

**Star of the Sea Catholic School**  
**309 15<sup>th</sup> Street**  
**Virginia Beach, VA 23451**  
**(757) 428-8400 (757) 428-2794 Fax**  
[www.sosschool.org](http://www.sosschool.org)

*Enrollment Contract for 2009-2010*

**\$100 Per Family if submitted by February 13, 2009; After February 13, 2009 \$200 Per Family**

This fee is non-refundable and payment must accompany this form. Payment <b><u>should</u></b> <b><u>NOT be combined</u></b> with any other payments, such as tuition, day care, lunch, etc.
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Family Name: \_\_\_\_\_

Address of student residence: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Catholic Registered in \_\_\_\_\_ Parish *or* Non-Catholic \_\_\_\_\_  
*(Membership will be verified)*

E-Mail Address: \_\_\_\_\_

*Parent Information:*

**Father's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (if different from student): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation or position: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name & Address of Employment: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (if different from student): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation or position: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name & Address of Employment: \_\_\_\_\_

**Parents are:**  Married  Divorced  Separated  Remarried  Widowed

*If remarried:*

Name of Step-Parent: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Home Phone (if different from student): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation or position: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name & Address of Employment: \_\_\_\_\_

**(More on back)**

Please list students who will be attending in 2009-2010 below:

Name of Student

Grade Sept. 2009

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I/We understand that this is a contract.
- I/We agree to comply with the policies of Star of the Sea Catholic School as set forth in the Parent/Student Handbook, which may be modified or amended from time to time without notice.
- I/We agree to be obligated for the full tuition due for the entire school year, unless the applicant's primary residence is moved outside the Hampton Roads area or our child/children is/are dismissed for disciplinary or academic reasons. In such event, tuition will be prorated to the last day of attendance based on a one hundred and eighty (180) day academic calendar.
- It is the principal's right and sole discretion to dismiss or suspend any student for lack of progress or for conduct that is not in the best interest of the student and/or of the school or for conduct of the parent(s)/guardian(s) that is contrary to the interest of the school.
- I/We understand and agree that learning happens only when the student(s) attends school regularly and is on time.
- I/We agree that the tuition payments will be made in accordance with the payment schedule checked below. Please choose one (if one is not selected the 12 month plan will be used):

- \_\_\_\_ 1. Pay 100% of the tuition to the school in cash, check or money order by July 15, 2009. If payment is not made in full by August 1, 2009 a 2% late charge will be assessed on the 1<sup>st</sup> of every month until full payment is received.
- \_\_\_\_ 2. Make 12 monthly installments (July 2009-June 2010) through FACTS Tuition Management Company on one's checking or savings account or by AMEX/MC/Discover. If you choose AMEX/MC/Discover there is a convenience fee, in addition to the FACTS fee, associated with the credit card option.

Also, I/We agree to pay a **technology fee of \$75 per student** directly to Star of the Sea School on or before August 31, 2009.

**Delinquent Account:** In the event my account is referred to an attorney for collection, I/We shall pay an additional sum of 25% of the outstanding balance owed as and for attorneys' fees. If a student is withdrawn by the parent/guardian without the consent of the school, any payment due under this agreement shall become immediately due and payable, without notice.

I/We acknowledge receipt of a true copy of this Enrollment Contract and agree to make payment in accordance with the terms and conditions hereof.

Printed Name of Parents/Guardians: \_\_\_\_\_

Parents/Guardians Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\*Single parent signatures attest financial responsibility.

\_\_\_\_ Our child(ren) will not be returning to Star of the Sea School for 2009-2010.

Student Name(s): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_