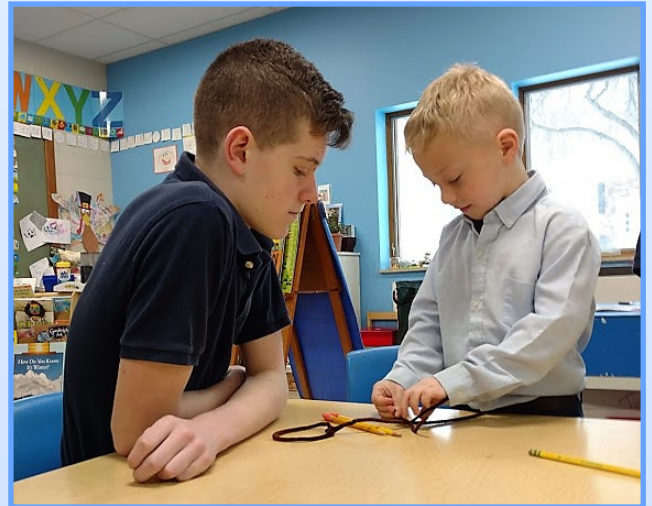


IHM-ST. CASIMIR SCHOOL

ONE GOD, ONE FAITH, ONE SCHOOL

REGISTRATION

2018-19



Immaculate Heart of Mary- St. Casimir School Grades K-8

3830 Rosemont Avenue, Lansing, Michigan 48910
phone 517-882-6631 fax 517-882-5536

<http://ihmlansing.org>

Angela Johnston
Principal

IHM-St. Casimir Catholic School challenges students to discover God's gifts spiritually, intellectually, socially and physically within a community that nurtures, honors and respects the unique person.

IHM-ST. CASIMIR IS COMMITTED TO MAKING A CATHOLIC SCHOOL EDUCATION AFFORDABLE AND ACCESSIBLE FOR ALL PARTICIPATING FAMILIES.

Immaculate Heart of Mary - St. Casimir School Registration 2018-2019

Office Use Only: Date Received: _____ Registration Fee (\$75) CK #: _____

Family Last Name: _____

Child's Last Name if Different: _____

Street Address: _____

City: _____

Zip: _____

 Name of Parish
in which you are Registered: _____

 Home
Phone: _____

Student Information (List Children You Are Registering for School)

	Child 1	Child 2	Child 3	Child 4
Child's Last Name				
Child's First Name and Middle Initial				
Grade in 18-19				
Birth Date				
Sex of Child				
Race/Ethnic Origin	Asian Caucasian African American Hispanic or Latino MultiEthnic	Asian Caucasian African American Hispanic or Latino MultiEthnic	Asian Caucasian African American Hispanic or Latino MultiEthnic	Asian Caucasian African American Hispanic or Latino MultiEthnic

Parental Status:	Single:	Married:	Separated:	Divorced:	Widowed:	
Child(ren) Reside With:	Both Parents:	Mother Only:	Father Only:	Mother/Stepfather:	Father/Stepmother:	Joint Custody : Explain
Legal Guardian Name: _____ Address: _____						

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, IN CASE OF ILLNESS OR ACCIDENT, PLEASE LIST TWO OTHER NAMES THAT WOULD BE RESPONSIBLE FOR YOUR CHILD.

Father's Full Name: _____	
Date of Birth: _____	
Cell Phone: _____	Work Phone: _____
Address: _____	
Employer's Name: _____	
Email for WEEKLY communication: _____	
Mother's Full Name: _____	
Date of Birth: _____	
Cell Phone: _____	Work Phone: _____
Address: _____	
Employer's Name: _____	
Email for WEEKLY communication: _____	

1) Name: _____
Home Phone: _____
Work Phone: _____

2) Name: _____
Home Phone: _____
Work Phone: _____

Are there any academic needs of which we should be aware?

Child: _____
Explain: _____

Child: _____
Explain: _____

Primary language spoken at home: _____ or English.

List any health considerations which might require emergency or special placement in the classroom:

Child: _____ Explain: _____

Child: _____ Explain: _____

NEW STUDENTS: If you are transferring from another school, you need to fill out a record release form. This form is available in the school office. Please list the school from which your child is transferring below.

Name of School Student Currently Registered	Address	City	Zip
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If you are new to IHM-St. Casimir School did you register because of a referral? From whom? _____

Immaculate Heart of Mary - St. Casimir School Registration 2018-19

Financial Agreement Form 2018-2019 Tuition Policy

The main source of funding educational programs at Immaculate Heart of Mary - St. Casimir School is through tuition. Tuition payments must be made regularly according to the financial agreement schedule signed by each family.

Registration Fee: \$75 per family. This non-refundable fee must accompany your registration form.

