

HOBOKEN CATHOLIC ACADEMY

555 7th Street

Hoboken, NJ 07030

Tel.: (201) 963-9535 Fax: (201) 963-1256

STUDENT REGISTRATION FORM 2008-2009

I am registering the following child/children at Hoboken Catholic Academy for the 2008-2009 school year.

Please Print

(Child's Name) (Child's Birth Date) (Grade entering in September)

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Enclosed are the registration fees (\$200.00 per child) made payable to Hoboken Catholic Academy.

of children x \$200.00 = _____

Tuition Agreement

I understand: 1) That the registration fee is non-refundable; 2) That my registration is void if my tuition for the 2007-2008 school year is not paid in full by May 15, 2008; 3) That I am required to make my tuition payments to SMART Tuition Management as scheduled. Educational services provided to my child/children at Hoboken Catholic Academy are contingent upon my fulfilling my financial obligations to Hoboken Catholic Academy. I understand that failure to make tuition payments as scheduled will result in the suspension of educational services for my child/children; and 4) That if my child/children transfer/s out of Hoboken Catholic Academy prior to April 1st the school will refund tuition paid in advance for the months following the month of the child's last official day of enrollment at Hoboken Catholic Academy less \$100.00. Tuition will not be refunded for any month that the child is enrolled for one or more days. In addition, no tuition refunds will be given for student withdrawals after March 31st.

Signature: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

***Registration form must be submitted along with SMART Tuition Enrollment Form.**

**Families applying for the Parishioner Tuition Rate must submit a Parishioner Verification Form that has been signed by the pastor of one of the school's co-sponsoring parishes (Our Lady of Grace, St. Ann's, St. Francis, St. Joseph, St. Lawrence, or Sts. Peter & Paul).