K-8th 2019-2020 PRE-REGISTRATION Packet
St. Joseph Grade School Welcomes You!

Application/Registration Process for the 2019-2020 School Year
Thank you for choosing Saint Joseph Grade School.
To help with the application process we created a list of all the necessary paper work which
must be completed. Please use this as a guide and be
sure to submit all documents and forms to ensure a complete registration.

STEP 1: Complete ONLINE PreK-8th Grade APPLICATION on our Website.

STEP 2: Download the K-8 PRE-REGISTRATION Packet on our Website.

1. Transfer Document (ONLY for those entering Grades 1-8)
2. Probationary Contract for New Students
3. Medical Information Sheet
4. Universal Child Health Record Physical Form and Immunization Record
5. B6T Application for Transportation
6. Individual Pupil Request for Loan and Textbooks
7. 2018-2019 Tuition Contract (3 Sheets) (One per family)
8. SMART Tuition Enrollment Form (One per family)

For those registering more than one child you need ONLY complete:
ONE St. Joseph Grade School Tuition Contract and ONE Smart Tuition Enrollment Form.

Please be sure to attach: Birth Certificate
Sacramental Certificates
Updated Immunization Record (REQUIRED)
* 3 Years of Report Cards and Standardized Testing (Grades 1-8)

Students applying for Grades 3-8 will be called in for an interview with administration.

A Non-Refundable Registration fee of $150.00 is due with your completed application.

Once your Pre-Registration Packet is completed and you have all additional documents:
1. Attend In Person Registration: Wednesday, February 6, 2019 10AM-12 Noon OR 5PM-7PM
2. After Feb. 6th contact Ms. James to set up an appointment to drop off your
Pre-Registration Packet.
Acceptance will be determined AFTER review of ONLINE Application, Pre-Registration Packet, additional documentation and student interview.

If you have any questions completing this information please contact Ms. Juliann James,
Vice Principal, ijames@stjoeschooltr.org or 732-349-2355 Ext. 2012.
TRANSFER DOCUMENTATION FOR GRADES 1-8

The purpose of this form is to insure compliance with the Family Educational Rights and Privacy Act of 1974 which requires documented evidence of permission to release all student files to officials of other public or private schools in which the student intends to enroll.

PROVISIONS

Documented evidence of parent approval must be received before records are transmitted to Saint Joseph Grade School.

I am the parent of _____________________________ ___________________________ Name of Student Grade Age

and I request and authorized that my child’s records, test scores, original health records and any psychological reports be released to the officials of Saint Joseph Grade School, 711 Hooper Avenue, Toms River, New Jersey 08753 – in which enrollment is contemplated.

PREVIOUS SCHOOL

_______________________________________________ Name of School

________________________ __________________________ Street City & State Zip

Parent/Guardian’s Signature _______________________________________________________

Date of Request _________________________________________________________________
PROBATIONARY CONTRACT FOR NEW STUDENTS

Student Name_______________________________________

Grade ___________________________________________

Date_______________________________________________

It is understood that after the first ninety (90) attendance days at Saint Joseph Grade School if the student shows a lack of cooperation by not following the policies outlined in the school handbook or has any serious academic or behavioral issues; the principal may dismiss the student from the school. At that time all tuition and fees except registration fee will be returned. As parent/guardian I accept the terms of this probationary contract.

__________________________________________________      Signature of Parent/Guardian
MEDICAL REQUIREMENTS (K-8)

All students at St. Joseph Grade School must show proof of undated immunizations. Immunization records are required at the time of registration. SJGS does not accept Religious Exemptions. Medical Exemptions must be in the form of a medical doctor order, in the current year and according to AAP/OCHD guidelines.

**Kindergarten Immunization Requirements**

- DPT – 4 doses, with one dose given after 4 years old.
- Polio – 3 doses, with one dose given after 4 years old.
- Measles/Mumps/Rubella – 2 doses
- Varicella – 1 dose
- Hepatitis B – 3 doses at correct intervals.
- PPD – TB test

**6th Grade Immunization Requirements**

All students entering 6th grade, 11 years and older are required by the state to have a TDAP (Tetanus/Diphtheria/Pertussis) Booster as well as Menactra vaccination for Meningitis.

All Preschool, Kindergarten and New Students to St. Joseph Grade School are required to obtain a physical from your family physician. See attached Universal Child Health Record.

**PHYSICALS are due by September 1st.** No child will be accepted into school without a physical and proper notice of updated immunizations. Students without complete immunizations will be excluded from school until immunizations are up to date.

