



St. John Paul the Great  
**ACADEMY**  
360 Prospect Street, Torrington, CT 06790  
860-489-4177

### Current Family Enrollment Form of Intent 2020–2021

Dear St. John Paul the Great Academy Families,

We are in need of important information from our current families in an effort to plan for the upcoming 2020–2021 Academic Year. Please complete the brief form below and send it in an envelope with your oldest child currently enrolled at St. John Paul the Great Academy. This is your opportunity to secure your child's seat for the 2020-2021 school year including new Pre-K enrollment in your immediate family. Your prompt attention is necessary to reserve your seat(s). **Please submit this form by May 1, 2020.**

Formal tuition packets with new 2020-2021 rates are forthcoming.

Thank you for your timely attention. God bless you!

Child's First and Last Name	Write "Y" if your child is returning or "N" if your child is not.	Grade Entering in August	Child's age by 12/31/2020 (Pre-K or K only)
	Y    N		
	Y    N		
	Y    N		
	Y    N		

### New Student(s) in Immediate Family Enrolling for 2020–2021

Child's First and Last Name	Grade Entering in August	Child's age by 12/31/2020 (Pre-K and K only)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that all new students' formal acceptance(s) into St. John Paul the Great Academy depend(s) upon administrative review of transcripts, academic screening and interview with the principal. **All acceptances have an introductory probation period.**

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# Archdiocese of Hartford Common Admissions Application

For Pre-K, Elementary, and Middle Schools

For Office Use Only  
Date Received \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Check # \_\_\_\_\_  
A WL NA

Name of School	St. John Paul the Great Academy	School Phone #	860-489-4177
Address of School	360 Prospect Street	Website	stjohnpaulthegreatacademy.org
City	Torrington	Admission to grade #	

## Archdiocese of Hartford

*Vision Statement: The fundamental purpose of Catholic schools is to advance the educational mission of the Church! Catholic schools educate diverse student bodies to form Catholic, person-centered learning communities; provide quality teaching through traditional and innovative educational programs infused with Catholic social teachings; involve students to serve and support parish life and the local civic communities; graduate students who are critical thinkers, productive moral citizens, and spiritual leaders; and recognize and appreciate parents as the primary educators of their children.*

GENERAL INFORMATION: A non-refundable application fee of \$100 must accompany the application. Checks should be made payable to **St. John Paul the Great Academy**. Applications must be filled out completely.

**A copy of student's Birth Certificate must accompany this application.**

**If Catholic, a copy of your child's Baptismal certificate MUST also accompany this completed application.**

### Student Information:

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Last Name

First Name

Middle

Nickname

### Student's Home Address:

Street		Town		State		Zip	
Home Phone		Family E-mail Address					
Date of Birth		Birthplace (City, State, Country)					
Male		Female		Is Student a U.S. Citizen?	Yes <input checked="" type="checkbox"/>	No	
Child lives with :	both parents		mother		father		other individual
If "other individual", please indicate Name					Relationship to child		

### Father/Guardian Information:

Prefix: (Mr./Dr.)		First Name		Last Name			
Address if different		City		State, Zip			
Home Tel. # if different		Work Tel. #		Cell #			
Occupation		Employer		E-mail address			

### Mother /Guardian Information:

Prefix: (Mr./Dr.)		First Name		Last Name			
Address if different		City		State, Zip			
Home Tel. # if different		Work Tel. #		Cell #			
Occupation		Employer		E-mail address			

### Other children in family:

Name	Age	Grade	School attending

Please specify if a language other than English is spoken at home:

How did you hear about this school?:	Website		Advertisement		Friends/Family	
Other (please specify):						

### Relatives who have attended or are attending this School:

Name	List Years Attended

**RELIGIOUS INFORMATION:**

Religion of: Student		Father		Mother		Guardian	
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**If Catholic, please list the parish(es) or church your family is registered with or regularly attends:**

Parish/Church		Town	
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If Catholic, does your family contribute to your parish via the envelope system?					Yes		No	
If Catholic, please provide the following information concerning the applicant:								
Baptismal Date:		Name of Church		Town, State				
First Communion Date:		Name of Church		Town, State				
Confirmation Date:		Name of Church		Town, State				
If not Catholic, please note denomination:								

**ACADEMIC BACKGROUND:** Please list all schools the applicant has previously attended.

School Attended	Grades completed	List Years Attended	Reason for leaving

Has your child ever been expelled or refused admission or readmission from any school?					Yes		No	
If yes, state the name of the school, and the reason for the action.								
Has your child ever received or been evaluated for Special Education Services in a private or public setting?					Yes		No	
If yes, please identify who did the evaluation, and provide a brief description of the services required and the services provided below.								
Has your child ever undergone psycho-educational testing?					Yes		No	
If yes, please provide a brief description of the testing done								
Name and Address of the tester								

*I hereby give St. John Paul the Great Academy the right to contact any previously attended school in regards to the recent enrollment of my child. I hereby authorize said school to supply any and all information requested. I release all persons, companies and corporations supplying and receiving such information to St. John Paul the Great Academy, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including this application is true. I understand that if it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion.*

<b>Parent or Guardian Signature</b>	<b>Date</b>	<b>Parent or Guardian Signature</b>	<b>Date</b>

*St. John Paul the Great Academy is a Catholic school that accepts students from different religious, racial, and ethnic backgrounds.*



St. John Paul the Great  
**ACADEMY**

360 Prospect Street, Torrington, CT 06790  
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**Admissions  
2020-2021**

**Admissions Process**

- All prospective families must complete a school application, meet with the Principal, Dr. Nancy Testa and our Pastor, Father Emmanuel Ihemedu, and allow for student screening of records and academic testing prior to a determination of acceptance.
- Screenings, new family interview and appropriateness of student for the school is at the principal's discretion. Acceptance is not assumed or guaranteed.
- All new students will be admitted to St. John Paul the Great Academy for a probationary period of one marking period.
- Initial admission carries with it no guarantee of continuing enrollment.

**Admissions for Pre-Kindergarten 3 Program**

- Applicant must be 3 years of age by December 31st.
- Applicant must be fully potty-trained including being able to handle all bathroom needs without assistance.
- A student application must be completed with all required materials as indicated on the application.
- Applicants may choose from the following attendance options:
  - Monday through Friday Half Days (11:15 AM dismissal)
  - Monday through Friday Full Days.

**Admissions for Pre-Kindergarten 4 Program**

- Applicant must be 4 years of age by December 31<sup>st</sup>.
- Applicant must be fully potty-trained including being able to handle all bathroom needs without assistance.
- A student application must be completed with all required materials as indicated on the application.
- Applicants may choose from the following attendance options:
  - Monday through Friday Half Days (11:15 AM dismissal)
  - Monday through Friday Full Days.

**Admissions for Kindergarten Program**

- Applicant must be 5 years of age by December 31<sup>st</sup>.
- A student application must be completed with all required materials as indicated on the application.
- All prospective Kindergarten students will be required to attend a Kindergarten screening prior to acceptance into our program.

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## **Admissions (continued)**

### **Admissions for Grades 1 through 8**

- A student application must be completed with all required materials as indicated on this application.
- Release of records/proof of attendance from previous school is required.
- Prospective students will be subject to an academic screening prior to acceptance.
- A “Shadow Day” for a student is strongly encouraged so that the prospective student gains a sense of a typical day at St. John Paul the Great Academy.

## **Frequently Asked Questions**

**Is Financial Aid Available?** Yes, in addition to our “Just” Tuition Model, the Bruttomesso Scholarship **(Please see the attached application)** is available but only to those families who apply and then qualify. In order to be eligible to qualify, families must complete the necessary application and submit the required documents using FACTS Tuition. Some families, despite completing these requirements, may not be awarded aid. While Pre-K students do not qualify for “Just” Tuition Rates, they do qualify for the Bruttomesso Scholarship.

