prefer to do the training online, please contact Midge Cassarini at Faith Formation to schedule the class, at 609-585-0542 or mcassarini@srhap.org. Online courses take between 75-90 minutes. To schedule an In Person VIRTUS Training class, please use the following link : <http://www.virtusonline.org/virtus/>. Create a User ID and password, and it will then display 6 boxes. Choose the "Current Training" box and select register for a training course. Please choose Trenton, NJ (Diocese) as the Organization. It will display a list of training dates and locations for you to choose from. Once your VIRTUS Training is completed, please provide a copy of your certificate to the School Main Office.

All volunteers must be fingerprinted. You will schedule your appointment for fingerprinting through the Virtus website. After signing in, choose the box titled, "Background Check." You will be directed to choose a date and location convenient for you. **If prompted for the Contributor's Code, please write TRE126. If they ask for a service code, please enter 2F1J3Y.** Please be sure to keep your receipt and provide a copy to the School Main Office. **You will be reimbursed for any fees associated with this process.** In two weeks, you will need to print out a copy of your certificate and provide a copy to the office. Go to <https://ni.gov/education/crimhist/>, click on Applicant Approval Employment History and enter your DOB and SSN. Your certificate will load. You can print it or download and email it.

If you have already undergone VIRTUS Training and Fingerprinting within the last 4 years, if you have chosen to Buyout of Service for the 2024-2025 School Year, or if you are unsure of your status, please contact the Main Office. If you have any questions, please contact Jennifer Peoples in the Main Office for assistance at 609-585-7733 or jennifer.peoples@srsni.org or Midge Cassarini at 609-585-0542 or mcassarini@srhap.org.

Thank you and God Bless.

Accredited by



Stay Connected

WITH SAINT RAPHAEL SCHOOL



Genesis Parent Portal

<https://parents.dioceseoftrenton.org/genesis/parents?gohome=true>

Lower Grades- Report Cards, Parent Forms

Middle School- Test Grades, Attendance, Report Cards, Parent Forms



School Website- srsnj.org

Find our school calendar, teacher pages, policies, ect.



Download the School Messenger app and receive updates right to your device. Just use the email connected to your Genesis account and messages will be sent as a notification right to your smartphone. You will still also receive calls and emails for important updates.

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