



TUITION

2020-2021

PARISHIONERS:

One Child.....	\$372.00 per month for ten months
Two Children.....	\$686.00 per month for ten months
Three children.....	\$1,000.00 per month for ten months
Four or more children.....	\$1,314.00 per month for ten months

NON-PARISHIONERS:

One Child.....	\$434.50 per month for ten months
Two Children.....	\$828.00 per month for ten months
Three children.....	\$1,221.50 per month for ten months
Four or more children.....	\$1,615.00 per month for ten months

To be eligible for parishioner rates, a family must meet the following criteria:

1. Be registered members of St. Stanislaus Basilica Parish since January 2018.
2. Have contributed a minimum of \$400.00 to Offertory Collections for the 2019 calendar year.

Please Note: In order to be eligible for Parishioner rate for the 21-22 School Year, Parish contributions must meet a minimum requirement of \$450.00.

FEES & IMPORTANT DATES

2020-2021

Registration Fee:

Discounted Registration Fee \$100.00 through February 15, 2020.
After February 15th Regular Registration Fee \$125.00 applies.

Workbooks & Materials Fee: due by September 30, 2020

One Child \$100.00
Second Child \$100.00
Third Child \$50.00

Service Commitment Hours

Each family is required to provide 10 volunteer service hours per year or the monetary equivalent of \$25.00 per service hour will be added to your tuition.

TUITION PROCEDURES

- Families will receive a book with 10 monthly tuition bills, July 2020 - April 2021.
- These payments are to be paid directly to the school office by the 15th of the month.
- Late payments (after the 15th of the month) will be assessed at \$10.00 late fee per month
- There is a \$25.00 fee for checks returned for insufficient funds.
- If the entire tuition bill is paid before July 15, 2020, there will be a 2% reduction in tuition.
- No student will be admitted in September unless tuition and fees for the prior school year 2019-2020 have been paid, except where a deferred payment plan has been arranged in writing with the pastor. A deferred payment plan may ONLY be made in those instances where genuine need has been proven and income will definitely be available at a known time later in the school year to meet the tuition obligation.
- No transcripts, grades or diplomas will be released to any agency or forwarded to a new school until all financial obligations to St. Stanislaus School have been fulfilled.

WITHDRAWAL POLICY

- Families must notify the school in writing if a student is withdrawn from the school.
- Registered students who withdraw between the first day of school and December 15th are responsible for ½ of the full tuition amount. Registered students who withdraw after December 15th are responsible for the full tuition amount.
- **No tuition refunds will be given after September 30th.**

534 Front Street, Chicopee, MA 01013
Tel.(413)592-5135 Fax(413)598-0187
ststanis@saintstansschool.org
saintstansschool.org

St. Stanislaus School is a Roman Catholic, Franciscan, co-educational Pre-K through 8th grade school. Students are assisted in developing their potential spiritually, physically, and socially within a safe and diverse community. A foundation of academic excellence is created to prepare students to become contributing members of a global society.

GUIDELINES TO RECEIVE PARISHIONER TUITION RATES

To St. Stanislaus School parents and Catholic High School parents who are parishioners of the Basilica of St. Stanislaus

In order to be eligible to receive parishioner rates for the **2020 - 2021** school year, the following guidelines must be met:

FOR ST. STANISLAUS SCHOOL

1. Regular Mass Attendance
2. Contributions in your church envelopes of at least **\$400.00.**
This works out to be approximately \$ 8.00 per week in your church envelope. This amount must be paid on or before **December 31, 2019.**

Please Note: In order to be eligible for Parishioner rate for the 21-22 School Year, Parish contributions must meet a minimum requirement of \$450.00.

