

Visitation BVM School
A Beacon of Hope in Kensington

300 East Lehigh Avenue
Philadelphia, PA 19125
215-634-7280



TUITION POLICY FOR 2023-2024 SCHOOL YEAR

TUITION	\$4100 for the 1 st child
TUITION	\$3100 for 2 nd , 3 rd , 4 th child
<i>Note: Discount is ONLY for families who live in the same household</i>	
8 th GRADE GRAD FEE	\$80 and is spread out over 10 months
RE-REGISTRATION	\$100.00 PER CHILD NON-REFUNDABLE
NEW REGISTRATION	\$200.00 PER CHILD NON-REFUNDABLE
AFTERCARE	\$25.00 PER WEEK (PRE-K ONLY!)

PLEASE NOTE: THE REGISTRATION PROCESS IS NOT COMPLETE UNTIL ALL SCHOLARSHIP AND/OR GRANT APPLICATIONS ARE FILLED OUT. We offer assistance with filling out the scholarship paperwork if needed.

1. Upon registration, each parent/guardian will sign the contract to pay the agreed tuition amount.
2. Scholarship awards will be credited to the tuition amount once funds are received.
3. Scholarship Funds are not guaranteed from year to year.
4. *It is the responsibility of the parent/guardian to complete all necessary paperwork for Scholarships and/or grants.* The school is not liable for any missing paperwork that may result in the loss of funds.
5. Tuition payments are divided into ten installments and must be paid by the 15th of the month from August to May.
6. Any payments received after the 15th of each month will be considered late. After 3 months of delinquent payments, student(s) will not be permitted into class.
7. All accounts must be fully up to date at the end of each trimester (December, March, June) for report cards to be released.
8. Transcripts will not be released under any circumstances if tuition is not paid up to date.
9. Tuition can be paid with cash or check in school or online at Blackbaud Tuition Management using a debit card. Debit card payment cannot be accepted at school.
10. If you do not comply with your agreed tuition payment schedule, you may be at risk to lose scholarship funds.

I understand and agree to the tuition policy.

Parent Signature _____

Date _____

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*****SCHOLARSHIPS*****

(This scholarship is for anyone who does not receive
Children's Scholarship funds)

APPLY NOW ONLINE PK-4 TO 7TH GRADE

www.online.factsmgt.com

(In the upper right corner click "Family Log In"; and then click Payment
Plans/Financial Aid, which will take you to the sign in page.)

DOCUMENTS NEEDED:

- Adjusted gross income tax forms from 2022, plus supporting income documents such as, DPW cash, Food stamps, or Social Security.
- Application Fee - \$30 (Credit/Debit Card, or bank account)
- You will need to upload your documents into the system for 2022.
- FILE TAXES EARLY. GET DPW TOTAL FOR 2022 EARLY .
- You do not need your previous year taxes
- You need to list the Public School near your address (not a Charter School!). You can get this info online by Googling "public schools near me".

For any questions with application process, call FACTS parent help line at 866-315-9262 or contact Ms. Cruz at 215-634-7280 ext 140.

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REQUIRED REGISTRATION DOCUMENTS

The following documents along with a \$200 registration fee for new students are due upon registration at Visitation BVM School. **Students will not be fully registered until all documents are turned into the office.**

1. Copy of Birth Certificate
2. Up to date immunization (shot) records
3. Up to date dental check up
4. Copy of latest report card for students entering 1st to 8th grades
5. Additional educational documents that support the student's educational background (if applicable)
6. Copy of Baptismal Certificate (if applicable)
7. COMPLETED SCHOLARSHIP AND/OR GRANT APPLICATION
8. Completed registration packet

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*****IMPORTANT*****

Dear Parents/ Guardians,

Please note that upon registering your child at Visitation Blessed Virgin Mary School, we expect that you are honest about your child's academic and behavioral history. Therefore, if your child has any educational or behavioral documents from a previous school, medical office, or educational support facility, it is your responsibility to hand them in at the time of enrollment. If you withhold documents or information from the school, we will not be able to best support your child and therefore we can call for dismissal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Edward Coleman'.

Edward Coleman
Principal

I, the parent/ guardian of _____, have read and understood the above statement. I understand that it is my responsibility to share any and all academic and behavioral support documents with the administration of Visitation Blessed Virgin Mary School.

Parent/ Guardian Signature _____ Date _____

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New Student Registration information

Student Name: _____

Date _____

Date of Birth: _____

Place of Birth _____

Sex: M__ F__

Religion: _____

Academic Information

Name of School last attended: _____

Transfer Received: _____

Date Of Transfer: _____

Grade your child last completed at that school:

Phone Number of School:

Final grade in June (letter or a number):

Reading:

Math:

Did your child receive any extra support services at the school he/she last attended?
(check all that apply)

Reading: ____ Math: ____ Speech: ____ English as a second language: ____ Counseling: ____

Are there any extra concerns that we should know about your child?

