

Enrollment Agreement

I wish to enroll _____ in grade(s) _____ for the 20____ - 20____ school year at Saint Albert Catholic Schools. I understand the mission of this Catholic educational institution and support the focus of Christian development. I also understand that Catholic doctrine, teaching and practice are part of everyday life at Saint Albert Schools regardless of our religious affiliation.

I agree that success is influenced by what happens at home along with what happens at school. I will, therefore, cooperate with the school in helping my student:

- Maintain regular attendance,
- Work at his or her studies in accordance with natural ability,
- Comply with school regulations as defined in the Code of Conduct and the Parent/Student Handbook,
- Cooperate with the faculty and administration.

I also understand that our family will be expected to:

- Pay tuition promptly in accordance with the tuition agreement;
- Participate in the Scrip Program;
- Actively support the following efforts throughout the school year (please check all that apply)

- | | |
|---|-------------------------------------|
| _____ Raffle (sell tickets or work at sales stations) | _____ Auction |
| _____ Booster Club (PreK-12 eligible) | _____ Parent Support Group (PreK-6) |
| _____ Elementary Activities | _____ Magazine Sales |
| _____ Alumni Activities (need not be an alum) | _____ Annual Phone-a-thons |
| _____ Capital Campaign/Annual Support Program | _____ Office Support |

I am aware of the terms and conditions of tuition payment prescribed by the Area Board of Education and will meet my financial obligation to the school. **Checking this box indicates our intention to make monthly tuition payments.** By **not** checking the box, I agree to make an annual or semi-annual payment.

I further understand that parish status is evaluated prior to enrollment, and “in-parish” status for the sake of tuition rates is given to families who are **registered** in a supporting parish, **active** in the parish, **attend Mass regularly** and **contribute financially** to the parish.

Parent/Guardian Name

Print/Signature: _____ Date: _____

Enrollment is not complete until this signed form has been received and is on file at the school office.

NEW FAMILIES: How did you hear about Saint Albert?

___Web site ___TV/print Advertising ___Church ___Referral from: _____

Other: _____