FOR CATHOLIC HIGH SCHOOLS

1. Regular Mass Attendance
2. Contributions in your church envelopes of at least **\$500.00.**
This works out to be approximately \$ 10.00 per week in your church envelope. **This amount must be paid on or before December 31, 2019.**

REMINDER:

In order to qualify for parishioner tuition rates, you must be a parishioner in good standing (Regular Mass Attendance), fulfilling all financial responsibilities to the parish as outlined above, for a **minimum of two (2) years.**

Please call the Parish Office at 594-6669, between the hours of 9:00am – 5:00pm, if you need to check on your parish contributions.

DIOCESAN FINANCIAL AID:

- Online financial aid applications began on January 1, 2020. Diocesan financial aid is for Catholic students enrolled in a Catholic School in the Springfield Diocese. Families must be parishioners in good standing with their parish.
- Applications must be completed online at FACTS Grant & Aid Assessment <https://online.factsmgmt.com/aid>.
- Completed applications will be processed March 15th, April 15th, and May 15th, and through September as long as funds are available.
- To apply through FACTS Grant & Aid Assessment:
Step 1: Click on Applicant Sign In
Step 2: New users select Create an Account; or returning users enter their existing Username and Password.
Be sure to send to FACTS your 1040 Income Tax form for 2018 and your W-2 statement for 2019, and the FACTS required fee. The process is not complete until all paper work is submitted and the fee paid.

ST. STANISLAUS SCHOOL FINANCIAL AID

- Families must apply through FACTS Grant & Aid Assessment by April 15th.
- St. Stanislaus School Aid requires that families participate in commitment hours through working Bingo one Friday per month or through volunteering in the kitchen during the school year.

ALL AID IS NEED BASED and DEPENDENT UPON FILING AN APPLICATION WITH FACTS GRANT & AID ASSESSMENT. Tuition aid is not available for preschool students.



534 FRONT ST. CHICOPEE, MA – 413-592-5135 – SAINTSTANSSCHOOL.ORG

NEW STUDENT APPLICATION

Enrollment for Academic Year: 2020 - 2021				Grade:	
STUDENT INFORMATION					
Last Name:		First Name:		Middle Name:	Name you wish your child to be called: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: / /	Place of Birth:	Child's Primary Language:	Child's Race (Responses not required, but encouraged) <input type="checkbox"/> American Indian <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Asian <input type="checkbox"/> 2 or more races		
Address (P.O. Box if applicable):		City:	State:	Zip Code:	
Primary Phone #:	Primary Email (REQUIRED):	Busing Required? (Chicopee Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other: _____		
Parishioner Status <input type="checkbox"/> Parishioner <input type="checkbox"/> Non-Parishioner	Parish:	Religion:			
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Parish:	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: Parish:		
School Previously Attended (Including Preschool):					
School:		Address:		Years Attended:	
FAMILY INFORMATION					
PARENT 1					
Last Name		First Name		Middle	Primary Phone #
Please provide address if different than Student:					
Address (or P.O. Box)		City		State	Zip Code
Occupation	Place of Employment		City	State	Phone#
Religion	Parish			City	State
PARENT 2					
Last Name		First Name		Middle	Primary Phone #
Please provide address if different than Student:					
Address (or P.O. Box)		City		State	Zip Code
Occupation	Place of Employment		City	State	Phone#
Religion	Parish			City	State
LEGAL GUARDIAN OR CUSTODIAL PARENT (If applicable, please provide a copy of the custodial order)					
Last Name		First Name		Middle	Relationship to Student

NEW STUDENT APPLICATION

Please provide address if different than Student:

Address (or P.O. Box)	City	State	Zip Code
Primary Phone #		Email	

NAME OF STUDENT'S STEPPARENT (If applicable)

Last Name	First Name	Middle
Primary Phone #		Email

SIBLING INFORMATION (If more space is needed, please list on a separate sheet of paper and attach to this form).

