



# St. Mary's Academy of Hoosick Falls

**Principal**  
Mrs. Rebecca Martin

4 Parsons Avenue  
Hoosick Falls, NY 12090  
518.686.4314  
[www.stmaryshf.com](http://www.stmaryshf.com)

**Pastor**  
Rev. James Clark

Thank you for choosing St. Mary's Academy for your child's education. At St. Mary's we pride ourselves on the ability to educate the whole child. Our goal is to provide for both the spiritual and academic growth of your child. We thank you for entrusting your children to our care.

Please complete this application entirely. No space should be left blank as all of the information asked is essential to our record keeping.

A non-refundable registration fee of \$40.00 is required from each family upon submission of the registration application. No registration will be considered unless it is accompanied by the registration fee.

If you are entering St. Mary's Academy from another school, you must furnish us with a copy of your child's most recent report card as well as copies of his/her school records before acceptance will be determined.

## **Personal Information**

Grade entering 2007-2008 school year: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
First Middle Last

Date of birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Relationship to child

Does the child live with both parties listed above: \_\_\_ yes \_\_\_ no (please check one)

If for whatever circumstance, if the child does not reside with both of parents/ guardians, please state with whom the child resides.  
\_\_\_\_\_

Does the child have contact with the other parent? \_\_\_ yes \_\_\_ no

continued on next page

Should this parent receive correspondence (i.e. school newsletter, letters from the Principal ) from the school regarding this child? \_\_\_ yes \_\_\_no (if yes, please provide an address)

\_\_\_\_\_

If applicable, please provide us with the names and ages of any other children you may have.

\_\_\_\_\_

\_\_\_\_\_

**School District/Busing Information**

School district in which you reside: \_\_\_\_\_

Will your child arrive to and from school by: \_\_\_ Private Vehicle \_\_\_ School Bus  
\_\_\_ Walking

If your child will be riding a school bus will they ride: \_\_\_ to school only \_\_\_ from school only  
\_\_\_ both ways

Please note that busing is provided by your respective school district. Busing must be requested by application no later than April 1st to your school district. Applications for your district are available upon request from the school office at St. Mary’s Academy. If you are requesting transportation after the April 1st deadline you must contact the Superintendent’s Office of your school district. Any request received after the deadline may be denied.

**Emergency Information**

Mother’s Work Information (if applicable)

Place of employment: \_\_\_\_\_  
Name of business City/State

May we call you at work? \_\_\_ yes \_\_\_ no Work number: \_\_\_\_\_

Your position with the business: \_\_\_\_\_

Father’s Work Information (if applicable)

Place of employment: \_\_\_\_\_  
Name of business City/State

May we call you at work? \_\_\_ yes \_\_\_ no Work number: \_\_\_\_\_

Your position with the business: \_\_\_\_\_

Please list the name or names and telephone numbers of the person or persons we should contact in the event of an emergency and neither parent can be reached:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- \_\_\_\_\_

In the event that St. Mary's must dismiss school early due to inclement weather or other emergency, please specify the action we should take in getting your child home.

Contact me or designated family members specified and we will make arrangements.

My child should be put on the school bus and brought home or other designated location.

My child should walk home.

### **Religious Information**

What is your religious affiliation?

\_\_\_\_\_

At what parish or other religious affiliation do you worship?

\_\_\_\_\_

Our family does not attend a place of worship. ( please check if applicable)

Has your child been baptized?  yes  no If yes, please include a copy of your child's baptismal certificate. If you do not have the certificate, please furnish us with the date and place of baptism.

\_\_\_\_\_

Has your child made his/her First Reconciliation?  yes  no  n/a If yes, please indicate the date and place it was made.

Has your child received First Eucharist?  yes  no  n/a. If yes, please indicate the date and place it was received.

### **Financial**

St. Mary's Academy uses the FACTS Management Company to process our tuition payments. An application and information about the service is included in your registration packet. Payments are made monthly, quarterly or bi-annually directly to FACTS via automatic deduction from your checking or savings account or monthly invoice (bill). Payments begin in July and end in May for a total of 11 payments. Regardless of when you enter the plan, FACTS must have received your total tuition by May. Your first payment will be due In July. The other option to paying your tuition is by pre-paying in full before June 23, 2007. This process is explained fully on the tuition schedule included in your registration packet.

Will you be:  Pre-paying your tuition in full on or before June 23rd, 2007

or

Using the FACTS Management Company– completed application must be turned in with registration form.

Tuition assistance is available to those families who qualify. Included in this packet is an application from FACTS. The application should be completed and returned to FACTS in the envelope provided along with the processing fee. This service does not determine who receives financial aid but rather advises the principal through a report what amount the family *could* be eligible to receive. The principal makes the final decision as to who receives financial aid and the amount they will receive. All information is kept strictly confidential between FACTS and the principal.

Signature of Parent/Guardian:

---

Date: \_\_\_\_\_