



Our Lady of the Sacred Heart Academy

3218 11th Street, Rockford, IL 61109 - (815) 399-3021 - fax: (815) 399-3073

OFFICE USE ONLY	
Date Received	/ /
Registration fee paid	/ /
\$ #	/ /
Tuition contract	/ /
File complete (Initials)	_____

STUDENT RE-REGISTRATION / PARENTAL AGREEMENT

All registration forms and re-registration fees are due by **April 1**. Re-registration received after this date will be subject to availability and new student fees. New student applications are available in the school office to register a student.

Student Name	Grade placement in fall	Sacraments received this year & church	Student Name	Grade placement in fall	Sacraments received this year & church

PARENTS/GUARDIAN INFORMATION

Father: _____
 Last Name First Religion Occupation Parish
 Address _____
 Home Phone: _____ Bus. Phone: _____

Mother: _____
 Last Name First Religion Occupation Parish
 Address _____
 Home Phone: _____ Bus. Phone: _____

Guardian: _____
 Last Name First Religion Occupation Parish
 Address _____
 Home Phone: _____ Bus. Phone _____

Please indicate with whom the child (ren) lives: _____
 (Please complete the reverse side.)

Student's parents: circle any/all that apply

Father deceased Mother deceased Parents separated Parents divorced Parents never married

If parents are separated, divorced or never married, please specify legal custody of student and any restrictions regarding access to this student and his records. Documentation must be provided.

If non-custodial parent should receive mailings, please provide his/her name, address and phone number:

(Please complete the reverse side.)

FINANCIAL RESPONSIBILITY

Person financially responsible for student: _____

Family requests financial assistance: ___ YES ___ NO (If yes, a financial aid application must be filled out.)

Payment Plan

I (we) agree to pay according to one of the following plans (please check one):

- Lump sum (due August 1)
- By semester (August 1 and January 1)
- By quarter (four payments) (beginning August 1)
- Over 11 months (beginning July 1)

REGISTRATION FEE

___ I have enclosed the registration fee in full. ___ \$95/student ___ \$175/family (2 or more students)

Circle form of payment: check# _____ cash credit card bank draft

We agree to the following terms and conditions:

1. I acknowledge having read the stated admission and parent/student handbook policies and guidelines, and I agree to support and abide by them.
2. I give permission for my child to take part in all school activities, including attending First Friday Mass at the Oratory of St. Mary each month, and sports and school-sponsored trips away from OLSHA’s premises, and absolve and waive any claim against the school from liability to me or my child because of any injury to my child at school or during any school activity.
3. Physical examinations are required upon entrance into kindergarten, sixth and ninth grades. Dental examinations are required prior to kindergarten, second and sixth grades. Eye exams are required before kindergarten or upon entering school. Students must submit proof of immunizations, or a medical and/or religious exemption. Students will not be allowed in school without these forms.
4. I agree to support the mission and philosophy of the Academy regarding the religious education, the academic program and the expected behavior of my child (ren).
5. I agree to provide volunteer service to the Academy, as set forth in the tuition agreement.
6. I agree to pay tuition according to the policy set forth by the Academy. I understand that no final grades, transcripts or test scores will be released until all tuition and fees have been paid in full.
7. Should it become necessary for OLSHA to employ an attorney or collection agency to enforce any of the conditions of this contract, I agree to pay all expenses so incurred, including attorney's fees, court costs, costs of collection and 1.5 % interest a month.
8. I attest that to the best of our knowledge all information I have provided on the application form is true and correct.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

All information on this application is considered by the school to be strictly confidential. Deliberate falsification of any information may result in the removal of the student from OLSH Academy.

Non-discrimination statement: OLSHA does not discriminate on the basis of race, color, national nor ethnic origin in its admissions policy. It is open to all Catholic students, and to others open to the Catholic faith. Admission is based on character, behavior, academic readiness and parental involvement.