



2016-2017 DCS New Family Enrollment Form

**Father/Guardian Information:**

Father First Name: _____
 Father Last Name: _____
 Address: _____
 City, State Zip: _____
 Father Home Phone: _____
 Father Cell: _____
 Email: _____
 Employer: _____
 Work Phone: _____
 Parish/Religion: _____
 THS Grad? NO YES Year: _____
 Custodial Parent? YES NO

Mother/Guardian Information:

Mother Last Name: _____
 Mother First Name: _____
 Address: _____
 City, State Zip: _____
 Mother Home Phone: _____
 Mother Cell: _____
 Email: _____
 Employer: _____
 Work Phone: _____
 Parish/Religion: _____
 THS Grad? NO YES Year: _____
 Custodial Parent? YES NO

Students Live with: Both parents Father Mother Other _____

Who should receive cooresponance from the school (i.e. Report Cards, school mailings):
 Choose One: Both parents Father Mother Other _____

Emergency Contact: *Other than parents whose student may be released to or make decisions regarding the student.*

Primary Contact / Relation _____ / _____ Phone _____
 Secondary Contact / Relation _____ / _____ Phone _____
 Clinic / Doctor _____ / _____ Phone _____
 Dentist / Doctor _____ / _____ Phone _____

Student Information: PLEASE USE LEGAL NAME

Student Number 1				
First Name:		Middle Name:	Last Name:	Gender: Male Female
Date of Birth	Grade	School to Enter (circle one): Trinity East Trinity West Trinity JH/HS		
Date & Place Baptized at:		Date & Place Confirmed at:		
Race (circle one) Caucasian Native American African American Latino/Hispanic Asian/Pacific Islander Other				
Special Needs Notes or Medical Conditions e.g. Glasses/Contact/Allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>				

Student Number 2					
First Name:		Middle Name:		Last Name:	
				Gender: Male Female	
Date of Birth	Grade	School to Enter (circle one): Trinity East Trinity West Trinity JH/HS			
Date & Place Baptized at:			Date & Place Confirmed at:		
Race (circle one) Caucasian Native American African American Latino/Hispanic Asian/Pacific Islander Other					
Special Needs Notes or Medical Conditions e.g. Glasses/Contact/Allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

Student Number 3					
First Name:		Middle Name:		Last Name:	
				Gender: Male Female	
Date of Birth	Grade	School to Enter (circle one): Trinity East Trinity West Trinity JH/HS			
Date & Place Baptized at:			Date & Place Confirmed at:		
Race (circle one) Caucasian Native American African American Latino/Hispanic Asian/Pacific Islander Other					
Special Needs Notes or Medical Conditions e.g. Glasses/Contact/Allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

Student Number 4					
First Name:		Middle Name:		Last Name:	
				Gender: Male Female	
Date of Birth	Grade	School to Enter (circle one): Trinity East Trinity West Trinity JH/HS			
Date & Place Baptized at:			Date & Place Confirmed at:		
Race (circle one) Caucasian Native American African American Latino/Hispanic Asian/Pacific Islander Other					
Special Needs Notes or Medical Conditions e.g. Glasses/Contact/Allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

****Note:** The Dickinson Catholic Schools (DCS) has limited resources to serve students with disabilities. DCS will make every effort to work with your child within the range of services DCS can provide. New students who enroll at DCS are required to begin with a probationary period. After a nine-week period from enrollment (or sooner if need be), a meeting including the principal/dean of students and parents will be held to discuss how the student is adjusting to the new school setting, whether or not the student is demonstrating academic success, and whether or not the student is exhibiting behavior consistent with DCS standards. In the event that a student does not show adequate progress during this probationary period, the student may be required to withdraw from DCS.

2016-2017 Tuition Schedule

Grade Level	Tuition Rate	Registration Fee*	Technology Fee	Total
Preschool 2 day	\$1,320	\$75	\$0	\$1,395
Preschool 3 day	\$1,650	\$75	\$0	\$1,725
Preschool 4 day	\$2,200	\$75	\$0	\$2,275
Grades K-6	\$2,800	\$75	\$75	\$2,950
Grades 7-8	\$3,450	\$75	\$75	\$3,600
Grades 9-12	\$4,000	\$75	\$75	\$4,150

*Registration fee of \$75 is non-refundable

Students Enrolling

School	Grade	Student name	Tuition Amount
Subtotal			=
Multiple child discount (\$150/child starting with 3rd child)			=
TOTAL Family Tuition			=
Minus Other adjustments (Scholarships, Work Study/Emp Discount)			-
Minus Pre-Payments Made (ie Registration or tuition)			-
Tuition Payment Plan TOTAL			=

Additional Fees

Extra-Curricular fees are billed after the season has started. Fees will be billed through FACTS. Fees are as follows:

- Elementary Fees: Band (grade 6 only), Basketball & Volleyball = \$50/activity
- JH/HS Fees: Drama, Speech, Football, Volleyball, Basketball, Track & Golf = \$100/activity

College Course Fees (Dual Credit) will be billed through FACTS. Dual Credit course fees will be set in the fall.

