



New Student Application Grades 1 - 8
2024-2025

Family Name \_\_\_\_\_ Church Envelope # \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade for 2024-25 \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

Public School Dist # \_\_\_\_\_ Name of current school \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_

Catholic/non-Catholic (circle one) Race/Ethnic Origin \_\_\_\_\_

Please check all that apply to the student:
\_\_ELL \_\_Title 1 \_\_-504 Plan \_\_IEP \_\_ISP/ICEP \_\_Psychological Assessment

How did you hear of us? (circle one) we are Alumni we are Parishioners Internet search Social Media

School Family referral by: \_\_\_\_\_

Registration fee (\$100) is due with this application by May 31.
Fee is \$150 beginning June 1. Fee is non-applicable non-refundable.

New students accepted with probationary period of nine weeks.

PLEASE COMPLETE THE REVERSE SIDE

Office Only
Date of Registration \_\_\_\_\_ Taken by \_\_\_\_\_ Registration fee \_\_\_\_\_
Check # \_\_\_\_\_ Cash \_\_\_\_\_ Birth Cert \_\_\_\_\_ Bapt Cert \_\_\_\_\_ TA ST PS

1400 E. Central Rd. Mt. Prospect, IL 60056 847-296-3490 stemilyschool.org



# 2024-2025 TUITION AGREEMENT

Family Name \_\_\_\_\_

Parish Env # \_\_\_\_\_

**I understand that the continued success of St. Emily School is based on the ability to collect the tuition budgeted and, therefore, agree to meet all obligations outlined in my plan. I also understand that it is my responsibility to notify the School to make arrangements if I cannot make my payments as agreed. I understand that report cards and diplomas will be withheld and students may not participate in extracurricular activities if payment is 61-90 days past due. Student(s) will not be allowed to attend school if the tuition account or alternative tuition payment agreement is 91 days past due. Official records will not be released for students transferring, nor will students be allowed to re-enroll if our complete financial account is not current.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please **check** the Blackbaud Tuition Management plan (A, B, or C) that applies to your family, and the **number** of children, and indicate student **grades**.

\_\_\_\_\_ **Plan A\*** Ten monthly payments, June, and August-April

_____ 1 child	Grade _____	Pre-K # of days _____
_____ 2 children	Grades _____	Pre-K # of days _____
_____ 3 children	Grades _____	Pre-K # of days _____
_____ 4+children	Grades _____	Pre-K # of days _____

\_\_\_\_\_ **Plan B** Single payment by August 15, 1% discount applied, Blackbaud fee waived

_____ 1 child	Grade _____	Pre-K # of days _____
_____ 2 children	Grades _____	Pre-K # of days _____
_____ 3 children	Grades _____	Pre-K # of days _____
_____ 4+children	Grades _____	Pre-K # of days _____

\_\_\_\_\_ **Plan C\*** Two payments: 1/2 of Plan A total due August 15, 1/2 due January 15 (no discount)

_____ 1 child	Grade _____	Pre-K # of days _____
_____ 2 children	Grades _____	Pre-K # of days _____
_____ 3 children	Grades _____	Pre-K # of days _____
_____ 4+children	Grades _____	Pre-K # of days _____

**\*\*Our family has applied for financial assistance: yes\_\_ no\_\_**