**What Are the School Day Hours?** Pre-K students’ Full Day is 7:40 AM- 2:00 PM. Half Day Pre-K students dismiss at 11:15AM. Students in K through Grade 8 attend school from 7:40 AM to 2:00 PM and may begin arriving at 7:25 AM.

**How Many Students Are in Each Class?** Our Multi-age S.T.R.E.A.M. Model Teacher to Student ratio is 1-20.



# St. John Paul the Great ACADEMY

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## “Just” Tuition Rates Grade Kindergarten through 8 2020-2021

At St. John Paul the Great Academy, we believe a high-quality, Catholic education should be available to all regardless of income. Families earning a gross annual income of \$80,000.00 or more pay the full tuition rate. Families earning a gross income of less than \$80,000.00 per year pay 6% of their gross annual salary for the first child enrolled in the school. For two or more children enrolled in the school, families earning less than \$80,000.00 per year pay 8% of their gross annual salary. Convenient payment plans are available. Please contact the Academy for more details. **A separate meeting must be scheduled with the Pastor, Father Emmanuel Ihemedu, to be considered for the “Just” Tuition Rates. Completed Registration Information and a 1040 Tax Return must be submitted at the time of the meeting.**

**Total Tuition Cost per Student: \$9,000.00**

Family Gross Annual Salary	% Paid for One Child in School	Family Tuition Cost	% Paid for Multiple Children in School	Family Tuition Cost for 2 Children	Family Tuition Cost for 3 Children	Family Tuition Cost for 4 Children	Cost Savings Per Child With 2 or More Children
\$90,000.00+	100%	\$4,500.00	8%	\$7,200.00	\$9,900.00	\$12,600.00	\$1,800.00
\$85,000.00	100%	\$4,500.00	8%	\$6,800.00	\$9,100.00	\$11,400.00	\$2,200.00
\$80,000.00	100%	\$4,500.00	8%	\$6,400.00	\$8,300.00	\$10,200.00	\$2,600.00
\$75,000.00	6%	\$4,500.00	8%	\$6,000.00	\$7,500.00	\$9,000.00	\$3,000.00
\$70,000.00	6%	\$4,200.00	8%	\$5,600.00	\$7,000.00	\$8,400.00	\$3,100.00
\$65,000.00	6%	\$3,900.00	8%	\$5,200.00	\$6,500.00	\$7,800.00	\$3,200.00
\$60,000.00	6%	\$3,600.00	8%	\$4,800.00	\$6,000.00	\$7,200.00	\$3,300.00
\$55,000.00	6%	\$3,300.00	8%	\$4,400.00	\$5,500.00	\$6,600.00	\$3,400.00
\$50,000.00	6%	\$3,000.00	8%	\$4,000.00	\$5,000.00	\$6,000.00	\$3,500.00
\$45,000.00	6%	\$2,700.00	8%	\$3,600.00	\$4,500.00	\$5,400.00	\$3,600.00
\$40,000.00	6%	\$2,400.00	8%	\$3,200.00	\$4,000.00	\$4,800.00	\$3,700.00
\$35,000.00	6%	\$2,100.00	8%	\$2,800.00	\$3,500.00	\$4,200.00	\$3,800.00
\$30,000.00	6%	\$1,800.00	8%	\$2,400.00	\$3,000.00	\$3,600.00	\$3,900.00
\$25,000.00	6%	\$1,500.00	8%	\$2,000.00	\$2,500.00	\$3,000.00	\$4,000.00
\$20,000.00	6%	\$1,200.00	8%	\$1,600.00	\$2,000.00	\$2,400.00	\$4,100.00
\$15,000.00	6%	\$900.00	8%	\$1,200.00	\$1,500.00	\$1,800.00	\$4,200.00
\$10,000.00	6%	\$600.00	8%	\$800.00	\$1,000.00	\$1,200.00	\$4,300.00