Payment Options (check one)

- I will PAY IN FULL by July 1st via personal check. (Please make checks payable to Dickinson Catholic Schools.)
- I will make payments through FACTS Tuition Payment Plan.

Tuition Assistance

To be considered for tuition assistance, a family must complete a Confidential Financial Aid Application. The application and the required documentation must be completed/submitted via the FACTS Financial Aid Application Process by **June 1, 2016** to receive priority consideration. When applying for Tuition Assistance you must ALSO set up a payment plan in FACTS. Families will be informed of the decision on their application in **June of 2016**.

The Dickinson Catholic Schools makes every effort to offer financial assistance or scholarships to any child (K-12) wishing to attend. Please communicate any financial concerns to the Business Office during the enrollment process and as your family circumstances change over time.

_____ Responsible Party Initial after reading this page

Payment Terms and Agreement

This Tuition and Fees Agreement is a legal contract with the Dickinson Catholic Schools that **must be signed by ONE** Responsible Party upon enrollment. The Responsible Party is the person that receives the monthly billing statement and the one that is required to make payments. If a person other than the Responsible Party (ex-spouse, grandparent, or other unrelated individual or entity) desires to also assume financial responsibility, he or she must sign a **separate** Tuition and Fees Agreement and remit payments according to the agreed-upon schedule. If only one form is submitted, the full tuition balance will be applied to the account of that Responsible Party. Failure to submit the Agreement to the Dickinson Catholic Schools business office or your school office will result in your child(ren)'s dismissal. **Tuition and fees must be paid in full on ALL accounts associated with the child(ren) by the end of the school year to qualify for enrollment the following year.**

My signature below indicates that I have read and understand the terms of the agreement and my financial obligation to the Dickinson Catholic Schools.

_____ **Responsible Party - Parent/Legal Guardian Signature**

_____ **Date**

- A Non-refundable **\$75 Annual Registration Fee (per student)** is **DUE** with this Enrollment Form.



Dickinson Catholic Schools Request for Student Records

Date _____

1. Student Name _____ Age _____

Date of Birth _____ Previous Grade _____

2. Student Name _____ Age _____

Date of Birth _____ Previous Grade _____

3. Student Name _____ Age _____

Date of Birth _____ Previous Grade _____

Name of Previous School _____

Address _____
Street or PO Box City State Zip

Phone # _____ Fax # _____

Release the above records to (please check below):

Trinity Elementary West (Pre-K through 6) -- Phone: 701-225-8094; Fax: 701-225-8831
145 3rd Ave West
Dickinson ND 58601

Trinity Elementary East (K through 6) -- Phone: 701-225-9463; Fax: 701-225-0474
515 3rd St East
Dickinson ND 58601

Trinity Jr./Sr. High School (7-12) -- Phone: 701-483-6081; Fax: 701-483-1450
810 Empire Road; PO Box 1177
Dickinson ND 58602-1177

Please send the following information:

- Transcript
- Health Records
- Special Services File
- Current Grades if student left before end of term.

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

This transfer is provided for in the Family Education Rights and Privacy Act: Federal Law 99.31 – “No parent signature required for Education Rights sent to another Education Agency”.

Parent Signature

Date



NEW FAMILY SURVEY

In order to assist us in determining the effectiveness of our efforts to make the Dickinson Catholic Schools better known in the community, and also to better understand the reason families choose to enroll in our schools, we would appreciate it if you would complete the following survey and return it with all the enrollment documents.

Parent's First and Last Name: _____

Residence in Dickinson Area (Circle one)

Less than two years Two to five years Five to ten years More than 10 years Out of state inquiry

We became interested in the Dickinson Catholic Schools through (check all that apply)

- Newspaper Articles / Advertisement / T.V. News
- Information received from local business (Chamber of Commerce, Real Estate, etc.)
- Website (dickinsoncatholicschools.com)
- Facebook (Dickinson Catholic Schools Titans)
- Parish or church contacts
- Referred by family with children in our school system: Family name: _____
- Other: _____

Our primary reasons for enrolling are because (check the two (2) that best apply):

- Catholic/Christian values-centered environment
- Academics
- Extra-Curricular activities
- Having friends in the Dickinson Catholic Schools
- A 'safe' environment in which to learn
- Dissatisfaction with another school system
- The reputation of the professional staff
- High educational value
- Impressed with students I have seen
- Availability of tuition assistance
- Other: _____

Our major expectations are that:
