



Dear Prospective Family,

Thank you for considering St. Martin of Tours School in the education of your child/children. Our staff is looking forward to working with you and your family to provide a K-8 education that will provide the foundation for success now and in the future.

Our school has been educating children in this community for over 100 years. This rich tradition of academic excellence is a source of pride, not only for our school, but for our parish as well. I can tell you this from experience as me and my family have lived in the Cheviot area and have been parishioners at St. Martin of Tours for over 13 years. On top of that, all four of our children attend St. Martin School. Our staff is committed to empowering students to develop personal excellence and to achieve their highest potential.

At St. Martin of Tours, we believe that every child has the right to work in a safe and caring environment where high academic expectations, self-esteem, good character, healthy lifestyles, creativity, and an appreciation for the fine arts are promoted. Each day we make a difference in the lives of our community's future leaders.

In this packet are all of the necessary forms that you will need to register your child/children for the upcoming 2019-2020 school year. In order for the registration to be complete, please follow the steps outlined on the "Aid to Registration" form found in this packet. We need ALL of the forms and fees (if applicable) for your registration to be complete. When you have completed the forms, please return them to the school office. Please note that any late registrations may have to be put on a waiting list as some classes may reach a maximum class size. Registration for NEW students in grades 1-8 will begin on March 1, 2019.

Tuition for the 2019-2020 school year HAS NOT CHANGED from the current school year and is set at \$3350 for In-Parish and \$4650 for Out of Parish families.

Please feel free to contact the school office with any questions or concerns you may have throughout this process. We appreciate you entrusting our staff with your child /children's education.

Yours in Christ,

Mr. Jason Fightmaster  
Principal  
St. Martin of Tours School

---

**St. Martin of Tours School**

3729 Harding Ave, Cincinnati, OH 45211

Telephone: 661-7609 Fax: 661-8102 [www.saintmartin.org](http://www.saintmartin.org)

|                             |                       |
|-----------------------------|-----------------------|
| <b>Grades</b>               | K to 8                |
| <b>Enrollment</b>           | 271                   |
| <b>Average Class Size</b>   | 20                    |
| <b>School Hours</b>         | 7:45 – 2:30           |
| <b>After School Program</b> | 2:30 – 6:00           |
| <b>Principal</b>            | Mr. Jason Fightmaster |

---



|                                   |                                                                                                                                                                                            |                                                                                                                                                                                                      |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Faculty</b>                    | 100% of the teachers are licensed through the Ohio Dept. of Education<br>67% of the teachers hold master's degrees                                                                         |                                                                                                                                                                                                      |
| <b>Accreditation</b>              | St. Martin of Tours is fully accredited with the OCSAA.                                                                                                                                    |                                                                                                                                                                                                      |
| <b>Curriculum</b>                 | St. Martin of Tours follows the Course of Study for all subjects as prescribed by the Archdiocese of Cincinnati.                                                                           |                                                                                                                                                                                                      |
| <b>Technology</b>                 | Smartboards in every classroom<br>Accelerated Reader program<br>iPads in K-8 classrooms<br>Computers in every classroom<br>Research center in the Library<br>State of the art Computer Lab |                                                                                                                                                                                                      |
| <b>Extracurricular Activities</b> | <i>Leadership Council</i>                                                                                                                                                                  | 8 <sup>th</sup> graders can participate in a leadership capacity                                                                                                                                     |
|                                   | <i>STEM Club</i>                                                                                                                                                                           | Grades 6-8 STEM (Science, Technology, Engineering, and Math) Club that meets monthly                                                                                                                 |
|                                   | <i>Spelling Bee</i>                                                                                                                                                                        | Academic competition for grades 5-8.                                                                                                                                                                 |
|                                   | <i>Girls on the Run</i>                                                                                                                                                                    | A non-profit program for girls grades 3, 4, and 5. The mission is to inspire girls to be joyful, healthy and confident using a fun, experience-based curriculum which creatively integrates running. |
|                                   | <i>Service</i>                                                                                                                                                                             | Students have many opportunities to give back to both local and national organizations.                                                                                                              |
|                                   | <i>Athletics</i>                                                                                                                                                                           | Opportunities for both boys and girls to participate in a variety of sports while learning the spirit of friendship and good sportsmanship.                                                          |

*Scouts* Opportunities for both boys and girls to grow into caring, competent, and confident young men and women.

*Minecraft Mondays* Once a month, students in grades 3-8 go to the computer lab after school (with parent permission) with the computer teachers to learn the ins and outs of Minecraft.

**Mass Attendance** The school attends 8:00 am Mass each Thursday and on special days. Parents are always welcome to join us at our school liturgies.