Tuition Payment Options (please check one):

_____ Tuition Payment in Full by May 10, 2018.

_____ Semester payments - half due May 10, 2018 and balance due November 10, 2018.

_____ Monthly payments due May 10, 2018 through April 10, 2019 (includes a one time \$50 payment fee).

Tuition Rates:

Number of Students in Grades K - 8	Subsidized Rate	Cost to Educate
1 student	\$3,625	\$5,496
2 students	\$5,391	\$10,992
3 students	\$6,620	\$16,487
4 students	\$7,844	\$21,983
5 students	\$7,844	\$27,479

*In addition to tuition the following two fees will be added to all family accounts:
PTO Fundraiser Fee \$100 per family and Technology Fee \$90 per student

A. **Subsidized Rate:** Families of IHM Parish who are active and participating (see reverse side) may qualify for subsidized rate. Families from all other Catholic Parishes will need to check with the school or their pastor to find if their parish has a subsidy agreement with IHM-St. Casimir School. All Catholics are expected to be active and participating by the criteria determined by their pastor.

B. **Payments:** Tuition payments are due by the 10th of any month in which a payment is due. Payments not received in the school office by the 20th of the month will incur a \$25 late fee. Families may sign up for EFT payments.

After the tuition paying year begins (May 10, 2018), if a family does not attend or chooses to withdraw from school, one month of tuition paid shall be non-refundable. Remaining tuition due shall be prorated for the actual number of days enrolled.

C. **Returned Check Fee:** Any check returned from the bank for any reason will incur a \$35 returned check fee. This will be added to your tuition balance.

D. **Delinquent Payments;** Any tuition payment not received by the payment due date (or within the 10-day grace period), shall be considered delinquent. Parents will be notified in writing that their tuition has become delinquent and that they must respond or make payment within five (5) days. Failure to respond may result in the student's suspension from school. Upon notice of suspension, the parent will have the following options: a) pay the delinquent tuition; b) submit for approval, a written alternative payment plan; c) request financial assistance in writing.

The student may remain in attendance while the request is under review. All tuition accounts must be paid in full by April 10, 2019. Student records may be held for non-payment of tuition.

E. **Financial Assistance:** All families applying for financial aid need to apply **by March 1, 2018**, through the FACTS Management (application available at dioceseoflansing.org or in the school office). This will automatically submit families for consideration for all financial aid from the Greater Lansing Education Foundation and the Mary Goeddeke Tuition Assistance Fund at IHM-St. Casimir School. There are no 100% grants. All families receiving financial aid need to sign a financial stewardship of the school agreement (Walk-A-Thon Comm., Mary Goeddeke Basketball Game Comm., TRIP Comm., Athletics, etc.).

**Immaculate Heart of Mary - St. Casimir School Registration 2018-2019
Request for Subsidized Rate**

Please fill out completely as this page is administratively detached.

Parent(s)/Guardian Name(s): _____

(Please Print)

Address _____ City/ST/Zip _____

Parish: _____ Envelope Number: _____

The name (s) of the student (s) in grade K-8 request is made for:

Name	Surname	Grade 18-19
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFIRM TUITION RATE BY CHECKING A, B, OR C:

_____ **A. Active and Participating Catholic Immaculate Heart of Mary families are required to do the following to receive the subsidized tuition rate for IHM-St. Casimir School:**

1. Sunday Mass:

- Firm commitment to keeping the Lord's day holy, throughout the year. For Catholics this includes weekly participation in Sunday Mass.
- Students must be baptized Catholics or in preparation to become Catholic through reception of the Sacraments of Initiation.

2. Time and Talent:

- Commitment to give your time and talent to the parish (not including school activities) for at least one project or ministry during the year.
- Commitment by your school children grades 4 and up, to give of their time and talent as altar servers or another parish ministry during the year.

3. Treasure:

- Planned sacrificial gift from the first fruits of your income that reflect your gratitude for the level of financial support provided by IHM Parish. (You must complete a stewardship card each year.)

_____ **B. Catholic families from other parishes are expected to be active and supporting members of their Parish. I am a registered, supporting member of _____ Catholic Parish. IHM-St. Casimir School has my permission to contact my parish to determine if I qualify for a subsidized tuition rate (by their agreement to subsidize and my active and participating status).**

_____ **C. I/We agree to pay the Cost to Education tuition rate.**

I have read and understand the **FINANCIAL AGREEMENT INFORMATION** listed above. I understand that in signing this tuition agreement, I am agreeing to accept the policies, rules, and regulations of Immaculate Heart of Mary - St. Casimir School, as well as the payment schedule set forth herein.

Date: _____

Signature of Parent or Guardian

FOR OFFICE USE ONLY

GRANTED: _____ ***GRANTED CONDITIONAL:** _____ **DENIED:** _____

Pastor or Business Manager

Date

*Records are reviewed throughout the year and failure to maintain active and participating status may result in subsidy denial so that tuition becomes Cost to Educate rate.