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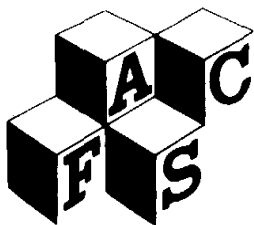
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### Pre-K3 and Pre-K4 Tuition Rates 2020-2021

<b>Full Day 7:40 AM – 2:00 PM</b>	<b>Tuition Rate *</b>	<b>Payment Option 1 One Annual Payment On or Before July 1</b>	<b>Payment Option 2 All FACTS Tuition 10 Monthly Payments or 12 Monthly Payments Beginning July 20; Each Withdrawn on the 20<sup>th</sup> of the Month.</b>
<b>Tuition Rate</b>			
<b>3 full days/week</b>	<b>\$3,828.00</b>	<b>\$3,828.00</b>	<b>10 months=\$382.80 12 months=\$319.00</b>
<b>5 full days/week</b>	<b>\$6,380.00</b>	<b>\$6,380.00</b>	<b>10 months=\$638.00 12 months=\$531.66</b>
<b>The Pre-K3 and Pre-K4 Tuition Rates are not eligible for the “Just” Tuition Rates.</b>			

<b>Half Day 7:40 AM – 11:15 AM</b>	<b>Tuition Rate *</b>	<b>Payment Option 1 One Annual Payment On or Before July 1</b>	<b>Payment Option 2 All FACTS Tuition 10 Monthly Payments or 12 Monthly Payments Beginning July 20; Each Withdrawn on the 20<sup>th</sup> of the Month.</b>
<b>Tuition Rate</b>			
<b>3 half days/week</b>	<b>\$2,508.00</b>	<b>\$2,508.00</b>	<b>10 months=\$250.80 12 months=\$209.00</b>
<b>5 half days/week</b>	<b>\$4,180.00</b>	<b>\$4,180.00</b>	<b>10 months=\$418.00 12 months=\$348.33</b>
<b>The Pre-K3 and Pre-K4 Tuition Rates are not eligible for the “Just” Tuition Rates.</b>			

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## THE FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS

467 Bloomfield Avenue  
Bloomfield CT 06002  
860.761.7499

Dear Parent(s) and Guardian(s),

Thank you for your interest in applying for a Foundation for the Advancement of Catholic Schools (FACS) scholarship. By way of background, FACS was founded in 1983 and its mission is to support and assist the parish schools and the Archdiocesan High Schools by providing funding for scholarships and special projects. The Foundation believes that Catholic schools provide an “education for a lifetime”, especially for the poor and underserved children and youth of the Archdiocese of Hartford. FACS’s scholarships are made possible by many generous donors who, like us, believe that our schools provide students with an outstanding, values-based education.

The Foundation prides itself in choosing deserving students to receive FACS scholarships. We are looking for qualified students who show academic promise and are dedicated and committed to receiving a Catholic education. We are hopeful that your student will have the opportunity to benefit from one of the many scholarships the Foundation provides.

Enclosed please find a FACS scholarship application for your review and consideration. This application shall apply to all scholarships that are available to your school for the academic year 2020-2021. We would appreciate it if you will read all the questions carefully and provide ALL responses in the spaces provided. The FACS Distribution Committee receives many applications, so please be sure that you have provided all the requested information and required back-up documentation. All the information provided on the application is and shall remain confidential. **The Committee will not consider any applications that are incomplete.**

Thank you for your interest in FACS. If you have any questions concerning the enclosed, please do not hesitate to call our office at (860) 761-7499 or email us at [mdussault@facshartford.org](mailto:mdussault@facshartford.org)

