

# OLV Elementary School

A Father Baker Legacy

Re-Registration Enrollment

New Student Enrollment

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residential School District: \_\_\_\_\_ Parish: \_\_\_\_\_

Primary residence of your child/children:  Mother & Father  Mother  Father  Guardian

Name: \_\_\_\_\_ 2023-24 Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ *Baptism* Date/Parish: \_\_\_\_\_  
*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

Name: \_\_\_\_\_ 2023-24 Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ *Baptism* Date/Parish: \_\_\_\_\_  
*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

Name: \_\_\_\_\_ 2023-24 Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ *Baptism* Date/Parish: \_\_\_\_\_  
*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

Name: \_\_\_\_\_ 2023-24 Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ *Baptism* Date/Parish: \_\_\_\_\_  
*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's (Maiden) Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Photo Release Permission:* Unless you check below, we understand that you've given us permission to use your child's photo.

I DO NOT give permission to use my child's picture and/or name.

*Ethnicity:* This information is used for mandatory NYS reporting. Please select from the following:

Native American /Native Alaskan  Native Hawaiian/Pacific Islander  Black  White  
 Asian  Hispanic/Latino  2 or more races: \_\_\_\_\_

Other information you'd like us to have (*custody, duplicate forms, court documents etc.*): \_\_\_\_\_

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

## 2023-24 Tuition Rate Schedule: PARISHIONER

### ONE CHILD

Cost of Education .....	\$8,337
Fr. Baker Scholarship (OLV Charities) .....	- \$4,087
Net Tuition Cost (\$24/school day) .....	\$4,300
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

### TWO CHILDREN

Cost of Education.....	\$16,674
Fr. Baker Scholarship (OLV Charities).....	- \$ 10,174
Net Tuition Cost (\$36.11/school day) .....	\$ 6,500
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund) .....	TBD
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Family Responsibility.....	TBD

### THREE CHILDREN

Cost of Education.....	\$25,011
Fr. Baker Scholarship (OLV Charities) .....	- \$15,881
Net Tuition Cost (\$50.72 per school day).....	\$9,130
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

### FOUR CHILDREN

Cost of Education.....	\$33,348
Fr. Baker Scholarship (OLV Charities).....	- \$23,008
Net Tuition Cost (\$57.44 per school day).....	\$10,340
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

## 2023-24 Tuition Rate Schedule: NON-PARISHIONER

### ONE CHILD

Cost of Education.....	\$8,337
Fr. Baker Scholarship (OLV Charities) .....	- \$1,637
Net Tuition Cost (\$37.22 per school day).....	\$6,700
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

### TWO CHILDREN

Cost of Education.....	\$16,674
Fr. Baker Scholarship (OLV Charities).....	- \$7,549
Net Tuition Cost (\$50.69 per school day) .....	\$9,125
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

### THREE CHILDREN

Cost of Education.....	\$25,011
Fr. Baker Scholarship (OLV Charities) .....	- \$11,961
Net Tuition Cost (\$72.50 per school day) .....	\$13,050
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

### FOUR CHILDREN

Cost of Education.....	\$33,348
Fr. Baker Scholarship (OLV Charities).....	- \$17,598
Net Tuition Cost (\$87.50 per school day).....	\$15,750
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

## 2023-24 Pre-Kindergarten Tuition

5 FULL DAYS .....	\$5,150
5 HALF DAYS .....	\$2,700

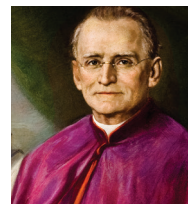
3 FULL DAYS .....	\$4,225
3 HALF DAYS .....	\$2,000

\* \$150 sibling discount

# Financial Aid Information

We recognize a Catholic elementary education represents a significant investment on the part of many. The OLV Basilica Parish family also provides significant support, as do various community benefactors, friends and partners who appreciate what an OLV education means for the future of your child. *Our family supports yours!*

- **Father Baker Scholarship (OLV Charities)** – The actual cost to educate your child is substantially higher than what families are asked to pay. Every family — whether they are parishioners or non-parishioners — automatically receives substantial financial assistance made possible by OLV Charities and its generous donors. This award amount varies based on the number of children a family enrolls, and if the family is a members of a Catholic parish or not. (See *Tuition Rate Schedule*)



- **Catholic Parishioner Grant** – If a family is not a member of OLV Basilica Parish, but is registered and an active at another parish with the Diocese of Buffalo, they are eligible for the *Parishioner Tuition Rate*. “Active” means families that participate in various parish life ministries and give witness to their faith through regular attendance at weekend Mass.

- **BISON Fund Scholarship** – Even after the above award is applied, we recognize that the net tuition cost can still stretch beyond the financial means of many families. In other words, they can have additional “unmet need.” BISON is a WNY donor-supported tuition-assistance program for income-eligible children and families. Please visit the BISON Fund website at [www.bisonfund.com](http://www.bisonfund.com) for application deadlines and income eligibility. You may apply on the BISON Fund website at [www.bisonfund.com/apply.html](http://www.bisonfund.com/apply.html). We highly encourage all eligible families to apply for Bison Fund Assistance.