**Lunch** Hot lunch available every day

## AID TO REGISTRATION – NEW STUDENT 2019-2020

### Please submit:

1. Birth Certificate
2. Baptismal Certificate (if baptized Catholic) \*
3. Custody Papers\* (if applicable)
4. St. Martin Registration Form
5. Release of Records Form
6. Special Needs Form / Permission to Test (**Both sides**)
7. Tuition Payment Agreement Form (**Both sides**) (Blue)
8. Private/Parochial ♦ Charter/Community School (**CPS Form – 2 pages**)
9. Current Utility Bill\* (dated within the last 30 days)
10. Attendance Records from previous school
11. Conduct Report from previous school
12. Final Report Cards for the past two years.

Pre-tuition payment: \$50 pre-tuition payment per family. (Not required for EdChoice applicants.)

Please make check payable to: **St. Martin School**. This payment will be applied toward your tuition at the last tuition payment of the school year.

### EdChoice

Your application cannot be submitted to EdChoice until all supporting documents have been received.

Registration will not be considered complete unless we have the above certificates and forms.

“Parents with children using state funded scholarships can directly access their child’s scholarship information by setting up a Parent Portal account with the Ohio Department of Education. The secure log-in is called a SAFE account. Each parent can create their own SAFE account by going to this link:

<https://safe.ode.state.oh.us/portal>

You will need your state of Ohio ID or driver’s license available when setting up the SAFE account.

Once your SAFE account is set up, you can Sign In, go to the Scholarship Program link and connect to your students on the Dashboard that will come up.

Instruction manuals and videos for setting up your SAFE account and connecting to your student, can be found on the scholarship program web pages.

Visit [education.ohio.gov/scholarships](http://education.ohio.gov/scholarships) and select your scholarship program. Then, click on the For Parents link under the Quick Links for detailed Parent Portal information.”

\*We will make a copy and return this information to you.



# St. Martin of Tours School Student Registration

3729 Harding Avenue Cincinnati, OH 45211

Tel: 513-661-7609 Fax: 513-661-8102

[www.saintmartin.org](http://www.saintmartin.org)

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

Ed Choice: \_\_\_\_\_

Expansion: \_\_\_\_\_

CHILD'S NAME (first) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_ Home Phone# \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_ Sex \_\_\_\_\_  
City / State \_\_\_\_\_

Previous School (Name & Address) \_\_\_\_\_

Public School of Residence (i.e. Cheviot, Midway) \_\_\_\_\_

Entering Grade Level \_\_\_\_\_ Student Last four S.S.# \_\_\_\_\_

## Child's Ethnic Background:

- ☐ Caucasian ☐ Native American ☐ African American  
☐ Asian ☐ Pacific ☐ Hispanic  
☐ Multiracial

## Language Spoken at Home:

\_\_\_\_\_

## RELIGION

- ☐ Catholic ☐ Other \_\_\_\_\_

## Legal Parents (indicate all that apply):

- ☐ Both Parents living at home ☐ Father and Stepmother (name) \_\_\_\_\_  
☐ Mother Only ☐ Mother and Stepfather (name) \_\_\_\_\_  
☐ Father Only ☐ Joint Custody \_\_\_\_\_  
☐ Adopted ☐ Other: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Maiden: \_\_\_\_\_

ADDRESS (If different than Child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Phone:(Home) \_\_\_\_\_ Cell/work \_\_\_\_\_

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

RELIGION: ☐ Catholic ☐ Other Graduate of St. Martin? ☐ No ☐ Yes (year) \_\_\_\_\_

Education: \_\_\_\_\_ Occupaton: \_\_\_\_\_

Employment Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Living ☐ Deceased Marital Status \_\_\_\_\_ U.S. Citizen ☐ No ☐ Yes

FATHER'S NAME \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

ADDRESS (If different than Child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Phone:(Home) \_\_\_\_\_ Cell/work \_\_\_\_\_

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

RELIGION: ☐ Catholic ☐ Other Graduate of St. Martin? ☐ No ☐ Yes (year) \_\_\_\_\_

Education: \_\_\_\_\_ Occupaton: \_\_\_\_\_

Employment Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Living ☐ Deceased Marital Status \_\_\_\_\_ U.S. Citizen ☐ No ☐ Yes

**Religious Background**

☐ Registered in St. Martin Parish Registration Date: \_\_\_\_\_

☐ Registered in another Catholic Parish Parish Name: \_\_\_\_\_

→ (City/State): \_\_\_\_\_

☐ Not registered in any Catholic Parish Pastor: \_\_\_\_\_

☐ Member of other faith congregation \_\_\_\_\_

**SACRAMENTS RECEIVED BY CHILD**

| BAPTISM           | FIRST COMMUNION | RECONCILIATION | CONFIRMATION |
|-------------------|-----------------|----------------|--------------|
| Date: _____       |                 |                |              |
| Church: _____     |                 |                |              |
| City/State: _____ |                 |                |              |

**Family Information**

☐ This child would be the Only child in our family attending St. Martin school at this time.