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	School	Grade

EMERGENCY CONTACTS (OTHER THAN PARENTS OR GUARDIANS)

1.				
Last Name:		First Name:		Relationship to Child:
Address (P.O. Box if applicable):		City:	State:	Zip Code:
Primary Phone #:		Secondary Phone #:		
2.				
Last Name:		First Name:		Relationship to Child:
Address (P.O. Box if applicable):		City:	State:	Zip Code:
Primary Phone #:		Secondary Phone #:		
3.				
Last Name:		First Name:		Relationship to Child:
Address (P.O. Box if applicable):		City:	State:	Zip Code:
Primary Phone #:		Secondary Phone #:		

STUDENT MEDICAL INFORMATION

Physician's Name:		Practice:	
Address (P.O. Box if applicable):		City:	State: Zip Code:
Dentist's Name:		Practice:	
Address (P.O. Box if applicable):		City:	State: Zip Code:

NEW STUDENT APPLICATION

Medical Insurance Policyholder:	Insurance Company:	Policy Number:
Primary Phone Number:		Secondary Phone Number:
PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL AND IMMUNIZATION RECORD. STUDENTS CANNOT START SCHOOL WITHOUT THIS INFORMATION.		
Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child have any other allergic reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child take medication on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child take medication that needs to be administered during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		
Does your child require special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide Education Evaluation report or IEP if applicable.		
Is there anything else you would like us to know about your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:		

AGREEMENTS

TUITION AGREEMENT

Individual Responsible for Payment of Tuition and Fees

Name:	Relationship:	Primary Phone Number:	Primary Email Address:
<i>Please provide address if different than student's address</i>			
Address (P.O. Box if applicable):	City:	State:	Zip Code:
Are you an active military service member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be applying for financial aid? (You must fill out a financial aid application on FACTSmgt.com) <input type="checkbox"/> Yes <input type="checkbox"/> No			

In registering my child(ren), I agree to meet the FINANCIAL COMMITMENTS and FAMILY SERVICE COMMITMENT HOURS required by St. Stanislaus School. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Signature of Person Responsible for Tuition	Date
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PHOTOGRAPHY AGREEMENT (USE OF IMAGES ON FACEBOOK OR OTHER PUBLICATIONS)

- ☐ I, the undersigned, **DO CONSENT** or grant full permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current school year, 2020-2021
- ☐ **I DO NOT** give consent or permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities or posting to social media. This request is valid for the current school year, 2020-2021.

Parent or Legal Guardian Signature	Date
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NEW STUDENT APPLICATION

ST. STANISLAUS SCHOOL FAMILY AGREEMENT

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Stanislaus School, we must work together as parents, students, and school personnel. We want your time as a student at St. Stanislaus School to be one with a clear understanding of our expectations of you and for all.

As a member of the St. Stanislaus School community, you agree to:

1. support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Stanislaus School;
2. support the rules and regulations detailed in the Parent/Student Handbook (available on the School website)
3. respect all school personnel and students;
4. understand the importance of being present at school on a daily basis and arriving on time;
5. As a student, I will perform academically to the best of my ability and complete all assignments on time.

With my signature, I agree to follow the terms listed above in the St. Stanislaus School Agreement. I understand that this contract is real and will be enforced. St. Stanislaus School reserves the right to amend this Student Agreement.

Student Signature	Parent or Legal Guardian Signature	Date
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GENERAL INFORMATION

The following questions will help us understand how families hear about our Catholic Schools and why they choose to provide a high quality, faith-based education for their child(ren).

How did you hear about our school?

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Is there any additional information that can help us in the classroom?

Please list immediate family members who are Catholic School alumni/ae of St. Stanislaus School

1.

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:
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2.

Last Name:	Maiden Name (if Applicable):	First Name:	Years Attended:
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Please list immediate family members who are Catholic School alumni/ae of the Diocese of Springfield.

1.

Last Name:	Maiden Name (if Applicable):	First Name:	Yrs Attended:	School:
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2.

