St. Margaret of Cortona School
Middle States Accredited

Saint Margaret of Cortona School

452 West 260th Street Bronx, NY 10471 Tel: 718-549-8580 Fax: 718-884-3298

Admissions Procedure

Dear Prospective Family,

Thank you for your interest in St. Margaret of Cortona Elementary School. Since its inception in 1926, St. Margaret's has worked to achieve and to maintain a reputation of a high ranking Catholic elementary school in terms of academics, the arts and Christian outreach. Our students have an opportunity to experience a strong academic and disciplined environment and benefit from their Catholic education at St. Margaret of Cortona School.

To begin the application process, please return:

1. A completed application for each child;
2. A $100 non-refundable application fee

and the following documents:

1. Copy of Birth Certificate
2. Copy of Baptismal Certificate
3. Copy of Custody Decree (if applicable)
4. Copy of Immunization Record
5. Social Security Card
6. Parish Envelope Number

Children Who Are Transferring

If your child will be transferring from another elementary or middle school, the following additional documents are required:

1. Completed and signed Records Release Form
2. Copy of report card (current and previous 2 years)
3. Standardized test scores (current and previous 2 years)
4. Educational testing documents (evaluations, 504's, IEP's, etc.)

Please note: Only applications received with complete documentation and an application fee will be considered for acceptance. If you have any questions about St. Margaret of Cortona School's application procedure or the required documentation, please contact us. We look forward to hearing from you.

Sincerely,

Mr. Hugh M. Keenan
Principal

St. Margaret of Cortona School

Office Use Only

Date Received	__/__/__
Siblings	❑
Birth Certificate	❑
Baptismal Certificate	❑
Records Release Form	❑
Report Card	❑
Standardized Test	❑
School Entrance Physical	❑
Immunization Record	❑
Custody Decree	❑
Application Fee	ck#_____
Date Accepted	__/__/__
Tuition Agreement	❑

Date of Application

Grade/School Year

❑ If interested in Universal Pre-Kindergarten for your child, check here.

NOTE: PLEASE PRINT

Applicant Information

Last Name | First Name | Full Middle Name | Preferred Name

Gender (M/F) | Date of Birth | City & State of Birth | Religion

Street Address | Home phone Number

City, State | Zip Code | Languages Spoken at Home

Family Information

	Mother		**Father**
	Circle One: Dr. Mrs. Ms. Miss		Circle One: Dr. Mr.
Full Name			
Maiden Name			
Address (if different from above)			
Home Phone			
Cell Phone			
Email Address			
Occupation			
Employer			
Address			
Work Phone			
Religion			
Parish			
St. Margaret's Envelope #			
Graduate of St. Margaret's	❑ Yes ❑ No If yes, Year __/__/__		❑ Yes ❑ No If yes, Year __/__/__

Please check all that apply: ❑ Single ❑ Married ❑ Separated ❑ Divorced

❑ Father Remarried ❑ Mother Remarried ❑ Father Deceased ❑ Mother Deceased

Name of Siblings	**Age**	**Current School**

*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent. *All mailings and bills will be sent to the parent(s) listed above (or noted in the decree of custody) unless written notification is received to indicate otherwise.*

Student lives with: ❑ Both parents ❑Mother ❑ Father ❑ Guardian

If applicable, please complete the following guardian information:

Guardian Name _____

Address _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Employer Address: _____

Religion: _____ Parish: _____

Applicant History

Sacramental Record	Date	Church	Location (City, State & Zip)
Baptism			
First Eucharist			
Confirmation			

Name of Current & Previous School(s) (Beginning with most recent)	**Dates Attended**	**Grade(s)**	**Location (City, State & Zip)**

Has this student ever been tested or evaluated for the following: Learning Disability, ADD/ADHD, Speech/Language Therapy, Hearing Difficulty, Visual Difficulty, Diabetes, Heart Problems, Seizures, or any other special concerns?

❑ No ❑ Yes ***(If yes, please explain; Documentation from any testing MUST be on file in the school office):***

_____

_____

Official student records, including confidential testing results, from the previous school MUST be on file in this office prior to issuing an acceptance letter. All new students in grades 5 – 8 will be on probation for the first quarter. **Please note: If any information has been withheld at the time of application, the school reserves the right to dismiss the student.**

Give a brief explanation why you are interested in having your child attend St. Margaret of Cortona School:

_____

_____

A non-refundable **$100 Application Fee, per child, payable to St. Margaret of Cortona School, must** accompany this form.

I affirm that the above information is true and complete to the best of my knowledge. I understand that failure to provide requested documents stops the application process. Furthermore, should my child be accepted/admitted under false or negligent information, my child will be dismissed from the school.