☐ This child is our youngest child attending St. Martin School at this time.

☐ This child will be the oldest child in our family attending St. Martin School at this time.

☐ This child is our middle child attending St. Martin School at this time.

**Siblings: (Names, ages, schools, and grades)**

\_\_\_\_\_

\_\_\_\_\_

**Do you give permission for St. Martin of Tours School to use photos of your child/children for use in public relations activities\*? \_\_\_\_\_ YES \_\_\_\_\_ NO**

\*By checking "yes" on the Photo Release, I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in internet and external media sources including but not limited to: publication via web site or other technological publications, videos, newspapers, radio, or television.



Date \_\_\_\_\_

Please fill in the following information:

Student's name \_\_\_\_\_

Address \_\_\_\_\_

Name of school attended \_\_\_\_\_

Address \_\_\_\_\_

Was student enrolled in any special program? If so, indicate below:

- \_\_\_\_\_ Tutor Program
- \_\_\_\_\_ Special Learning Disabilities Program
- \_\_\_\_\_ Reading Program
- \_\_\_\_\_ Behavioral Program
- \_\_\_\_\_ Psychological Testing
- \_\_\_\_\_ Speech Therapy
- \_\_\_\_\_ Math Tutoring

Does the student have any unusual problems we should be aware of?

- \_\_\_\_\_ Physical
- \_\_\_\_\_ Academic
- \_\_\_\_\_ Psychological

If you have checked any of the above, please explain:

---

---

---

---

Signed \_\_\_\_\_

**ST. MARTIN OF TOURS SCHOOL MUST BE AWARE OF ANY SERVICE PLANS, BEHAVIOR PLANS, OR ANY OTHER SPECIAL PROGRAMS BEFORE WE ACCEPT NEW STUDENTS FOR ENROLLMENT - THIS INCLUDES ANY DIAGNOSES OF EXTREME BEHAVIOR ISSUES OR LEARNING DISABILITIES. ST. MARTIN OF TOURS SCHOOL RESERVES THE RIGHT TO ASK FAMILIES TO WITHDRAW A STUDENT FOR WITHHOLDING SUCH INFORMATION.**

St. Martin of Tours School

3729 Harding Ave, Cincinnati, OH 45211

Telephone: 661-7609 Fax: 661-8102 [www.saintmartin.org](http://www.saintmartin.org)



Date\_\_\_\_\_

STUDENT'S NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY/ZIP\_\_\_\_\_

BIRTHDAY: Mo.\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_

PARENT'S NAME\_\_\_\_\_

PREVIOUS SCHOOL\_\_\_\_\_

FOR GRADE\_\_\_\_\_

HOME PHONE NO.\_\_\_\_\_

MOTHER'S WORK NO.\_\_\_\_\_

FATHER'S WORK NO.\_\_\_\_\_

\_\_\_\_\_ I give permission for my child to participate in an academic screening at St. Martin School.

\_\_\_\_\_ I refuse permission for my child to participate in an academic screening at St. Martin School.

\_\_\_\_\_  
Parent/Guardian Signature

**St. Martin of Tours School**

3729 Harding Ave, Cincinnati, OH 45211

Telephone: 661-7609 Fax: 661-8102 [www.saintmartin.org](http://www.saintmartin.org)



**ST. MARTIN OF TOURS SCHOOL**  
**3729 HARDING AVENUE**  
**CINCINNATI, OH 45211**  
**513 661-7609**

January 2019

Dear Parent(s),

FACTS Grant & Aid Assessment will be conducting the financial need analysis for St Martin of Tours for the upcoming 2019-2020 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by **March 1, 2019**. Applicants can apply online by clicking the FACTS link at [online.factsmgt.com/aid](http://online.factsmgt.com/aid). Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your 2017 or 2018 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

All supporting documentation can be uploaded in pdf format online.

Documentation can also be faxed to 866-315-9264 or mailed to the address below. Please be sure to include the applicant ID on all faxed or mailed correspondence.

FACTS Grant & Aid Assessment  
PO Box 82524  
Lincoln, NE 68501-2524

If you have questions or concerns about the application process, you can speak with a FACTS Customer Care Representative at 866-441-4637.

*In order to be eligible for a grant/tuition assistance you must be an active parishioner at St Martin of Tours. Active parishioners are those who attend Sunday Mass at St. Martin of Tours Church and use their church envelopes at least 36 Sundays during the year (eighteen Sundays during each six months January through June and July through December). The funds for the grant/tuition assistance (FACTS) come from the generous active parishioners who contribute to St. Martin of Tours Church.*

Sincerely,

*Lois Sundrup*

Lois Sundrup  
Business Manager

ST. MARTIN OF TOURS SCHOOL  
2019-2020 TUITION PAYMENT AGREEMENT

EdChoice \_\_\_\_\_

Edchoice -Exp \_\_\_\_\_

This form must be signed and returned with your \$50 per family pre-tuition payment except for the Ed Choice Registrants.