- **Sr. Ellen O’Keefe, SSJ, Angel Fund Award** – Finally, recognizing that additional “unmet need” may still exist, we encourage families to apply for tuition assistance through this benefactor-supported fund named in honor of our cherished former principal, Sr. Ellen O’Keefe, SSJ. In order to be eligible for this assistance, families must first apply to the BISON Fund. Also, we recognize that life circumstances can change and financial difficulties can arise during the course of the year. Application for this assistance is done though the FACTS Grant & Aid web portal at [online.factsmtg.com/signin/3MFPV](http://online.factsmtg.com/signin/3MFPV)

## ADDITIONAL INFORMATION:

- All families are expected to use FACTS Tuition Management to receive any scholarship award, discount, or payment installment options - otherwise full tuition is expected.
- Families will be charged full tuition (with no discounts) until notifications have been received from BISON and/or from OLV for the Sr. Ellen O’Keefe, SSK, Angel Fund.
- All tuition account adjustments will be made after financial aid determinations are made.
- If refunds are necessary, adjustments will be made as BISON Fund deposits are made 2x year.
- Pre-Kindergarten is full tuition with no discounts.
- *All families that qualify for aid should apply.*



## IMPORTANT APPLICATION DUE DATES:

BISON Award (New Family).....	March 15th	Enrollment / Payment Option.....	April 30th
Catholic Parishioner Grant .....	April 30th	Early Payment Discount (\$150) .....	July 15th
BISON Award.....	April 30th	FACTS Tuition Enrollment .....	July 15th
Sr. Ellen O’Keefe, SSJ, Angel Fund.....	June 30th		

# Tuition Payment Options

There is a \$200 per student administrative fee that must be returned with this completed form. All fees are non-refundable. All families are provided the following payment options for tuition and fees. You may either choose one of the payment plans through FACTS Tuition Management System or pay in full by July 15th.

**1. Full Payment.** For students in grades K-8, there is a \$150 discount per family that will be deducted if tuition is paid in full by July 15th.

**2. Payment Plans.** All families must register with FACTS, which provides the opportunity for payment through different plan options. This program is independent of the school. Based on the plan you choose, a charge ranging between \$0 and \$45 will be included in your fees that are paid directly to FACTS. (*Full payment = \$0, two payments = \$10 fee, three or more payments = \$45 fee*)



Monthly payments begin in August and end in May (10 months). If you currently have a FACTS account, your signature below will authorize your payment continuation for the new school year.

Payments through FACTS Tuition Management can be made in two ways:

- Automatic Bank Payment (ACH) from your checking or savings account
- Credit card

The FACTS enrollment fee will automatically be deducted from your account within 14 days of the date your agreement is posted to within the FACTS system.

I agree to make tuition payments for the 2023-24 School Year according to one of the options listed above. I have read the school policy regarding tuition and agree to abide by it.

Responsible Party Signature (*person authorizing payments*): \_\_\_\_\_ Date: \_\_\_\_\_

*Administrative Fee Paid*

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

**\*\* This form must have authorized signature & the administrative fee attached to be accepted \*\***



Elementary School

A Father Baker Legacy

**OLV ELEMENTARY SCHOOL**

2760 South Park Avenue, Lackawanna, NY 14218

(716) 828-9434

# Tuition Grant Program: Parishioner Verification Form

Parishioner Name: \_\_\_\_\_  
Parent/Legal Guardian #1 First Name, Last Name Parent/Legal Guardian #2 First Name, Last Name

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

We are registered parishioners of: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Parish Name | City

Our child(ren) is/are enrolled at: \_\_\_\_\_ Principal: \_\_\_\_\_  
School Name | City

Child #1: \_\_\_\_\_ Grade for 2023-24 School Year: \_\_\_\_\_

Child #2: \_\_\_\_\_ Grade for 2023-24 School Year: \_\_\_\_\_

Child #3: \_\_\_\_\_ Grade for 2023-24 School Year: \_\_\_\_\_

Child #4: \_\_\_\_\_ Grade for 2023-24 School Year: \_\_\_\_\_

*Our family is dedicated to the faith formation of our child(ren). We attend Mass as a family and support our parish financially and through involvement in parish activities and ministries.*

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

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

**To Be Completed by Pastor:**

The family is registered with our parish and meets the eligibility criteria for the Tuition Grant Program.

\_\_\_\_\_  
Pastor Signature Date

## New Student Academic Information

The purpose of this form is to gain insight into your child's educational needs and to assist us in developing appropriate programs to support academic achievement for all students.