Sincerely,

The FACS Distribution Committee



# THE FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS

## *Scholarship Application 2020-2021*

**Archdiocesan School:** St. John Paul the Great Academy

### **Applicant Information:**

Student's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

**Religion:** ( ) Catholic ( ) Other Christian \_\_\_\_\_ ( ) Other: \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ (As of the date of this application)

### **Family Information:**

Applicant lives with (Check all that apply): ( ) Mother ( ) Father ( ) Grandparent(s)

( ) Step-Parent ( ) Guardian ( ) Foster Parent

Total number of people in family: \_\_\_\_\_

Total number of dependents under 18 years old: \_\_\_\_\_

How many children from this family are presently enrolled in:

Catholic elementary school \_\_\_\_\_ Catholic high school \_\_\_\_\_ College/University \_\_\_\_\_

### **Financial Information: (Income)**

**1. Parent/guardian** ( ) Mother ( ) Father ( ) Grandparent(s) ( ) Step-Parent ( ) Guardian  
( ) Other \_\_\_\_\_

Employment Status: ( ) Employed ( ) Stay at Home Parent ( ) Unemployed ( ) Retired  
( ) Permanently Disabled ( ) Temporarily Disabled ( ) Student

Employer Name and Occupation: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

**2. Parent/guardian** ( ) Mother ( ) Father ( ) Grandparent(s) ( ) Step-Parent ( ) Guardian  
( ) Other \_\_\_\_\_

Employment Status: ( ) Employed ( ) Stay at Home Parent ( ) Unemployed ( ) Retired  
( ) Permanently Disabled ( ) Temporarily Disabled ( ) Student

Employer Name and Occupation: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Does the parent/guardian receive alimony? ( ) YES ( ) NO If yes, how much annually? \$ \_\_\_\_\_

Does the parent/guardian receive child support? ( ) YES ( ) NO

If yes, how much annually? \$ \_\_\_\_\_

Do you own income property? ( ) YES ( ) NO Annual property income: \$ \_\_\_\_\_

Has the student received a FACS scholarship before? ( ) YES ( ) NO If yes, how much? \_\_\_\_\_

**Parental Statement** (Please state reasons for financial need):

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Your signature below indicates that you have read and you understand the FACS Program Policies, Guidelines & Restrictions regarding this application (page 5), that the information you have provided is accurate and complete, that you have provided legal proof of income, that you are aware that all information will be verified and any false or misleading information on this application, missing signatures or refusal to provide any proof of income or any pertinent information will be cause for rejection of the application. You also give permission to the school where your student has been accepted or enrolled to share financial information with the Foundation for the Advancement of Catholic Schools.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

My signature on this application also signifies that I give FACS my permission to use any photos of my child in any of FACS' communications whether in print materials or on the FACS website. No last names will be used.

Initial here if you decline FACS' permission to use any photos of your child. \_\_\_\_\_

**Student Statement:** (In your own words tell us about yourself and why you want to attend your school?)

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Student Signature\_\_\_\_\_

**Principal Certification:**

Principal certifies that this application is complete: ( ) Yes

Does this family assist the school? ( ) YES ( ) NO If yes, how?

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Please explain any unusual/special/emergency circumstances which might assist FACS in evaluating this application. What distinguishes the student in work ethic, determination, and other qualities that will help us better know the student?

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Principal's signature:\_\_\_\_\_

## The Foundation for the Advancement of Catholic Schools Program Policies, Guidelines & Restrictions

FACS assists students in the Archdiocese of Hartford with tuition scholarships for Catholic schools.

The following policy applies to all applicants without exception:

- 1) All applications must be submitted from an Archdiocesan Catholic School on the applicant's behalf. FACS **does not** accept applications directly from families.
- 2) Awards are **not** transferable to any private or non-Hartford Archdiocesan Catholic School or to another diocese. Award can be transferred to another Archdiocesan School.
- 3) Awards are paid directly to the schools and a credit is applied to the applicant's tuition.
- 4) This application must be returned completed with proof of income to the school to which the applicant has been accepted and/or is registered to attend in the fall.
- 5) All applications must be submitted by schools on or before FACS deadlines.
- 6) FACS is under no obligation to review or accept any application that is incomplete, illegible, unsigned, lacks required signatures and/or has not provided adequate proof of income.