Last Name:	Maiden Name (if Applicable):	First Name:	Yrs Attended:	School:
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The completed application should be returned along with:

- | | |
|--|---|
| <input type="checkbox"/> Non-Refundable Registration Fee | <input type="checkbox"/> Connect – Ed Communication Form |
| <input type="checkbox"/> Birth Certificate or Passport | <input type="checkbox"/> Baptismal Certificate (if Catholic) |
| <input type="checkbox"/> Child's most recent report card, standardized test results, | <input type="checkbox"/> Academic and Character Reference form (Grades 4 – 8) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Copy of Most Recent Physical Exam |

Parents of students entering Grades 1 through 8 are kindly asked to contact the school office to schedule an interview for their child with the Principal. St. Stanislaus School reserves the right to administer an entrance screening to any student applicant. Students are not accepted until after all paperwork, including medical records, are submitted, the entrance screening is complete and the admissions board meets to review the application.

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2020 – 2021
ST. STANISLAUS SCHOOL

For office use only: Reg. Fee Paid _____ Check # _____ Cash _____ Amount _____

Parish support: Pd. In full _____ Owed _____ N/A _____

TUITION AGREEMENT

FATHER'S NAME _____ Address _____ City _____ Zip _____
First Last

MOTHER'S NAME _____ Address _____ City _____ Zip _____
First Last

Name of person(s) responsible for tuition payments _____

Address _____ City _____ Zip _____ Telephone _____

Name of Parish you belong to: _____ City _____ Do they have a school ☐ No ☐ Yes

First and last name of Child/children and Grade(s) (as of September 2020)

1. _____ Grade _____ Parent's Religion _____

2. _____ Grade _____

3. _____ Grade _____

4. _____ Grade _____

Child/Children's Religion _____

Student lives with:

☐ Both Parents ☐ Mother ☐ Father ☐ Mother & Stepfather ☐ Father & Stepmother ☐ Other: _____

Payment Plan: ☐ Paid In Full ☐ 10 Monthly Payments

Will you be applying for Financial Aid? (FACTS Application must be filed for consideration) ☐ No ☐ Yes

Are you an Active military member? ☐ No ☐ Yes

YEARLY FEES:

Family Registration Fee: Discounted Registration Fee \$100.00 through February 15, 2020.

After February 15th Regular Registration Fee \$125.00 applies.

Workbook & Materials Fee due by September 30th.

One child \$100.00. Second child \$100.00. Third child \$50.00

As the parent(s) or legal guardian(s) of our child(ren), students at St. Stanislaus School, I (we) agree to pay the annual tuition cost for our child(ren) as noted above. Payment is understood and agreed to be paid, either in full prior to July 15, 2020 with a 2% discount, or in ten (10) equal monthly installments beginning July 15, 2020 and ending with the final payment due no later than April 15, 2021.

I (We) understand that there is a \$10.00 per month late charge if tuition is not paid by the 15th of the month. Further, I (we) understand that there is a \$25.00 fee charged for every check returned by the bank for insufficient funds.

I (We) acknowledge that if I (we) fail to follow the installment schedule as stated in the St. Stanislaus School Handbook, the school may refuse attendance of my child(ren).

I (We) understand that there is an annual \$100.00 per child Workbooks and Materials Fee. I (We) understand that payment of this fee must be made between July 2020 and September 30, 2020.

I (We) realize that if the entire tuition balance is not paid in full by the end of the current school year, the account will be sent to a collection agency and legal action will be taken. I (We) will be responsible for any fees or costs incurred in this process.

I (We) agree to all policies and regulations as so defined in the St. Stanislaus School Handbook.

Parent(s) or Guardian(s) Signature(s) _____ **Date** _____

_____ **Date** _____

534 FRONT STREET, CHICOPEE, MASSACHUSETTS 01013 * (413) 592-5135 * Fax (413) 598-0187 * ststanis@saintstansschool.org * saintstansschool.org

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**Blackboard Connect-ED
SCHOOL YEAR 2020 – 2021**

The Connect ED service is used to contact families throughout the year. St. Stanislaus School sends out messages to notify families of school closings, special events, fundraisers and in case of emergency closings. Calls regarding weather delays or cancellations will be sent out at 6:15am

Only 1 form per family is required. Thank you for your cooperation.