*Your attention to this matter is greatly appreciated for the good health and well-being of all.*

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
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</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address (Street)</th>
<th>(City, State)</th>
<th>(Zip)</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Entering Grade</th>
<th>Current School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

I understand that my child will not be fully accepted for enrollment into Saint Joseph Grade School without verification of immunizations, which meet the requirements of the Diocese of Trenton and the State of New Jersey.

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Parent/Guardian Signature          Date
# Universal Child Health Record

**SECTION I - TO BE COMPLETED BY PARENT(S)**

<table>
<thead>
<tr>
<th>Child’s Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Does Child Have Health Insurance?</th>
<th>If Yes, Name of Child’s Health Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Date of Physical Examination:</th>
<th>Results of physical examination normal?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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 signs/symptoms to watch for:
    - None | Special Care Plan Attached | Comments

**PREVENTIVE HEALTH SCREENINGS**

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td></td>
<td></td>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead:</td>
<td>Capillary</td>
<td>Venous</td>
<td>Vision</td>
<td>Dental</td>
<td>Developmental</td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td></td>
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<tr>
<td>Other:</td>
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<tr>
<td>Other:</td>
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</table>

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)

Signature/Date

Health Care Provider Stamp:

CH-14 OCT 17 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent
Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - Weight - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - Height - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - Head Circumference - Only enter if the child is less than 2 years.
   - Blood Pressure - Only enter if the child is 3 years or older.

2. Immunization - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
   - “Date next immunization is due” is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. Medical Conditions - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow. A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. Medications - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.
      
      PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. Limitations to physical activity - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. Special Equipment – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. Allergies/Sensitivities - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. Special Diets - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. Behavioral/Mental Health issues – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. Emergency Plans - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. Screening - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.
NEW JERSEY STATE DEPARTMENT OF EDUCATION
OFFICE OF STUDENT TRANSPORTATION

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

SCHOOL YEAR 2019-2020
RESIDENT DISTRICT BOARD OF EDUCATION ________________________________

STUDENT’S NAME ____________________________ DATE OF BIRTH __________

GENDER M or F
PARENT/GUARDIAN NAME ____________________________ DAYTIME PHONE ____________________________

HOME ADDRESS ____________________________________ CITY or TWP ________ ZIP ________

NEAREST INTERSECTION TO STUDENT’S RESIDENCE ____________________________________________

MAILING ADDRESS ____________________________________ ZIP ________

FULL NAME OF SCHOOL TO BE ATTENDED ____________________________ PHONE ________

ADDRESS OF SCHOOL 711 Hooper Avenue Toms River, NJ 08753

STUDENT’S GRADE FOR THE COMING YEAR ____________________________

DATE SCHOOL OPENS 9/2019 CLOSES 6/2020 SCHOOL HOURS FROM 8:00 AM TO 2:25 PM

SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL (MEASURED VIA THE SHORTHEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

NAME AND ADDRESS OF SCHOOL OF ATTENDANCE IN PRIOR YEAR ____________________________

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:

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

   o 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.
### INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public School District</td>
<td>Nonpublic School: <strong>St. Joseph Grade School</strong></td>
</tr>
</tbody>
</table>
| Address | Address: **711 Hooper Avenue**  
**Toms River, NJ 08753** |
| Name of Student |  |
| Grade |  |
| Name of Parent |  |
| Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the  
_______________(Public School District) to loan textbooks to the **St. Joseph Grade School**  
(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. I understand that the public school district in which the  
nonpublic school is located has oversight of the State funds designated for providing the loan of  
textbooks to nonpublic school students pursuant to law and regulations. |
| Signature of Parent/Guardian: ____________________________ |  |
| Date: ________________ |  |
St. Joseph Grade School
2019-2020 Tuition Contract
Kindergarten – Eighth Grade

Please print:
Father’s Name ___________________________ Mother’s Name ___________________________

Student Resides With: □ Both Parents □ Mother □ Father □ Other __________________________

Father’s Cell #_________________________ Mother’s Cell #_________________________

Father’s Address ___________________________ Mother’s Address ___________________________

Father’s Home Phone ___________________________ Mother’s Home Phone ___________________________

Father’s Email Address: ___________________________ Mother’s Email Address: ___________________________

Name of R.C Parish Where Registered ___________________________

Catholic Not Registered _________ (Please initial)  Non Catholic _______ (Please initial)

Please list all your children’s names and the grades they will attend in the 2019-2020 school year at St. Joseph Grade School. This one contract will suffice for the entire family. Include Kindergarten and new siblings. Circle re-registration or new registration.