I/We, the undersigned, accept financial responsibility for our child/children's education and agree to pay St. Martin of Tours School \$ \_\_\_\_\_ for tuition.

The tuition payment plan will be as follows: Please check one: monthly \_\_\_\_\_ full payment \_\_\_\_\_ other (submit and subject to approval).

Please read the "Policy for Tuition Collection". I/we understand and agree to the action taken for delinquent payments as stated in the "Policy for Tuition Collection".

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please Print Family Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Student's Name

|             |              |                 |            |   |   |                   |
|-------------|--------------|-----------------|------------|---|---|-------------------|
| (Last Name) | (First Name) | (Date of Birth) | (Religion) | Y | N | (Grade Next Year) |
| (Last Name) | (First Name) | (Date of Birth) | (Religion) | Y | N | (Grade Next Year) |
| (Last Name) | (First Name) | (Date of Birth) | (Religion) | Y | N | (Grade Next Year) |
| (Last Name) | (First Name) | (Date of Birth) | (Religion) | Y | N | (Grade Next Year) |

Your first tuition payment as stated must be paid by June 1st.

St. Martin School does offer financial assistance in the form of the FACTS Program. If you feel your family will not be able to pay the tuition amount listed, please apply for financial assistance.

OVER...

ST. MARTIN OF TOURS SCHOOL TUITION POLICY – 2019-2020

**THIS FORM MUST BE TURNED IN FOR REGISTRATION TO BE COMPLETE**

Place a check mark in front of your rate.

\_\_\_\_\_ NON-ACTIVE MEMBER TUITION RATE (OUT-OF-PARISH TUITION RATE):

Non-active members and families on the inactive parishioners list will be charged the Non-active Member Tuition Rate (Out-Of-Parish Rate) of \$4,650.00 per student.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

\*\*\*\*\*

\_\_\_\_\_ IN-PARISH TUITION RATE:

The In-Parish Tuition Rate is for families who are active “contributing” members of St. Martin of Tours Parish. St. Martin of Tours Pastoral Council has established the following criteria to receive the In-Parish Tuition Rate. Because each child attending St. Martin of Tours School receives a parish grant of approximately \$1,300.00, we expect the following from families receiving the In-Parish Tuition Rate:

1. **Register as a member of St. Martin of Tours Parish.**
2. **Worship consistently at St. Martin of Tours** by attending Mass and using the collection envelope fifty-two (52) times a year. If you cannot always be present here, there is a limit to personal envelope non-usage per year. Beginning in January 2002, if you only make thirty-six (36) Sundays during the year (eighteen Sundays during six months), you will still be considered as an active member of St. Martin of Tours Church. These records will be checked on a quarterly basis.
3. **Support financially St. Martin of Tours Parish.** Families of St. Martin of Tours Parish are asked to contribute at least \$500 per year, per family (approximately \$10 per week) to the Parish. For School families, this amount is suggested in addition to School Tuition.
4. **Participate regularly in the community life of the parish** by volunteering your time and talents to various parish and school ministries and organizations as your ability allows.
5. **Pay tuition on a timely basis.**

For those who attend only 35 Sundays or less per year (17 Sundays or less per half year), those families will be considered non-active members and those families will pay non-active member tuition (out-of- parish tuition). Non-active tuition (out-of-parish tuition) is \$4,650.00 per child. This tuition amount is without exception for each child in the family. **What is most important, however, is the use of the church envelope each week, irrespective of any given amount.**

**ANNUAL OFFERTORY COMMITMENT**

In prayerful thanksgiving for many blessings received, I/We hereby state our intent to contribute to the support of St. Martin of Tours Parish as follows assuming health and personal affairs permit:

\$ \_\_\_\_\_ Weekly

\$ \_\_\_\_\_ Quarterly

\$ \_\_\_\_\_ Monthly

\$ \_\_\_\_\_ Annually

If necessary, I will make changes by notifying the Parish Office.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Envelope # \_\_\_\_\_

**ST. MARTIN OF TOURS SCHOOL**  
**2019-2020**  
**POLICY FOR TUITION COLLECTION**

With the letter of intent/registration that parents sign they must submit an agreement to pay tuition according to a certain plan. The form on which this payment agreement is stated is due with the letter of intent. The first tuition payment is due by June 1, unless you have received an adjusted payment plan. If the tuition payment is not current or if the signed tuition agreement form is not on file by June 1, the child at the discretion of the Business Manager will not be admitted to school. School packets will be given to all who are current with tuition payment.

