



# New Student Registration Contract 2024-2025

St. James School  
120 Water Street  
Danielson, CT

This contract between St. James School and the parent(s)/guardian/financially responsible party for payment of tuition and fees, for the child(ren) named below, sets out the financial obligation in order to enroll and maintain the enrollment of the students listed below. The parent(s)/guardian/financially responsible party enters into this financial agreement freely and with the understanding that this contract is a legal obligation.

It is my intention for the child(ren) listed to attend St. James School in the 2024-2025 school year. I intend to follow all the rules and policies of St. James School regarding information and payments:

- ⇒ The registration fee is \$375.00 for each family and is due along with this paperwork. This is non-refundable.
- ⇒ I understand that tuition payments and fees are non-refundable.
- ⇒ This admission application is accompanied by a birth certificate, report card (K-8), immunization records, baptismal certificate (if applicable), and IEP or 504 evaluation (if applicable).
- ⇒ I must complete an online FACTS Payment Plan Agreement at [online.factsmtg.com/signin/3JJ9R](https://online.factsmtg.com/signin/3JJ9R)
- ⇒ I understand that tuition must be paid through the FACTS Payment Plan.
- ⇒ Each family is **required** to be involved in the **Development** activities that financially help support the school, and is required to generate \$500 in fundraising sales including volunteer hours. Families will be expected to pay if the Development requirement is not met
- ⇒ All families of St. James School students are **required** to volunteer 10 hours of service at fundraising events throughout the school year. Families will be charged a rate of \$15.00 per hour for incomplete hours.

By signing below, I understand and agree to all the terms and conditions listed above, and I acknowledge that I have reviewed the current financial policies available on the St. James School website.

## PLEASE COMPLETE THE ENTIRE FORM:

Responsible Party (s): \_\_\_\_\_  
First Name Last Name Circle One: Mother Father Guardian

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any custody issues of which St. James School should be aware? \_\_\_Yes \_\_\_No. If yes, please explain:

Affiliated Parish: \_\_\_\_\_

Has your child ever been placed on an Individual Education Plan (IEP) or a 504 plan? \_\_\_\_\_

Has your child ever been suspended or expelled from school? If yes, please explain: \_\_\_\_\_

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

Please Print Clearly	
Child's First and Last Name	Grade for 2024-2025

Tuition 2024-2025	K-8 Catholic Subsidized	K-8 Non-Catholic and Catholic-Nonsubsidized
1 student	\$4,375	\$5,125
2 students	\$7,950	\$9,450
3 students	\$10,625	\$12,875

Preschool Tuition	5 Full Days	5 Half Days	3 Full Days
2024-2025	\$6,900	\$4,500	\$5,750
Child will attend:			

For Office Use Only:

Registration Fee: \$ \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

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

Collected by: \_\_\_\_\_