PARENT NAME(S)			
Student #1 Name		Grade	
Student #2 Name		Grade	
Student #3 Name		Grade	
Student #4 Name		Grade	

CONTACT INFORMATION	
Only Primary Phone # will be called in non-emergency situations. In case of emergency, all phone numbers will be called.	
Primary Phone #	
Emergency Phone #	
Emergency Phone #	
Email 1	
Email 2	

FAMILIES THAT REQUIRE SEPARATE HOUSEHOLDS BE CALLED FOR NON-EMERGENCY SITUATIONS PLEASE FILL OUT THE FORM BELOW:

SECONDARY HOUSEHOLD (IF APPLICABLE)	
PARENT NAME	
Primary Phone #	
Emergency Phone #	
Email 1	

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4th & 7th Grade Immunization Requirements

In order to protect our children against vaccine-preventable diseases, the Massachusetts Department of Public Health in collaboration with the Department of Elementary and Secondary Education has issued the immunization requirements for school entry.

Children entering kindergarten are required to have received.

- **Five doses of DPT/DtaP** vaccine unless the fourth dose was given after the child's fourth birthday.
- **Four doses of Polio vaccine** will be required unless the third dose was given after the fourth birthday.
- **Three doses of Hepatitis B** vaccine if child was born on or after January 1, 1992.
- **Two doses of varicella** (chicken pox) vaccine or physician documentation regarding disease.
- **Two doses of MMR** (measles, mumps, and rubella)
- **One Lead Test**

4th Grade students are required to have an updated physical before the school year begins.

7th Grade students are required to have an updated physical as well as additional doses of the Tdap and MenACWY (Menectra or Menveo) Vaccine.

A complete list of immunizations and a copy of the physical must be provided to the school.

You may have your family physician complete the immunization requirements or you may choose to call the Health Department in the Safety Complex at 594-1600 to see if immunizations will be available. It is recommended that your child receive a physical exam from his/her pediatrician.



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Academic and Character Reference (Students Entering Grades 4-8)

To the parent/guardian: As part of the admissions process at St. Stanislaus School, we must receive a candid assessment of the candidate. **Please fill this top section and give this form to an administrator or teacher at your school who knows your child well to complete.** We ask that you include a stamped envelope so that the evaluator may **mail it directly to St. Stanislaus School 534 Front St. Chicopee - Attn: Admissions.**

Name of applicant _____ Candidate for grade _____

School: _____ Address _____

Parent/Guardian Signature _____

TO THE PRINCIPAL or TEACHER: Thank you very much for your assistance. Your ratings and remarks will be held in strictest confidence and will be most appreciated. Please return this form to St. Stanislaus School, Attn: Admissions.

Please check the most appropriate rating for each.

Academic Assessment	Excellent	Good	Average	Below Average
Motivation				
Creative Qualities				
Self-Discipline				
Growth Potential				
Achievement				
Ability in Relation to Achievement				
Character Assessment	Excellent	Good	Average	Below Average
Leadership				
Self-Confidence				
Concern for others				
Emotional Maturity				
Personal Initiative				
Reaction to setbacks				
Respect Accorded by Faculty				
Respect Accorded by Peers				
Ability to work with others				
General Conduct				

(Please see other side)

Please add any additional information that will give us a more complete picture of this student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Form completed by: _____
Name (please print) Title

Signature _____

Phone number where you may be reached during the day: _____



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PARENTAL CONSENT FOR RECORD RELEASE

To the Principal of _____ School.

I am the parent/legal guardian of _____ Grade _____

You are authorized to release the specific records as requested by:

**St. Stanislaus School
534 Front St.
Chicopee, MA 01013**

Reason for request: _____

The following records are to be released: Please check one.

() All School Records and Health Records.

() Specific records listed here _____

Parent Signature: _____ Date: _____