If subsequent payments are not received by 15 days past the due date (the fifteenth of the month), a **\$20.00** late charge (effective January 1, 2000) shall automatically be assessed to the tuition payment.

- If tuition is not paid in full by the end of the school year, the student(s) shall not be admitted for the following year.
- If the tuition is not paid in full by the end of the school year, the school shall not release any student records until such time as tuition is paid in full or a satisfactory payment plan is agreed upon.
- **The new policy effective June 14, 2001, for the August and May tuition payments is, "ANY AUGUST TUITION PAYMENT RECEIVED AFTER THE FIRST MONDAY OF AUGUST OR MAY TUITION PAYMENT RECEIVED AFTER MAY 15, MUST BE PAID WITH A MONEY ORDER, A CASHIER'S CHECK OR CASH. ALSO, AUGUST PACKETS WILL NOT BE RELEASED UNLESS TUITION IS CURRENT."**

If tuition payments become more than two payments in arrears, the Business Manager at her discretion may consider the payment agreement in default and the full balance of tuition shall be immediately due and payable. A written default notice shall be given to the parent/guardian. Upon receipt of the written default notice, it shall be the responsibility of the parent/guardian within 10 days to cure the default, pay the tuition in full, or make satisfactory arrangements to pay.

If the default is not cured, a letter will be sent stating that the student(s)' enrollment shall be terminated.

The Business Manager shall have the discretion to withhold the report card from any student whose tuition payments are not current at the **end of each quarter**.

**It shall be the responsibility of the parent/guardian to notify the Business Manager of any change in their financial condition that might result in tuition payment problems.**

An additional charge of **\$30.00** will be issued for each check that is returned to us because of "insufficient funds".

Education Commission Policy  
June 14, 2001

## IN-PARISH TUITION PLAN 2019-2020 SCHOOL YEAR

The multi child discount of \$300 for 2<sup>nd</sup> child; \$400 for the 3<sup>rd</sup> child; and \$500 for the 4<sup>th</sup> child will remain. Also, if you pay your full tuition by June 1<sup>st</sup>, you are eligible for a 5% tuition discount minus the \$50.00 pre-tuition paid.

**The schedule for tuition payments for the 2019-2020 school year is due as follows:**

- The pre-tuition payment due by Friday, March 1, 2019 per family is \$50.00 which is non-refundable.
- First Payment June 1, 2019
- Second Payment July 1, 2019
- Third Payment August 1, 2019
- Fourth thru Eleventh payments First of each month
- Last payment is due May 1, 2020.

**2019-2020 REGISTRATION:**

- The pre-tuition payment due by Friday March 1, 2019 of \$50.00 per family.
- Anyone returning to St. Martin School in 2019-2020, must have their pre-tuition payment of \$50.00 per family by Friday March 1, 2019, in order for their pre-tuition payment to be applied to their tuition.
- **If the pre-tuition of \$50.00 per family is not received by the registration deadline of March 1, 2019, the pre-tuition payment will not be deducted from the tuition payment.**
- New families registering their child(ren) for the first time will be exempt from this policy.

ST. MARTIN OF TOURS SCHOOL KINDERGARTEN THROUGH EIGHTH  
TUITION PAYMENT PLAN FOR 2019-2020  
AMOUNT DUE IF TAKING ADVANTAGE OF 5% DISCOUNT BY JUNE 1, 2019 –  
5% discount on the “**tuition due minus** pre-tuition payment”.

Example: \$3,350.00 - \$50.00 pre-tuition payment = \$3,300.00.

$\$3,300.00 \times 5\% (.05) = \$165.00$

Therefore, \$3,350.00 - \$50.00 pre-tuition payment - \$165.00 (5% discount) = **\$3,135.00** the total amount  
due by **June 1, 2019**

| Student(s) | Total Tuition |       | Pre-Tuition Payment Due by Mar 1, 2019 |        | Tuition Due minus Pre-Tuition Payment paid in Mar 1, 2019 |       | 5% discount by June 1 |        | Total Amount Due June 1 |
|------------|---------------|-------|----------------------------------------|--------|-----------------------------------------------------------|-------|-----------------------|--------|-------------------------|
| 1          | 3,350.00      | minus | 50.00                                  | equals | 3,300.00                                                  | minus | 165.00                | equals | <b>3,135.00</b>         |
| 2          | 6,400.00      | minus | 50.00                                  | equals | 6,350.00                                                  | minus | 317.50                | equals | <b>6,032.50</b>         |
| 3          | 9,350.00      | minus | 50.00                                  | equals | 9,300.00                                                  | minus | 465.00                | equals | <b>8,835.00</b>         |
| 4          | 12,200.00     | minus | 50.00                                  | equals | 12,150.00                                                 | minus | 607.50                | equals | <b>11,542.50</b>        |

