



MONSIGNOR CLARKE SCHOOL

Application Form

\$175.00 non-refundable application fee per student is due at time of application

I wish to reserve a place for my child in grade: _____ If Pre-K or Little Angels please indicate # of days: _____

My child is currently enrolled in the following year of school – Pre-K K 1 2 3 4 5 6 7 8

Current School _____ Address of School: _____

Prospective Student Information: (Please print)

First _____ Last _____ Middle _____

Date of Birth _____ Gender _____ M _____ F

Child resides with: _____ Both Parents _____ Mother _____ Father _____ Grandparents _____ Other

Address: _____

2nd Address if Needed: _____

Special Circumstances Regarding Custody or Visitation Papers: _____ Yes _____ No

*If Yes, a copy of custody document MUST be submitted prior to the start of school

Child's Race (please select): White Hispanic/Latino Native American Black Asian Hawaii/Pac Isl. Other

Is the student Catholic? _____ Yes _____ No If no, please indicate religion if any _____

Parish to which the family belongs (if any): _____

Child's Date of Baptism: _____ Church: _____

Child's Date of First Communion: _____ Church: _____

Does your child require any services? _____ Yes _____ No

If yes, please explain _____

Siblings: _____

(Please list names, ages and schools currently attending)

Parent or Legal Guardian Information: (Please print)

Mother's Name _____ Occupation _____

Home Phone () _____ Cell Phone () _____

Email Address _____ @ _____

Father's Name _____ Occupation _____

Home Phone () _____ Cell Phone () _____

Email Address _____ @ _____

Legal Guardian's Name (if applicable) _____ Occupation _____

Home Phone () _____ Cell Phone () _____

Email Address _____ @ _____

Msgr. Clarke School Application Form *Continued*

How did you hear about Msgr. Clarke School?

- Current student/family Alum Mailing from school
 Church Bulletin Flyer Radio
 Visit from school representative Newspaper (which one: _____)
 Internet Web site Other _____

Who referred you? Who has spoken to you about our school? Do you know anyone who attends?

What are you most interested in knowing about Msgr. Clarke School?

- Academic Program Spiritual Opportunities
 Discipline Financial Assistance
 Results of Standardized Tests Facilities
 Transportation Extra Curricular Opportunities
 Preparation for high school Success of graduates after MCS
 Other: _____

What are some of your son's/daughter's interests?

- Performing arts Visual arts Math Science
 Service opportunities Campus Ministry English Choir
 Band Student organizations Technology History/Government
 Sports (which ones: _____)

Would you like to participate in a "Shadow Day"? Yes No

If so, what dates would work best? _____

Would you like to attend an upcoming Open House? Yes No

Would you like to speak with our principal (or Advancement/Development Director)? Yes No

My signature verifies that all information on this application is true and no pertinent or requested information has been withheld. I understand that if in fact information has been withheld, my child's application status may be changed and acceptance rescinded. Student acceptance is not final until the student has attended a "shadow" day and all recommendations have been received from the student's current school and approval has been given by the Principal of Msgr. Clarke School.

Msgr. Clarke School does not discriminate on the basis of race, color, religion, national origin, sex, disability, age or sexual orientation in admission and access to its programs.

Parent/Guardian Signature

Date

OFFICE USE: \$175.00 registration fee due at time of registration (non-refundable)

REG. FEE Date paid: _____ Check #: _____ Cash _____ Rc'vd By: _____



MONSIGNOR CLARKE SCHOOL

2019-2020 ANNUAL TUITION RATES

GRADES K-5 \$7,275 **GRADES 6-8** \$8,100

JR. WAVES PRE-K FULL DAY (3 YR OLD)

5 DAY	\$7,450	APPROX \$186 PER WEEK
4 DAY (T,W,TH,F)	\$7,100	APPROX \$177 PER WEEK
3 DAY (T,W,TH)	\$6,750	APPROX \$168 PER WEEK

JR. WAVES PRE-K FULL DAY (4 & 5 YR OLD)

5 DAY	\$7,450	APPROX \$186 PER WEEK
4 DAY (T,W,TH,F)	\$7,100	APPROX \$177 PER WEEK

LITTLE ANGELS EARLY LEARNING PROGRAM (18 MONTHS – 3 YRS)

FULL TIME 5 DAYS	\$295 PER WEEK
FULL TIME 4 DAYS	\$280 PER WEEK
FULL TIME 3 DAYS	\$240 PER WEEK

EXTENDED DAY PROGRAMS

Available Before School beginning at 7:30 am and After School until 5:30 pm.

Rate is \$ 9.50 per hour. PACKAGES AVAILABLE (inquire within).

**Newly enrolled (full time) families, Grades Kindergarten thru 8th are eligible to receive a voucher for 1 free year of extended day AM or PM.*

SUMMER ENRICHMENT AND SCHOOL'S OUT PROGRAMS

*To help bridge the gap for our working parents, we offer both Summer Enrichment and School's out programs. **Newly enrolled families receive \$150 voucher to try out a camp during your first year.*

TUITION ASSISTANCE

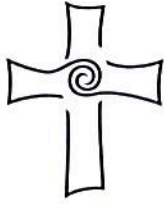
In order to apply for tuition assistance, families must complete a tuition assistance application and submit it to our needs-assessment provider, FACTS Management. Parish financial assistance may also be available to you for Grades K-8. In addition to FACTS application, please complete your Parish Financial Aid Form and submit to your local parish. Awards are not renewable, so families must re-apply each year. More information and links can be found on our website www.monsignorclarkeschool.org

MANDATORY SPRING RAFFLE

Each family will be assessed a fundraising obligation of \$200 which may be met by purchasing or selling raffle tickets to benefit our Annual Fund.

ADDITIONAL FEES (NON REFUNDABLE)

Application Fee	\$175 per student (Registration fee capped at \$375 for families of 3 or more)
Lab Fee	\$ 15 per student (pay by check or add to FACTS account)
Sports Fee	\$150 Fee per sport is applied to anyone participating in Middle School Sports (may be paid by check or added to FACTS account). Additional \$25 Transportation fee may be incurred for select sports



MONSIGNOR CLARKE SCHOOL

5074 TOWER HILL ROAD, WAKEFIELD, RI 02879

APPLICATION RECORDS REQUEST

Name of Student: _____ Date of Birth: _____

Address of Student: _____

I hereby authorize _____ to release the following evaluation records of my child to Monsignor Clarke School.

- | | |
|---|--|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> I.E.P. |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Other: _____ |

1. Records requested are to be used in the application process of acceptance to Monsignor Clarke School for the above-named student.
2. Records requested will not be further transferred without additional parent authorization.
3. Parental authorization for release of records may be withdrawn at any future time.
4. This authorization expires ninety days from the date of signature.

PARENT SIGNATURE: _____ DATE: _____

Msgr. Matthew F. Clarke School

5074 Tower Hill Road, Wakefield, Rhode Island 02879
(401) 789-0860 Fax 789-3164

SCHOOL RELEASE FORM

Date: _____

To: Monsignor Clarke School
5074 Tower Hill Road
Wakefield, RI 02879

I, the parent/legal guardian of _____
Name of Student

_____, _____, hereby give my permission to
Grade Date of birth

release all school records including health records to:

(Please Print)

School Name: _____

Address: _____

Fax #: _____

Parent/Guardian Signature