The schools are under no obligation to submit this application to FACS unless the following has been met:

- 1) Student is an accepted or enrolled student at an Archdiocesan School.
- 2) Student has demonstrated financial need as supported by the determination of the School.
- 3) Student meets academic requirements to remain enrolled in school.
- 4) Student meets the criteria of the scholarship applied for as spelled out in the Criteria and Guidelines documentation for each scholarship.
- 5) The application must be submitted by the FACS or school internal deadlines.

### FACS Policy for Proof of Income:

- 1) **2019** completed income tax returns (Form 1040, 1040A or 1040EZ **only**), OR
  - 2) **2018** completed income tax returns plus **2019** W-2 forms.
  - 3) If a family member has not worked anytime during the last 12 months, they must provide the school with a formal and legal notice/action or layoff status, disability benefits, unemployment benefits, and/or welfare benefits, and court order of legal separation/divorce for spousal or child support.
  - 4) If another form of proof of income is used, please explain in detail (Example: check stub, letter from employer, etc.)
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Please **check** all the financial documents submitted:

- ☐ 2019 Form 1040, 1040A or 1040EZ ☐ 2018 Form 1040 and 2019 W-2 Forms

**\*\*Submit Form 1040, 1040A or 1040 EZ only – Do not include schedules – Delete all but last 4 digits of SSN**

☐ **Applicants most Recent Report Card must be submitted with this application**

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### Scholarships Available for 2020-2021:

**Principal to indicate which scholarships the student is making application for and submit separate applications (copies) for each one.**

- ☐ Bruttomesso Scholarship



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## **Financial Obligation Policy 2020-2021**

Upon registration, each family **MUST** sign a copy of the Tuition Contract and the Statement of Fundraising Obligation & Volunteer Hours. These forms must be returned to the School Office along with the Registration Form and the \$100.00 per FAMILY non-deductible, non-refundable registration fee and all other required paperwork that is included in their Registration Information. **Registration deadline is May 31.** Late registration is only accepted if space is available.

### **Tuition is due according to one of the following two payment options:**

1. **Option 1\*: Annual:** Full tuition payable by July 1.

**\*There is a 2% discount for those who select Option 1 and pay prior to July 1.**  
**Please note that cash, check, and credit card payments are acceptable.**

**Option 2: All FACTS Tuition Management agreements begin July 20, 2020. Parents will choose either a 10-month schedule or a 12-month schedule withdrawal.**

FACTS provides for an automatic payment plan that includes a \$45.00 enrollment fee charged by the company.

**Please see accompanying “Just” Tuition Rates Grade Kindergarten through 8.**

### **Delinquent Tuition**

1. For those families who choose to pay their tuition by Option 1, payment **MUST** be made on or before July 1. Any delinquent tuition accounts need to be reviewed by Father Emmanuel and the student’s parents in order to continue in school. No EXCEPTIONS.
2. A fee of \$25.00 will be assessed for each check returned by the bank.
3. No post-dated checks will be accepted.

### **Tuition Refunds**

If a student withdraws from the school during the school year, a refund shall be due according to the following:

1. Tuition is divided over 12 months and a refund will be issued for dollars paid in excess of the calculated amount for the months enrolled. Any days enrolled in a month will count as a full month of enrollment.

## 2020-2021 Financial Obligation Policy (continued)

2. Any other outstanding financial obligations (Fundraising, After School, Meals, etc.) will be deducted from the calculated refund due.

### **Fundraising Obligation**

The Home and School Association (HSA) will coordinate fundraising activities. It will be the responsibility of each family to raise a specific amount through participation in these events.