<table>
<thead>
<tr>
<th>PRINT NAME OF STUDENT</th>
<th>CIRCLE ONE</th>
<th>2019-2020 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________________</td>
<td>Re-Reg</td>
<td>New Reg</td>
</tr>
<tr>
<td>2. ___________________</td>
<td>Re-Reg</td>
<td>New Reg</td>
</tr>
<tr>
<td>3. ___________________</td>
<td>Re-Reg</td>
<td>New Reg</td>
</tr>
<tr>
<td>4. ___________________</td>
<td>Re-Reg</td>
<td>New Reg</td>
</tr>
</tbody>
</table>

SUBSIDIZED AND DISCOUNTED TUITION 2019-2020

The actual cost per pupil for the 2019/20 school year is estimated to be $6,903.00. A discounted tuition rate increase of $199 is being offered to present SJGS students in grades PreK-7 re-registering by January 31, 2019. Registration after January 31st will result in the full $250 increase to be applied to your tuition contract. (This offer does not apply to new first time students entering St. Joseph.) Re-registration and additional fees have not increased. Registration will be conducted online by going to our website and completing the proper forms. The subsidized tuition per child is listed below. Multiple student discounts are extended to Catholic families having three or more children enrolled. Tuition for the 4th child or more is no charge; the 3rd child’s tuition is discounted to one-half tuition. The 1st and 2nd child’s tuitions are full tuitions. However the no charge tuition applies to the oldest child in SJGS. Participation in the Scrip/Great Lakes Program provides an extra discount to school families—minimum Scrip discount $50 in the next school year.

2019-2020 SUBSIDIZED GRADES 1-8 TUITION

<table>
<thead>
<tr>
<th>Tuition</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>$ 5,455.00</td>
<td>Qualifying St. Joseph’s Parish</td>
</tr>
<tr>
<td>$ 5,875.00</td>
<td>Non-Qualifying Catholic (non-parishioner)</td>
</tr>
<tr>
<td>$ 6,875.00</td>
<td>Non-Catholic</td>
</tr>
</tbody>
</table>

2019-2020 SUBSIDIZED KINDERGARTEN TUITION

<table>
<thead>
<tr>
<th>Tuition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 5,555.00</td>
<td>Qualifying St. Joseph’s Parish</td>
</tr>
<tr>
<td>$ 6,000.00</td>
<td>Non-Qualifying Catholic (non-parishioner)</td>
</tr>
<tr>
<td>$ 7,000.00</td>
<td>Non-Catholic</td>
</tr>
</tbody>
</table>
TUITION PAYMENTS – TERMS & CONDITIONS

Smart Tuition provides tuition collection services on behalf of St. Joseph Grade School. If you are already registered with Smart, you are not required to fill out a Smart Agreement. If you are new to SJGS, please complete and sign the Smart Tuition Agreement. Agreement terms, Conditions and Parent Instructions are located on the reverse side of the Smart Tuition Agreement. Please call Mrs. Burritt, Tuition Administrator, 732-349-0018 X2231 or Smart Tuition, 1-888-868-8828 should you have any questions regarding your new account or wish to make changes to your existing account.

- A Smart administrative fee of $50.00 (per family) will be added to your first tuition payment.
- Monthly tuition payments received more than 3 days after the due date will incur a late fee of $40.
- Failed payments will incur a $35 failed payment fee.
- Graduation Requirement: All accounts must be current by April, 2020.

Full payment prior to June 1, 2019 will entitle you to a $100.00 discount per family. This discount does NOT apply to families who receive financial assistance for the 2019/2020 school year.

FEES 2019-2020 – TERMS & CONDITIONS

REGISTRATION FEE FOR NEWLY ENROLLED STUDENTS – $150.00

All of the following fees are billed through Smart Tuition in 2019/2020 unless otherwise noted:

2019-2020 RE-REGISTRATION FEE - $75.00 per student
The re-registration fee for enrolled students whose tuition is current will be included in the March 2019 billing.

INSTRUCTIONAL MATERIALS & TECHNOLOGY FEE – $175.00 per student
This fee supports the annual cost of Genesis, our data base system, Parent Access, and other digital resources.

GRADUATION FEE – $140.00 per 8th grade student
This fee supports all costs incurred for the celebration of Graduation.