OUT OF PARISH TUITION

| Student(s) | Total Tuition |       | Pre-Tuition Payment Due by Mar 1, 2019 |        | Tuition Due minus Pre-Tuition Payment paid in Mar 1, 2019 |       | 5% discount by June 1 |        | Total Amount Due June 1 |
|------------|---------------|-------|----------------------------------------|--------|-----------------------------------------------------------|-------|-----------------------|--------|-------------------------|
| 1          | 4,650.00      | minus | 50.00                                  | equals | 4,600.00                                                  | minus | 230.00                | equals | <b>4,370.00</b>         |
| 2          | 9,300.00      | minus | 50.00                                  | equals | 9,250.00                                                  | minus | 462.50                | equals | <b>8,787.50</b>         |

**OVER...**

**ST. MARTIN SCHOOL TUITION PAYMENT PLAN FOR 2019-2020  
KINDERGARTEN THROUGH EIGHTH IN-PARISH TUITION**

| Students                                                     | 1               | 2               | 3               | 4                |
|--------------------------------------------------------------|-----------------|-----------------|-----------------|------------------|
| <b>TOTAL 2019-20 TUITION</b>                                 | <b>3,350.00</b> | <b>6,400.00</b> | <b>9,350.00</b> | <b>12,200.00</b> |
| <b>Pre-tuition due for 2019-20 school year March 1, 2019</b> | 50.00           | 50.00           | 50.00           | 50.00            |
| <b>1st Payment JUNE 1, 2019</b>                              | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>2nd Payment JULY 1, 2019</b>                              | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>3rd Payment AUGUST 1, 2019</b>                            | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>4th Payment SEPTEMBER 1, 2019</b>                         | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>5th Payment OCTOBER 1, 2019</b>                           | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>6th Payment NOVEMBER 1, 2019</b>                          | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>7th Payment DECEMBER 1, 2019</b>                          | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>8th Payment JANUARY 1, 2020</b>                           | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>9th Payment FEBRUARY 1, 2020</b>                          | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>10th Payment MARCH 1, 2020</b>                            | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>11th Payment APRIL 1, 2020</b>                            | 275.00          | 530.00          | 775.00          | 1,015.00         |
| <b>12th Payment MAY 1, 2020</b>                              | 275.00          | 520.00          | 775.00          | 985.00           |

\*\*\*\*\*

**ST. MARTIN SCHOOL TUITION PAYMENTS 2019-2020  
KINDERGARTEN THROUGH EIGHTH OUT-OF-PARISH TUITION**

| Students                                                     | 1               | 2               |
|--------------------------------------------------------------|-----------------|-----------------|
| <b>TOTAL 2019-20 TUITION</b>                                 | <b>4,650.00</b> | <b>9,300.00</b> |
| <b>Pre-tuition due for 2019-20 school year March 1, 2019</b> | 50.00           | 50.00           |
| <b>1st Payment JUNE 1, 2019</b>                              | 390.00          | 775.00          |
| <b>2nd Payment JULY 1, 2019</b>                              | 390.00          | 775.00          |
| <b>3rd Payment AUGUST 1, 2019</b>                            | 390.00          | 775.00          |
| <b>4th Payment SEPTEMBER 1, 2019</b>                         | 390.00          | 775.00          |
| <b>5th Payment OCTOBER 1, 2019</b>                           | 390.00          | 775.00          |
| <b>6th Payment NOVEMBER 1, 2019</b>                          | 390.00          | 775.00          |
| <b>7th Payment DECEMBER 1, 2019</b>                          | 390.00          | 775.00          |
| <b>8th Payment JANUARY 1, 2020</b>                           | 390.00          | 775.00          |
| <b>9th Payment FEBRUARY 1, 2020</b>                          | 390.00          | 775.00          |
| <b>10th Payment MARCH 1, 2020</b>                            | 390.00          | 775.00          |
| <b>11th Payment APRIL 1, 2020</b>                            | 390.00          | 775.00          |
| <b>12th Payment MAY 1, 2020</b>                              | 310.00          | 725.00          |

**OVER...**

☆ PRIVATE/PAROCHIAL SCHOOL ☆

**STUDENT INFORMATION**

School Name St. Martin of Tours

School Year 2019-20

Today's Date 1 / 1 ①

School Code 801

**Desired Action**  
**School Use Only**

Enroll on Date    /   /   

From School                     

Withdraw on Date    /   /   

To School                     

Modify Student Data as of    /   /   

Student has EdChoice Voucher? ☐ No ☐ Yes

Submitted by (print) Kathleen M. Mathis

Signed Kathleen M. Mathis

**Student**

*Please provide legal names.*

Last Name                                     

First Name                                     

Middle Name                                     

Entering Grade Level           

Gender (Check One) ☐ Male ☐ Female

Resident Address                                     

Apartment                                     

City                                     

State                                     

ZIP Code                                     

Phone Number                                      Unlisted: ☐ No ☐ Yes

Birthdate (mm/dd/yyyy)                     

