

Bishop Baraga Catholic School

Pre-K - 8th Grade

Application



Student Information – please print

Student
Legal
Name:

(first)

(middle)

(last)

Date of
Birth:

Sex: Male Female

Religion: _____

Church Attending: _____

Grade
Entering:

Ethnicity: check all
that apply

Asian American Black or African
American Hispanic or Latino
 Native American or Alaskan Native
 Native Hawaiian or other Pacific
Islander White

With whom does your child primarily reside:

Mother / Father Mother Father Guardian(s) _____

Please list name

My Child has received the following sacraments:

Baptism

Church: _____

City/State: _____

Penance

Church: _____

City/State: _____

Communion

Church: _____

City/State: _____

Confirmation

Church: _____

City/State: _____

My child receives special services in the form of an IEP or 504: Yes No

(Please provide details at the end of this form and include a copy of the IEP or 504)

Contact Information:

Best Phone Number: _____

Who's number is this: _____

Best Address Contact: _____

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Father's Information – please print			
Name:	_____		
Address: <i>(if different from above)</i>	_____		
	(city)	(state)	(zip)
Cell phone and carrier:	_____	Home phone:	_____
Email for school communications:	_____		
Place of Employment:	_____		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced - Single <input type="checkbox"/> Divorced-Remarried <input type="checkbox"/> Widower		

Mother's Information – please print			
Name:	_____		
Address: <i>(if different from above)</i>	_____		
	(city)	(state)	(zip)
Cell Phone and Carrier:	_____	Home Phone:	_____
Email for school communications:	_____		
Place of Employment:	_____		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced - Single <input type="checkbox"/> Divorced-Remarried <input type="checkbox"/> Widower		

If transferring from another school, please provide the school name and address.

(name of the school)

(address of the school)

(Office Only)

DATE: _____

SUBSIDIZE

NON-SUBSIDIZE

FAMILY NAME: _____

PARISH: _____

CONTACT #: _____



2021-2022 TUITION WORKSHEET AND CONTRACT

Enrollment Options	Tuition Rates Subsidized	Tuition Rates Non-Subsidized
2 Day Preschool (1 Student) Tuesday and Thursday PM ONLY	-	\$ 1,030
3 Day Preschool (1 Student) Monday, Wednesday, and Friday PM ONLY	-	\$ 1,240
5 Day Preschool (1 Student) Monday – Friday PM ONLY	-	\$ 1,700
½ Day Pre-Kindergarten (1 Student) Monday – Friday AM ONLY	-	\$ 1,700
Full Day Pre-Kindergarten (1 Student)	-	\$ 3,915
Full Day Kindergarten – 8 th Grade (1 st Student)	\$ 2,450	\$ 3,536
Full Day Kindergarten – 8 th Grade (2 nd Student)	\$ 2,122	\$ 3,104
Full Day Kindergarten – 8 th Grade (Each Additional Student)	\$ 543	\$ 876

TUITION - Before any credits or fees are applied; take from the above chart

1st Student's Name: _____ Gr.: _____ Tuition: \$ _____

2nd Student's Name: _____ Gr.: _____ Tuition: \$ _____

3rd Student's Name: _____ Gr.: _____ Tuition: \$ _____

4th Student's Name: _____ Gr.: _____ Tuition: \$ _____

5th Student's Name: _____ Gr.: _____ Tuition: \$ _____

TOTAL TUITION BILLED FOR 2021-2022: \$ _____ (A)

FEES – Not all fees may apply to your family's situation

1. Scrip Fee for not meeting the 2020-2021 Family Scrip Requirement of \$200 profit will be \$200 minus your total Scrip Rebate. \$ _____

2. Scrip Buyout per FAMILY, if opting out of purchasing Scrip during 2021-2022, fee will be \$250. \$ _____

TOTAL FEES OWED FOR 2020-2021 \$ _____ (B)

DISCOUNTS – Not all discounts may apply to your family's situation

- 1. Scrip Credit (school will apply to contract) \$ _____
- 2. Early Education Credit for families with students in Ps/Pk with additional student in K-8 (Value of \$500) \$ _____
- 3. Early Education Credit for families with two or more students in PS/PK (Value of \$500) \$ _____

TUITION AID: Our family will be applying for tuition aid on FACTS: (\$35 application fee) If yes, your contract will be finalized by June 15, 2021. _____ Yes _____ No

FINANCIAL AID: \$ _____

TOTAL CREDIT FOR 2021-2022: \$ _____ (C)

TOTAL INVESTMENT FOR 2021-2022: (A+B)-C= \$ _____

The enrollment fee for the 2020-2021 school year is \$50. I agree to pay the "total investment" using the following payment schedule:

_____ **Option 1: Pay In Full - One payment in full made by October 15th.**

_____ **Option 2: Two Payments**
October _____ **1st or** _____ **15th of the month**
February _____ **1st or** _____ **15th of the month**

_____ **Option 3: Monthly Payments Ending in May**
10 Monthly Payments from August to May.
_____ **1st or** _____ **15th of the month**

_____ **Option 4: Monthly Payments Ending in June**
12 Monthly Payments from July to June.
_____ **1st or** _____ **15th of the month**

Signature: _____
Parent, Guardian or Financial Steward

Date: _____

Reviewed by: _____
Pastor Signature

Date: _____

Approved by: _____
Principal Signature

Date: _____

For office use:

Enrollment Fee Paid (Date): _____

Amount: _____