CONFIRMATION FEE – $75.00 per 7th grade student
This fee supports all costs incurred for the instruction and celebration of the Sacrament of Confirmation. As Confirmation preparation is a two year process, this fee is assigned to Grade 7.

FIRST RECONCILIATION & FIRST HOLY COMMUNION FEE - $75.00 per candidate
This fee, generally billed in Grade 2, supports all costs incurred for the instruction and the celebration of the sacraments of First Reconciliation and First Eucharist.

PTA MEMBERSHIP – $15.00 per family
This fee covers the cost of Monmouth-Ocean County PTA per capita tax, NJ Network for Catholic School Families Assessment, PTA Marketing contribution, and PTA Continuing Education Assessment.

BEFORE/AFTERCARE BILLING
Before and Aftercare fees are billed monthly throughout the school year. The fees incurred for each month for Before and Aftercare services utilized will be billed in the following month. Prior year unbilled Before and Aftercare fees for the months of May and June will be billed starting in July 2019, which is the first month of the payment plan for the new school year.

BAND FEE - $420.00 per year, per student – available to students in Grades 5-8
This fee is billed through Smart at $60.00 a month beginning in October, 2019 through April, 2020.
YOUR FAMILY’S CONTRACTUAL FUNDRAISING COMMITMENTS

1. Each family is required to make purchases amounting to $2,000.00 in Scrip (food coupons) and/or Great Lakes or be assessed a non-participation fee of $100.00. Your $2,000.00 commitment begins accumulating April 1, 2019 and runs through March 31, 2020. Participating families who meet their goal of $2,000 in food coupons/Kohl’s will receive a $50.00 tuition credit in the 2020-2021 school year. However, if you solely purchase Great Lakes your percent will vary as will your tuition credit.
   - Please note that Scrip non-participation fees for 8th Grade outgoing families are billed in May of each year. Families who continue in the school will be billed the beginning of the 2020/2021 school year.

2. Holiday 50/50 Raffle (Sale of 20 raffle tickets per family at $5.00 each or be assessed a non-participation fee per family of $100.00 in January)

3. Dance-A-Thon ($20.00 minimum pledge per student or be assessed a $20.00 non-participation fee per student the following month after the event).

4. The Walk-A-Thon ($20.00 minimum pledge per student or be assessed a $20.00 non-participation fee per student the following month after the event).

TUITION ASSISTANCE

Tuition assistance is offered through Parish programs and the Diocesan program (FACTS). Please contact the Tuition Office for details (732-349-0018 x2231) or visit the school website www.stjoeschooltr.org. In order to qualify for any tuition assistance, families must apply to FACTS. https://online.factsmgt.com

<table>
<thead>
<tr>
<th>Tuition Withdrawal Charges:</th>
<th>July-Aug. 20%</th>
<th>Sept. 30%</th>
<th>Oct. 40%</th>
<th>Nov. 50%</th>
<th>Dec. 60%</th>
<th>Jan. 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>These percentages reflect the participant’s base tuition to be paid. They do not reflect the additional billable fees.</td>
<td>Full tuition will be charged if a student withdraws after January 1, 2020.</td>
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</table>

We accept full legal responsibility for the above named student and agree to pay in full on the date due all tuition and fees payable with respect to such student. **We understand that any failure to meet the foregoing obligations may result in our child not being permitted to attend classes and that until all financial obligations with respect to the student have been satisfied in full, the School will have no obligation to transfer credits, grant a diploma, or release interim or end-of-year records or transcripts.** Additionally, I/we understand that the School reserves the right to use collection agencies and other legal means to collect unpaid tuition/fees (plus 35% collection and attorney fees.)

We understand that this enrollment agreement is for the entire school year, and agree that the School may require the withdrawal of or dismissal of any student if, in its sole discretion, it concludes that such student’s attitude, influence, or behavior does not serve the best interests of the School. We further understand that a positive and constructive working relationship between the School and a student’s parents (or guardian) is essential to the fulfillment of the school’s mission, and agree that the School may terminate enrollment, or decline to re-enroll a student, if the School, in its sole discretion concludes that the actions or inactions of a parent (or guardian) make a positive and constructive working relationship impossible, or interferes with the School’s accomplishment of its mission. We agree that in accordance with the school’s tuition policy, no portion of any tuition or fees for a student be either refunded or canceled upon early withdrawal or dismissal of the student.