1. The fundraising pre-payment obligation **MUST** be paid in full by August 1, 2020. Your child may not return to school until your fundraising account is brought up to date. **NO EXCEPTIONS.**
2. Your account will be reviewed in December and June and a refund will be issued for the obligation amount met at that time, however, not to exceed \$300.00.
3. In addition to HSA fundraising, the school is also committed to raise funds through Advancement events. This is accomplished by means of an Annual Fund/Pledge Drive and various fundraising events deemed appropriate. Without your help and encouragement, these events will not be successful. **Advancement events do not count toward the above-mentioned family HSA Fundraising Obligation, unless specified.**
4. All money collected through various fundraisers is non-refundable.



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**Home and School Association (HSA)  
Fundraising Obligation and Volunteer Hours  
2020-2021**

**Family Name:** \_\_\_\_\_  
(Please print)

1. Family Fundraising Obligation: **\$300.00**  
**AND**
2. Family Volunteer Hours Obligation: **15 Hours and \$150.00**

I/We understand that in addition to the tuition payment, a NET total of **\$300.00** in specified HSA fundraising activities must be met **AND 15 hours** of volunteer services must be performed in the 2020-2021 school year. **I/We also understand that the amount of \$450.00 MUST be paid in full by August 1, 2020.** If payment is not made before the start of the school year, our/my child/children may not return to school until this payment has been made in full.

In December and June, the HSA Treasurer will review our/my account and a refund will be made for the portion of the family net fundraising obligation met at this time, up to \$300.00 annually. The school will retain any unmet fundraising obligation.

Once annually (in June), the HSA Treasurer will review our/my account and a refund will be made in the amount of \$150.00 if all of the 15 family volunteer hours of obligation has been met. If the 15 hours has not been fulfilled entirely, the school will retain the \$150.00.

Information regarding fundraising and volunteer hours will be in the Parent/Student Handbook that will be sent at a later date.

Signature of Payee #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Payee #2: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to St. John Paul the Great Academy with your Registration Information. Payment must be made by August 1, 2020.**

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360 Prospect Street Torrington, CT 06790

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**Tuition Contract  
2020-2021**

**I. Family Information:**

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

Student Name: \_\_\_\_\_ Grade in Aug. \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in Aug. \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in Aug. \_\_\_\_\_

**II. Person Responsible For Tuition Payments:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Option 1: ANNUAL (Payment due on or before July 1, 2020)

Option 2: All FACTS Tuition Management agreements begin July 20, 2020. Parents will choose either a 10-month schedule or a 12-month schedule withdrawal.

**Provisions will be made to allow computer access in the school office for anyone needing to submit a FACTS Application electronically.**

**I understand the terms of the Financial Agreement as stated in the St. John Paul the Great Academy Financial Obligation Policy. I agree to meet the required payment deadlines according to the option I have selected below, and I understand that failure to do so will result in my child unable to return to school. Please return this form to the school.**

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date

- There is a \$100.00 per FAMILY non-refundable REGISTRATION FEE, which is not applied to tuition.
- Tuition payment payable to: St. John Paul the Great Academy.
- Remit payment to: St. John Paul the Great Parish, c/o Bookkeeper, 160 Main Street, Torrington, CT 06790

**BELIEVE † BUILD † BECOME**





## Student Information Form

In order for the school to have the most up-to-date information, please complete and return this form before July 31<sup>st</sup>.