Referred by: _____

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SACRAMENTS

Church Where Baptized: _____ Date: _____ Ver.: _____

Church Of Communion: _____ Date: _____ Ver.: _____

Church Of Confirmation: _____ Date: _____ Ver.: _____

Parishioner of Visitation: _____ Non-Parishioner: _____

Name of Church family attends _____

Ethnic Background

Asian: ____ Black: ____ Caucasian: ____ Hispanic: ____ Other: ____

Medical Information

Does Your Child/Children Have Any Medical Conditions? Yes ____ No ____

Please Explain: _____

Medical Information Complete: _____

1. Physical: _____

2. Immunization: _____

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FAMILY INFORMATION

Who Does Student Live With: Mother: _____ Father: _____ Other _____

Language Spoken At Home: _____

Mother's Full Name: _____ Religion: _____

Mother's Address: _____ Place Of Birth: _____

Mother's Cell Number: _____ Mother's email _____

Mother's place of Employment _____ Mother's Work Number: _____

Father's Full Name: _____ Religion: _____

Father's Address: _____ Place Of Birth: _____

Father's Cell Number: _____ Father's email _____

Father's place of Employment _____ Father's Work Number: _____

If Someone Other Than A Parent Has Custody:

Name of Custodian: _____ Relationship: _____

Other people who can pick up your student/ be used as an emergency contact (must show ID)

Name: _____ Phone number: _____ Relationship _____

Name: _____ Phone number: _____ Relationship _____

Name: _____ Phone number: _____ Relationship _____

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AGREEMENT FOR ADMISSION

It is our (my) wish that our (my) child (children) attend Visitation BVM Parish Elementary School. We (I) understand that Visitation BVM School is a Catholic School. I (we) understand that my (our) child/children will be taught Religion and fulfill the requirements for this subject and will also attend all religious functions offered as part of the school program.

We (I) assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals and regulations of the school.

(Parent/ Guardian Signature)

(Date)

(School Official)

(Date)

State Legislation authorizes the loan of textbooks and instructional materials by the Secretary of Education to children enrolled in Kindergarten through grade twelve (12) in non-public schools. Our school is now in the process of requesting the specific textbooks and materials to be loaned to your child/children. It is required, that a parent of each child attending the non-public school individually requests a loan of textbooks and instructional materials. We are therefore, enclosing the individual request form.

CERTIFICATE OF INDIVIDUAL REQUEST
FOR LOAN TEXTBOOKS AND INSTRUCTIONAL MATERIALS

I hereby request the loan of textbooks and instructional materials in accordance with the Pennsylvania School Code of 1949 for my child/children attending Visitation BVM School.

Parent/Guardian: _____

Date: _____

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PHOTO RELEASE FORM

I, _____, hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any type of media of advertising publicity.

I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of such school pictures.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge true and accurate.

Signature of Parent(s)/Guardian(s) _____

Date _____

Student name _____

Date of Birth _____

Address _____

City, State, Zip _____

Phone Number _____

School Year _____

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STUDENT INTERNET ACCESS CONTRACT

I understand that when I am using the Internet or any other computer/telecommunications device, I must adhere to all rules of courtesy, etiquette and laws regarding the copying of information as prescribed by either Federal, State or local laws and the Archdiocese of Philadelphia and Visitation BVM School.

My signature below and that of my parent(s) or guardian(s) means that I agree to follow the guidelines of this *Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia*.

Student Name/ID: _____

Student Signature: _____

Date: _____

PARENT INTERNET ACCESS CONTRACT

I hereby release Visitation BVM School and the Archdiocese of Philadelphia, its personnel and any other institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Internet Access, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials that as outlined by the *Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia*. I will emphasize to my child the importance of following rules for personal safety. As the parent or guardian of this student, I have read the *Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia* for Visitation BVM School. I hereby give my permission for my child to use the Internet and will not hold Visitation BVM School or the Archdiocese of Philadelphia liable as a result of my daughter's/son's use of the Internet on school premises. I understand that my child has agreed not to access inappropriate material on the Internet. If my child accesses inappropriate material on the Internet, all computer privileges will be suspended for one (1) full week.

Parent/Guardian Signature: _____

Date: _____

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FOR OFFICE USE:

Name of Student _____

Entering grade _____

Registration Fee Paid: _____

Advance Tuition Paid: _____

Total Number of Children in School: _____

Total Number of Children in Family: _____