Birth Document Source                                     

Social Security Number       -      -       (if issued)

Race/Ethnic Code ☐ Black ☐ White ☐ Hispanic

(Check One) ☐ Asian/Pacific Islander ☐ Multiracial

☐ Native American

Birthplace (City, State)                                     

Birthplace (Country)                                     

Nationality                                     

Nickname (If any)                                     

Parent/Guardian                                     

**(CPS Use)**

Student ID

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Parent/Guardian's Resident District, if not CPS

**Emergency Contacts**

Name                                     

Relation                                     

Phone                                     

Cell Phone                                     

Name                                     

Relation                                     

Phone                                     

Cell Phone                                     

**Home Language:** What was this student's first language (i.e. native language)?                                     

What language does this student most frequently speak?                                     

What language is most often spoken by adults at home?                                     

**Withdrawal Authorization**

Parent's signature authorizes Cincinnati Public Schools to withdraw this student from the current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

**Parent/Guardian Signature**

Date



**PRIVATE/PAROCHIAL SCHOOL**  
**STUDENT REGISTRATION INFORMATION**

Today's Date **2**

Use additional pages as necessary.

Student Name \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Last Name _____<br>First Name _____<br>Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorced<br><i>If you check Divorced or Separated, we require current legal documentation related to the children.</i><br>(*)Address _____<br>City _____<br>State _____<br>ZIP Code _____<br>Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Cell Phone _____<br>Email Address _____<br>Work Phone _____ | Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>District of Residence _____<br>District of Primary Residence _____<br>Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><br>Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><br>Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Last Name _____<br>First Name _____<br>Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorced<br><i>If you check Divorced or Separated, we require current legal documentation related to the children.</i><br>(*)Address _____<br>City _____<br>State _____<br>ZIP Code _____<br>Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Cell Phone _____<br>Email Address _____<br>Work Phone _____ | Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>District of Residence _____<br>District of Primary Residence _____<br>Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><br>Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><br>Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Last Name _____<br>First Name _____<br>Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorced<br><i>If you check Divorced or Separated, we require current legal documentation related to the children.</i><br>(*)Address _____<br>City _____<br>State _____<br>ZIP Code _____<br>Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Cell Phone _____<br>Email Address _____<br>Work Phone _____ | Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>District of Residence _____<br>District of Primary Residence _____<br>Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><br>Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><br>Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes |

(\*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.

## EDCHOICE SCHOLARSHIP PROGRAM 2018-2019 REQUEST FORM

|                            |                                                                                                              |                                       |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| <b>STUDENT INFORMATION</b> | <b>***Please use Birth Certificate for student data***</b>                                                   |                                       |  |
|                            | NAME: _____<br>(First) (Middle) (Last)                                                                       |                                       |  |
|                            | DATE OF BIRTH: _____                                                                                         | GRADE LEVEL on January 1, 2018: _____ |  |
|                            | GENDER: Female _____ Male _____                                                                              | CITY OF BIRTH: _____                  |  |
|                            | LAST FOUR DIGITS SS#: _____                                                                                  | MOTHER'S MAIDEN NAME: _____           |  |
|                            | NATIVE LANGUAGE: _____                                                                                       | ETHNICITY: _____                      |  |
|                            | HAS THIS CHILD EVER ATTENDED AN OHIO PUBLIC SCHOOL? IF SO, WHERE: District _____, Building _____, Year _____ |                                       |  |

|                                                   |                                        |                                                                                                                           |                                                                                                                                                                              |
|---------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Guardian Signing Scholarship Checks</b>        |                                        |                                                                                                                           |                                                                                                                                                                              |
| Enter Name as it appears on your Driver's License |                                        | <input type="radio"/> Natural Parent<br><input type="radio"/> Adoptive Parent<br><input type="radio"/> Residential Parent | <input type="radio"/> Legal Guardian of student applying for scholarship funds (court documents required)<br><input type="radio"/> Student is at least eighteen years of age |
| I am the (check one)                              |                                        |                                                                                                                           |                                                                                                                                                                              |
| <b>PARENT/GUARDIAN</b>                            | NAME: _____<br>(First) (Middle) (Last) |                                                                                                                           |                                                                                                                                                                              |
|                                                   | DATE OF BIRTH: _____                   | LAST FOUR DIGITS SS#: _____                                                                                               |                                                                                                                                                                              |
|                                                   | PHYSICAL ADDRESS: _____                |                                                                                                                           |                                                                                                                                                                              |
|                                                   | CITY, STATE, ZIP: _____ COUNTY: _____  |                                                                                                                           |                                                                                                                                                                              |
|                                                   | PHONE: _____ E-MAIL: _____             |                                                                                                                           |                                                                                                                                                                              |
|                                                   | RELATIONSHIP TO STUDENT: _____         |                                                                                                                           |                                                                                                                                                                              |