**I/We agree to advise the tuition office of circumstances that affect my/our ability to meet my obligation under this contract.**

EACH LEGALLY RESPONSIBLE PARTY MUST SIGN BELOW ACKNOWLEDGING THIS AGREEMENT

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print Name</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PLEASE ENTER FAMILY INFORMATION

<table>
<thead>
<tr>
<th>FIRST NAME OF PARENT/GUARDIAN/BILL PAYER</th>
<th>LAST NAME OF PARENT/GUARDIAN/BILL PAYER</th>
</tr>
</thead>
</table>

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

<table>
<thead>
<tr>
<th>STREET ADDRESS OR P.O. BOX</th>
<th>APT#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME TELEPHONE NUMBER</th>
<th>MOBILE TELEPHONE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS (Smart emails reminders for upcoming payments)</th>
</tr>
</thead>
</table>

## SELECT A PAYMENT METHOD

- [ ] I agree to make payments by mail, web or telephone. I agree to the following due date:
  - Your school allows the following due date: 5, 20

- [ ] I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:
  - Your school allows the following due date: 10, 20

<table>
<thead>
<tr>
<th>PLEASE DEBIT MY:</th>
<th>CHECKING (PLEASE ATTACH A VOIDED CHECK) OR</th>
<th>SAVINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9 DIGIT ROUTING NUMBER</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PLEASE CHARGE MY:</th>
<th>AMEX</th>
<th>DISCOVER</th>
<th>MASTERCARD</th>
<th>VISA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CREDIT CARD NUMBER</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
</table>

A 2.85% convenience fee applies to all credit/debit card payments.

## SELECT A PAYMENT PLAN

- Plan B 10 Payments Jul - Apr
- Plan C 2 Payments Jul, Dec
- Plan D 4 Payments Jul, Oct, Jan, Apr
- Plan A 1 Payment Jul

## ENTER STUDENT INFORMATION

Choose from the following grades: PK, 3, PK 4, K - 8

<table>
<thead>
<tr>
<th>GRADE</th>
<th>FIRST NAME OF STUDENT</th>
<th>LAST NAME OF STUDENT</th>
</tr>
</thead>
</table>

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE: *

## PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a follow up fee of $40.00 will be assessed to my account. A $30.00 fee will apply for any failed electronic transaction or dishonored check.

<table>
<thead>
<tr>
<th>PRIMARY BILL PAYER</th>
<th>DATE</th>
</tr>
</thead>
</table>

## FOR SCHOOL OFFICE USE ONLY

- [ ] THIS FAMILY IS ENROLLING LATE:
  - SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
  - COLLECT BALANCE IN FIRST MONTH

<table>
<thead>
<tr>
<th>OPTIONAL STUDENT ID</th>
<th>STUDENT TUITION 1</th>
<th>STUDENT TUITION 2</th>
<th>STUDENT TUITION 3</th>
<th>STUDENT TUITION 4</th>
</tr>
</thead>
</table>

FAMILY TUITION SUBTOTAL

## FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + 50.00

ANNUAL TOTAL DUE
PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. ENTER FAMILY INFORMATION: Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. SELECT A PAYMENT METHOD: If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto-Debit, Smart Tuition will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. SELECT A PAYMENT PLAN: Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Smart Tuition without school permission.

4. ENTER STUDENT INFORMATION: Please write the name and grade of the children who will attend this school.

5. PLEASE READ AND SIGN: Please review the terms and conditions. The Primary Bill Payer must sign the form.

TERMS AND CONDITIONS

Smart Tuition receives, processes and deposits your payments into your school’s bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

Late Enrollment: If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date or may establish a plan with a smaller number of larger payments.

Refunds: Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

Follow Up Fees: Any payment that is not received by Smart Tuition by your due date is considered late and may receive a follow up fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow up service which will contact you via mail, telephone, or e-mail. Your account may be charged $40.00 as a result of this service. This fee is in addition to any late fees charged by your school.

Dishonored Payments: A fee of $30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

Auto-debit Terms (Applies to auto-debit enrollees only): By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition’s website.

Smart Tuition Privacy Policy

We do not disclose any personal information about our families to anyone, except as permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.

parent.smarttuition.com

SMART TUITION
Financial Solutions for Schools and Parents &
Your School
Have Formed
A Partnership

That Benefits
Your School,
Your Child,
And You.

Please return completed form
to your school immediately.

If you have any questions regarding this form, contact Smart Tuition at: 1-888-868-8828