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

Entering from (school): \_\_\_\_\_

Grade as of September: \_\_\_\_\_

- Is student on an IEP (Individual Education Plan)? Yes      No
- Has the student ever been retained? Yes      No  
If yes, what grade level? \_\_\_\_\_
- Has the student ever been recommended for retention, but not retained? Yes      No  
If yes, at what grade level? \_\_\_\_\_
- Has the student ever received Title I services in math? Yes      No  
Grade level(s) \_\_\_\_\_
- Has the student ever received Title I services in reading? Yes      No  
Grade Level(s) \_\_\_\_\_
- Has the student ever been referred for intervention or academic assistance? Yes      No
- Has the student ever been on a Behavior Assistance Plan? Yes      No
- Describe the student's historical academic performance level in:  
Reading:       Strong       Competent       Needs Support  
Writing:       Strong       Competent       Needs Support  
Mathematics:  Strong       Competent       Needs Support
- Has student ever been in one of the following non-traditional school programs? Yes      No  
 Community School       Virtual School  
 Alternate School       Home Schooling  
 Other (Describe): \_\_\_\_\_
- Did the student pass the most recent State Assessment (Grades 3-8)? Yes      No  
 Reading       Writing       Math

Other information that could impact your student's transition to Our Lady of Victory School: \_\_\_\_\_

# Permission Affidavit Release of / Access to Student Record Information

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. The undersigned (VI) authorizes (*check as appropriate*):

- Release of       Copies of       Access to

II. The records of:

\_\_\_\_\_ *Name of Student*      \_\_\_\_\_ *Date of Birth*

III. Records Involved:

- Academic       Psychological       Standardized Test       Attendance  
 Health       Other: \_\_\_\_\_

IV. Reason for Request:

- Transcript to new school/institution       Employment considerations  
 Other: \_\_\_\_\_

V. Diocesan Schools

\_\_\_\_\_ Please transfer student from eSchool Data

VI. To be released to/seen by:

Our Lady of Victory School  
2760 South Park Ave.  
Lackawanna, NY 14218

VII. Signed: \_\_\_\_\_  
*Parent/Guardian*

Date: \_\_\_\_\_      Witnessed by: \_\_\_\_\_  
*Secretary*

# New York State Textbook Loan Program Textbook Request Form TB-1

Student Name: \_\_\_\_\_  
*Last First Middle Initial*

Student Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip Code*

Residing in School District: \_\_\_\_\_

Non-Public School Name: \_\_\_\_\_

## LOAN OF TEXTBOOKS

I hereby request the loan of textbooks in the name of: \_\_\_\_\_  
*Student's Name*

I authorize \_\_\_\_\_ to act on behalf of this Non-Public  
*Public School District*

School student in identifying and ordering books for this student's use. I understand that all books loaned to this student  
by \_\_\_\_\_ are to be maintained in good condition and  
*Public School District*

that said the student must pay for the loss of or excessive damage to said books.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This form is to be kept on file in the individual Non-Public School for the duration of enrollment*



## *After-School Care Program*

The After-School Care Program provides competent care, supervision, recreation, and enrichment activities. It serves working families who desire both Parochial school education and supplementary day care in a Christian environment for children enrolled at OLV School.

The program will be staffed by school personnel. These care givers will work to help each child grow in maturity and self-respect, as well as to maintain an atmosphere where respect and understanding of others is realized. Children can receive homework help. Games, puzzles, art activities etc., will also be available for student use.

Our After School Program will be held only on regular school days.

- Monday-Friday 2:45-5:30 except for scheduled early dismissal days.
- The program will be in session on days of early dismissal. Parents must provide lunch for their child(ren).
- If the school is closed for emergency reasons, the After-School program is cancelled.

This program is not subsidized by the School or the Parish. The fees are as follows:

- 1st child — \$10.00 per hour
- 2nd child — \$6.00 per hour
- 3rd child (or more) — \$5.00 per hour

Late pick-up fees will be assessed in 10-minute increments. If you are 1-10 minutes late picking up your child, you will be charged \$10; 11-20 minutes late is a \$20 charge, 21-30 minutes late is a \$30 fee, if you arrive after 6 p.m., you will be charged \$50.

You will be charged through the FACTS system.

Be sure the Application and Emergency Information documents are completed prior to your child's first day of participation. Your child can not begin the program if we do not have both documents.

Registration is due by June 30, 2023. Thank you!

Sincerely,



Mary D. Szlosek  
*Principal*

# After-School Care Program

CHILD(RENS) NAMES	Male	Female	DATE OF BIRTH		
			Month	Date	Year
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

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

Telephone Number(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

MY CHILD/CHILDREN WILL BE PICKED UP BY: \_\_\_\_\_

MY CHILD/CHILDREN MAY NOT BE PICKED UP BY: \_\_\_\_\_

\_\_\_\_\_

In case of a medical emergency or accident when I cannot be reached I wish one of the following to be notified. They are authorized to act in my absence to make decisions regarding the treatment of my child/children.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

If one of the above cannot be reached, I wish my child to be taken to the nearest hospital. I wish the following doctor to be notified:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I give my permission for emergency care to be given.

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