Student(s) Name	Date of Birth	Grade	Gender
			male    female
			male    female
			male    female

Telephone			
Home			
Mom cell		Dad cell	
Mom work		Dad work	

Home Address(es): (List student, parent, etc.)	City	State	Zip code

<b>Email:</b> List email addresses to which school correspondence should be sent

Transportation		Morning bus pick-up address:	
To school:	Car      Bus		
		Afternoon bus drop-off address:	If drop-off is a sitter or Day Care, enter Program Name:
From school:	Car      Bus		
<b>In case of early dismissal due to inclement weather, child is to:</b> Go to the home address      Same as above      Alternate way (Please specify):			

### Emergency Contact(s):

In the event that the school is unable to contact either parent, please list two other responsible parties (including relationship and phone number) whom the school may contact:

Name	Relation	Telephone

**In case of emergency and in the event that all options as listed above have been exhausted, please indicate the action(s) to be taken by St. John Paul the Great Academy:**

Call Dr. \_\_\_\_\_, telephone \_\_\_\_\_ and proceed as instructed.  
 Transport my child to the emergency room.  
 Hold my child at St. John Paul the Great Academy until I can be reached.  
 Proceed according to the best judgment of the school nurse or principal.  
 Other: \_\_\_\_\_

This information will remain on file in the school office during child's enrollment at St. John Paul the Great Academy. Updates and corrections will be requested annually together with your signature. **As a parent or legal guardian, you will be responsible to notify the school office of any necessary changes in the interim.** After you have completed the information, please sign and date below and return to the school office or email to: admin@sjptga.org.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date



St. John Paul the Great  
**ACADEMY**  
360 Prospect Street Torrington, CT 06790  
860-489-4177

**Probationary Acceptance  
2020-2021**

I understand that my child, \_\_\_\_\_, has been provisionally accepted at St. John Paul the Great Academy. At the completion of the First Marking Period, a conference will be held with the parent(s)/legal guardian(s), teacher and/or principal in attendance. An evaluation of behavioral and academic success will be discussed to determine continued attendance in our Academy's program.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please return this form to school.)  
(One form for each child.)**



St. John Paul the Great  
**ACADEMY**

360 Prospect Street, Torrington, CT 06790  
(860) 489-4177

**Consent For Treatment  
2020-2021**

**This form must be completed when registering for St. John Paul the Great Academy. No student will be allowed to register without a fully completed CONSENT FOR TREATMENT form. Please return this form to school.**

Dear Parents,

As stipulated in the General Liability Policy of the Catholic Mutual Group for the Archdiocese of Hartford, students are **NOT** covered for medical expenses resulting from any injury received at school; injury claim should be referred to the major medical coverage in force for your child.

Now would be a good time for you to review your insurance coverage for your child. Please be assured that the school takes every precaution, through health and safety instruction, to alleviate any serious injuries that could occur both on the playground and in the gym area.

In the event of a medical situation due to illness or accident to your child, we will need your consent to insure immediate medical treatment. Please read and sign the statement below.

**I understand that should an accident, illness or medical emergency arise, St. John Paul the Great Academy staff will try to notify me immediately. However, in the event I cannot be reached by telephone, I authorize any medical or surgical treatment, x-rays, examinations, prescription drugs, etc., deemed necessary by a licensed medical physician.**

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mother's daytime phone number:** \_\_\_\_\_ **Father's daytime phone number :** \_\_\_\_\_

**Parent or Legal Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(One form for each child)

**BELIEVE   †   BUILD   †   BECOME**



# Tuition Management

**FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.**

**To set up your FACTS agreement, visit your school's website and locate the FACTS link, or go to <https://online.factsmgt.com/signin/3JPZ6>**

## FACTS Confirmation Notice

Once your information is received and processed by FACTS, you will receive a FACTS Confirmation Notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

## Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com](https://online.factsmgt.com).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS Returned Payment Fee; watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at <https://online.factsmgt.com> or by contacting your school or FACTS. Any changes to payment dates or amounts 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 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.

## FACTS Customer Service

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you.

**To view your payment plan details, login to your FACTS account at [online.factsmgt.com](https://online.factsmgt.com). Customer Care Representatives are also available to assist you 24/7.**

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**For more information, visit [FACTSmgt.com/payment-plans](https://online.factsmgt.com/payment-plans)**