Printed Name of Parent/Guardian_____ Signature of Parent/Guardian _____

Applicant Data

The following information is optional, but helpful, for use in applying for general data surveys:

Child(s) Name _____

Date of Birth _____

Please identify the ethnic status of your child:

- ❑ American Indian
- ❑ Asian/Pacific Islander
- ❑ Black
- ❑ Hispanic
- ❑ Multi-Racial
- ❑ White
- ❑ Other _____

All information will be kept confidential.

St. Margaret of Cortona does not discriminate on the basis of race, color, disability, national origin, or citizenship.

C & E Lockbox Services
Post Office Box 299
466 Old Hook Road Suite 27
Emerson, New Jersey 07630
201-265-7778
https://celockbox.com

Dear Parents and Guardians:

Once again our firm will be processing tuition for St. Margaret of Cortona School for the 2011-2012 school year. We will assist you in every way possible to make our program run as smooth as possible. The following is an explanation of our procedures.

Payments will not be accepted at the school office. All checks and/or money orders must be made payable to **Saint Margaret of Cortona** and sent to our office or paid online through our website https://celockbox.com. **If you choose the ten-payment plan the first payment is due August 10th and the last payment is due May 10th. All payments received after the 20th of the month will incur a $20.00 late charge.**

Lump Sum Payment:

- You may choose to pay your tuition in full. You will receive a 2% discount on your tuition only if you pay in full.
- You will receive a bill in July for the payment.

Automatic Debit:

- Under this plan your first payment will be drawn on August 10th and each month on the 10th until May 10.
- In the event the due date falls on a weekend or holiday, the payment is withdrawn on the next business day. **The payment will never be withdrawn prior to the due date. If the withdrawal is denied, it will be automatically re-deposited one time with a $25.00 bank charge added.**
- It is the most accurate method of bill paying.

Internet Payments:

- This 10-month plan runs from August 10th to May 10th and allows you the convenience of paying your tuition right from anywhere you can get an internet connection.
- You will receive an e-mail in July with instructions and a Login Code to use our website https://celockbox.com. That same e-mail will also remind you of your monthly payment amount.
- **Any submitted 10 days after the due date must include the $20.00 late charge. Payments returned for insufficient funds online will NOT be automatically re-deposited. You will need to go online to resubmit that payment along with the $25.00 bank charge.**
- **Be advised that if you choose this plan you will not receive a coupon book.**

Coupon Book:

- A 10- payment coupon book with mailing labels will be mailed to you by the middle of July, with the first payment due on August 10th.
- **Any payment received 10 days after the due date must include the $20.00 late charge. Please allow three days for mailing.**
- **In addition there is a $25.00 bank charge imposed on all checks that are returned due to insufficient funds.**

Should you ever have a question regarding your account, please call our office. Our office hours are between 9:00 AM and 4:30 PM, Monday through Friday.

Sincerely,

Jim Woods

To: Tuition Management Division of C&E Lockbox Services 466 Old Hook Road suite 27 Emerson, NJ 07630
I/We are aware that the above company will be processing our tuition payments for St. Margaret of Cortona School.

Please complete the application, select the method of payment and sign where indicated.

Parent / Guardian :_____

Address:_____ **Apartment Number**_____**Home Phone:**_____

City:_____ **State:**____ **Zip Code:**_____ **E-Mail Address**_____
******* E-Mail Address will be kept confidential but will be used to provide information about your tuition account**

Child's Name	K-8 Grade in September	Child's Name	Pre-K 4 Program
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____		

Please select method of payment:

1. **Coupon Book** _____
2. **Automatic Debit to Checking Account** _____ **(Please attach a blank voided check to this application)**
3. **Internet Payments**_____ **(You will be assigned a Login Code to pay through our website with your Checking Account. You will get an e-mail in July with your monthly payment amount and you will not receive a coupon book).**
4. **Pay in Full** ____ **A bill will be sent in July and will be due on August 20th .**

Ten Payment Plan - Terms and Conditions:

I understand that the annual tuition + fees will be divided into ten payments and that the first payment is due August 10th and the last on May 10th . **Payments will no longer be accepted at the school office. Those families using the payment book must make their check or money order payable to, "St. Margaret of Cortona School" and sent to C&E.** Payments that are received after the 20th of the month are subject to a $20.00 late charge. **In addition, a $25.00 bank charge for any check returned for insufficient funds will be due with your next payment.**

If I have chosen to have payments automatically withdrawn from my checking account, I appoint C&E Lockbox Services as my agent and authorize C&E through its bank to establish automatic payments from my checking account as identified.
I have read the above paragraph and agree to the conditions as stated.

Signature: _____ Date:_____

SCHOOL USE ONLY:

Parishioner_____ ***Non-Parishioner*** _____

Annual Tuition $_____ ***Fees $***_____ ***Total Obligation $***_____

*Scholarship / Financial Aid $*_____