|                                  |                                        |                             |  |
|----------------------------------|----------------------------------------|-----------------------------|--|
| <b>SECONDARY PARENT/GUARDIAN</b> | NAME: _____<br>(First) (Middle) (Last) |                             |  |
|                                  | DATE OF BIRTH: _____                   | LAST FOUR DIGITS SS#: _____ |  |
|                                  | PHYSICAL ADDRESS: _____                |                             |  |
|                                  | CITY, STATE, ZIP: _____ COUNTY: _____  |                             |  |
|                                  | PHONE: _____ E-MAIL: _____             |                             |  |
|                                  | RELATIONSHIP TO STUDENT: _____         |                             |  |

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>***ATTENTION EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO APPLY FOR THE EDCHOICE EXPANSION SCHOLARSHIP***</b> |                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>INCOME</b>                                                                                                                      | By checking below, you are indicating you will complete the income verification process. Please obtain the Income Verification Form from the school <b>OR</b> from the EdChoice website: <a href="http://www.education.ohio.gov/edchoice">www.education.ohio.gov/edchoice</a> .                                                                                                                        |
|                                                                                                                                    | <input type="checkbox"/> YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Office listed on the form.<br><br><input type="checkbox"/> NO, I am not interested in applying for low income status. I either: 1) do not qualify for low income status or 2) do not want my income verified by the program. |

**RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF APRIL 30, 2018**

**EDCHOICE SCHOLARSHIP PROGRAM****2018-2019 REQUEST FORM**

Information below **MUST** be completed to determine eligibility. My student is **CURRENTLY** attending a (check **ONLY** one and enter the school name).

|                                                                                                     |                                                                                           |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHOOL INFORMATION</b>                                                                           | <input type="checkbox"/> Public School _____                                              |
|                                                                                                     | <input type="checkbox"/> Charter/Community School _____                                   |
|                                                                                                     | <input type="checkbox"/> Private School _____                                             |
|                                                                                                     | <input type="checkbox"/> Home Schooled (Never attend an Ohio School) _____                |
|                                                                                                     | <input type="checkbox"/> New to Ohio _____                                                |
|                                                                                                     | <input type="checkbox"/> Pre-School _____                                                 |
|                                                                                                     | <input type="checkbox"/> Other _____                                                      |
|                                                                                                     | Name of public school district you live in (e.g. Elyria City, Mansfield City, etc.) _____ |
| Name of public school building your child would be assigned to for the 2018-2019 School Year: _____ |                                                                                           |

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                       |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADDRESS VERIFICATION</b> | Proof of residency is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address, and the date. The date should be current. Post office boxes are not acceptable. Most utility bills still show the "for service at" location, which will indicate where the gas, electric, etc. is being used. Parents/guardians must document residency by providing the school with one of the following utility bills (to be accompanied with their request or renewal forms): |                                                                                                                                                                       |
|                             | <b>Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address.</b><br>Additional information can be found on the scholarship webpage.                                                                                                                                                                                                                                                                                                                                        | Utility Bills: Electric, Gas, Water, Sewer/water, Cable/Internet, OR<br>Lease/rental agreement and one (1) other official document, OR<br>Monthly mortgage statement. |

**2018-2019 EDCHOICE PARENT AGREEMENT**

I \_\_\_\_\_ AGREE TO THE FOLLOWING:  
(Parent Name)

- \* The information provided in this application is true and correct.
- \* I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- \* I have submitted only one EdChoice application for this student.
- \* The scholarship amount shall only be applied to the tuition of the enrolling school and I may be required to pay other fees and costs as prescribed by the policies of the school.
- \* I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- \* If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- \* I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- \* I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- \* If I am not a low income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- \* I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- \* I will not be able to renew my child's scholarship if: our family has moved to another city school district and our new neighborhood public school is not a designated EdChoice school, my child fails to take each state achievement test required for his/her grade/level, my child has more than twenty unexcused absences during the school year, or I fail to complete the renewal process. If my child has received an EdChoice Expansion scholarship I must maintain Ohio residency and verify my income annually.
- \* I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- \* I understand that if my child's scholarship has been awarded in error, it will be terminated immediately and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate: \_\_\_\_\_ (Name of Private School) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education electronic application system.

BY SIGNING BELOW, I AGREE TO ALL THE ABOVE STATEMENTS

Signature of Legal Guardian Signing the Tuition Check: \_\_\_\_\_

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

**RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF APRIL 30, 2018**