



# Nazareth Elementary School

*A Ministry of the Sisters of Saint Joseph*

Office Use Only:
Student ID # _____
Enter Date _____

## Application for Admission 2020-2021

To complete your application, please submit the following:

- \_\_\_ Application for Admission
- \_\_\_ Tuition Payment Preference Form
- \_\_\_ Release of Student Information Form
- \_\_\_ Copy of student's birth certificate(s)
- \_\_\_ \$150 per family Application Fee (Application Fee covers ALL children in the household.)

Please mail or deliver all application materials to: Nazareth Elementary · 311 Flower City Park · Rochester, NY 14615

You will be notified of acceptance after all items above are received and reviewed. For students entering Grades 1–6, current/previous school records must also be reviewed. Please note that ALL items must be submitted before tuition assistance awards will be considered. Please contact Melissa Kunz (x3101) at our office with any questions: (585) 458-3786.

### Student Information

*Please provide the following information for each student applying.*

Student Name (First, Middle, Last)	Date of Birth	Gender	Street Address, City, State, Zip
1.			
2.			
3.			

Current Grade	Grade in 2020-2021*	Name of Current School	City and State of Current School
1.			
2.			
3.			

*\*If applying for Pre-K, please indicate PK3 or PK4. Students must be 3 and 4 years old, respectively, by November 30, 2020, to enroll. Students must also be fully potty-trained before entering.*

Have any applicants been diagnosed with special learning needs or differences? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please provide a copy of the student's IEP/504 Plan with this application.

Have any applicants had any behavioral/discipline problems at school or daycare? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain: \_\_\_\_\_

### Notice of Nondiscriminatory Policy as to Students

Nazareth Elementary admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, before-and after-school programs, after-school clubs, and other school-administered programs.

**(Over)**

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**Demographic Information****Ethnic Background of Student (check one)**

- Asian
- Native Hawaii/Pacific Islander
- Hispanic/Latino
- Multiracial (not Hispanic origin)
- Native American
- Black
- White (not Hispanic origin)

**Religion (check one):**

- Catholic
- Episcopal
- Other Protestant
- Islam
- Jewish
- No Religion
- Other: \_\_\_\_\_

Parish/Church: \_\_\_\_\_

**School district in which student resides (check one):**

- Brighton
- Brockport
- Churchville-Chili
- East Irondequoit
- East Rochester
- Fairport
- Gates-Chili
- Greece
- Hilton
- Holley
- Penfield
- Pittsford
- Rochester City
- Rush-Henrietta
- Spencerport
- Wayne County
- Webster
- West Irondequoit
- Wheatland-Chili
- Other: \_\_\_\_\_

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**Parent/Guardian Contact Info****Primary Parent/Guardian (with whom the student resides)**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**Additional Parent/Guardian**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

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**Sibling discounts** are available for families with multiple children enrolled at Nazareth.**A Heritage Award** is also available for children and grandchildren of Nazareth Hall, Nazareth Academy, and Nazareth Elementary alumni. If you qualify, please complete:\_\_\_\_\_  
*Sibling or Alumnae Name      School of Attendance (Nazareth Hall, Nazareth Academy, or Nazareth Elementary)      Graduation Year*

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**Why do you want your child(ren) to attend Nazareth Elementary?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I/We, the custodial parent(s) or legal guardian(s) of the applicant(s), hereby certify that the information provided on this application is complete and correct. I/We understand that falsifying or withholding any information may result in the rescinding of an offer or acceptance.

*A \$150 per family application fee is due upon submission. \$125 is refundable if your child is not accepted into Nazareth. The application fee must be received before application for admission and/or for tuition assistance will be reviewed.*

\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## Tuition Payment Preference 2020-2021

Student(s) Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

**Information for Person Responsible for Paying Tuition:**

Name \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

**Payment Plan – All** payments must be made through the **FACTS Payment Plan**. An annual fee of \$45 per Agreement is assessed by FACTS to utilize their payment options. Please choose one of the payment options below:

✓	Option	Payment Plans
1		<b>One-Time Annual Payment Plan:</b> Payment is made in full and must be received by the school on or before August 1, 2020. This option entitles the payer to a \$100 prepayment discount. Note: When making the one-time payment, the FACTS fee of \$45 will be waived.
2		<b>FACTS Monthly Payment Plan (July-May) by Automatic Bank Draft:</b> Payments are budgeted over 11 months, beginning July 2020 and ending May 2021. Families authorize automatic payment for either the 5 <sup>th</sup> or the 20 <sup>th</sup> of each month.
3		<b>FACTS Monthly Payment Plan (August-May) by Automatic Bank Draft:</b> Payments are budgeted over 10 months, beginning August 2020 and ending May 2021. Families authorize automatic payment for either the 5 <sup>th</sup> or the 20 <sup>th</sup> of each month.
4		<b>FACTS Monthly Payment Plan (September-June) by Automatic Bank Draft:</b> Payments are budgeted over 10 months, beginning September 2020 and ending June 2021. Families authorize automatic payment to be made on the 5 <sup>th</sup> of each month. <i><u>This option does not have the 20<sup>th</sup> of the month option.</u></i>

**Do you plan to apply for Tuition Assistance (Available for Kdg – Grade 6)**  Yes  No

*(Refer to the Tuition and Tuition Assistance Form for complete instructions)*

**Authorization**

I will pay tuition according to the payment plan checked above and in accordance with the Finance Policies and Procedures of Nazareth Elementary School. I accept responsibility to fulfill my tuition obligation and abide by the policies of Nazareth Elementary School. I understand that accounts must be current; an account will be considered current if it is paid in accordance with the terms of the tuition payment option. Grades and transcripts may be withheld for students whose family accounts are not current. In the event of a default, I agree to be responsible for all attorneys' fees and costs associated with the process of collections. I agree to abide by the rules, policies, and regulations adopted by Nazareth Elementary School and set forth in publications and mailings.

If the responsibility for payment of tuition is shared by separate parties, another Tuition Payment Preference Form must be completed, signed, and returned by the other person responsible for tuition. In the absence of this signature, I may be held responsible for all tuition payments.

Printed Name of Person Responsible for Payment of Tuition \_\_\_\_\_

Signature of Person Responsible for Payment of Tuition \_\_\_\_\_

Date \_\_\_\_\_





## Release of Student Information Form

I hereby give permission to \_\_\_\_\_  
(Name of School Currently Attending/Most Recently Attended)

To release the following student records:

\_\_\_\_ Academic Records:

- \* Most current report card
- \* Final report card from previous year (for Grades 1-6)

\_\_\_\_ Health Records

\_\_\_\_ Standardized and NYS Test Scores

\_\_\_\_ Other (List): \_\_\_\_\_

\_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

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

Date \_\_\_\_\_

Please forward records to:  
Nazareth Elementary School  
311 Flower City Park · Rochester, NY 14615  
Phone: (585) 458-3786 · Fax: (585) 647-8717  
Email: [mkunz@nazarethschools.org](mailto:mkunz@nazarethschools.org)