

OLV Elementary School

A Father Baker Legacy

Pre-K Class Options (*please choose one*):

5 Full Days (M-F 8 a.m.-2:15 p.m.)
 3 Full Days (8 a.m.-2:15 p.m.)

5 Half Days (M-F 8-11 a.m.)
 3 Half Days (8-11 a.m.)

STUDENT INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

Sex: Male Female Public School District: _____

Religion: _____ Current Place of Worship: _____

With whom does your child primarily reside: Mother & Father Mother Father Guardian(s)

My child has received the following sacrament: Baptism Date: _____ Location: _____

Father's Name: _____ Marital Status: _____

Street Address: _____ Home Phone: _____

City/State/Zip: _____ Employer: _____

Email: _____ Cell Phone: _____

Mother's 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: _____

2024-25 Tuition Rate Schedule: PARISHIONER

ONE CHILD

Cost of Education	\$9,171
Fr. Baker Scholarship (OLV Charities)	- \$4,171
Net Tuition Cost	\$5,000
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility	TBD

TWO CHILDREN

Cost of Education.....	\$18,341
Fr. Baker Scholarship (OLV Charities).....	- \$11,141
Net Tuition Cost	\$7,200
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.....	\$27,512
Fr. Baker Scholarship (OLV Charities)	- \$17,682
Net Tuition Cost	\$9,830
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility	TBD

FOUR CHILDREN

Cost of Education.....	\$36,683
Fr. Baker Scholarship (OLV Charities).....	- \$25,643
Net Tuition Cost	\$11,040
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility	TBD

2024-25 Tuition Rate Schedule: NON-PARISHIONER

ONE CHILD

Cost of Education.....	\$9,171
Fr. Baker Scholarship (OLV Charities)	- \$1,771
Net Tuition Cost.....	\$7,400
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.....	\$18,341
Fr. Baker Scholarship (OLV Charities).....	- \$8,516
Net Tuition Cost	\$9,825
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.....	\$27,512
Fr. Baker Scholarship (OLV Charities)	- \$13,762
Net Tuition Cost	\$13,750
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.....	\$36,683
Fr. Baker Scholarship (OLV Charities).....	- \$20,233
Net Tuition Cost (\$87.50 per school day).....	\$16,450
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility	TBD

2024-25 Pre-Kindergarten Tuition

5 FULL DAYS.....	\$5,610
5 HALF DAYS	\$2,970

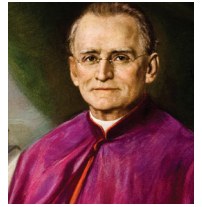
3 FULL DAYS.....	\$4,648
3 HALF DAYS	\$2,200

* \$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 for application deadlines and income eligibility. You may apply on the BISON Fund website at 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.factsmgt.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, SSJ, 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
Catholic Parishioner Grant..... April 30th
BISON Award..... April 30th
Sr. Ellen O’Keefe, SSJ, Angel Fund..... June 30th

Enrollment / Payment Option..... April 30th
Early Payment Discount (\$150) July 15th
FACTS Tuition Enrollment July 15th

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 2024-25 School Year: _____

Child #2: _____ Grade for 2024-25 School Year: _____

Child #3: _____ Grade for 2024-25 School Year: _____

Child #4: _____ Grade for 2024-25 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

Pre-K Confidential Profile Sample

Child's Name: _____

Pre-School: _____

of other children: _____

Their ages: _____

HEALTH:

1. Does your child have any allergies?

Food: _____

Other: _____

2. Sleeping habits:

Number of hours: _____

Night: _____ Nap: _____

3. Is control of elimination established?

Daytime: Y / N

Nighttime: Y / N

SPEECH DEVELOPMENT:

1. Does your child "get along" with other children? _____

2. Is he/she "high strung?" _____

3. Is he/she "easy going?" _____

4. Is he/she fearful? _____

5. Is he/she shy? _____

6. Is he/she easily managed at home or stubborn? _____

7. Does he/she suck the thumb? _____

8. Does he/she have temper tantrums? _____ Why? _____

9. If "yes" to above, how do you handle them? _____

10. How is he/she usually disciplined? _____

11. Does he/she appear nervous? _____

12. Does your child appear insecure? _____

13. Is your child jealous of his/her siblings? _____

LATERALITY & MOTOR DEVELOPMENT:

- 1. Is he/she right or left handed? _____
- 2. Did anyone try to influence his/her handedness? _____
- 3. Is he/she usually awkward or well-coordinated? _____

SOCIAL DEVELOPMENT:

- 1. Is this his/her first contact with other children? _____
- 2. Is this his/her first group contact? _____
- 3. Are his/her playmates his/her own age? _____
- 4. Does he/she play well with other children? _____
- 5. Is he/she responsive to adults? _____ To children? _____
- 6. Is he/she dominating? _____ Especially _____
- 7. Is he/she a leader? _____ Especially _____
- 8. Is he/she a follower? _____ Especially _____
- 9. Does he/she like to share? _____
- 10. Does he/she have any special likes? _____

Name any outstanding handicaps your child may have (*ex. defects of speech, motor coordination, eyes, hearing, diet difficulty, etc.*)

We are always interested in knowing when your child will not be in school. We would appreciate your calling when he/she will not be present. Will you cooperate?

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:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
Writing:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
Mathematics:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support

- | | | |
|--|-----|----|
| • Has student ever been in one of the following non-traditional school programs? | Yes | No |
| <input type="checkbox"/> Community School <input type="checkbox"/> Virtual School
<input type="checkbox"/> Alternate School <input type="checkbox"/> Home Schooling
<input type="checkbox"/> Other (Describe): _____ | | |

- | | | |
|---|-----|----|
| • Did the student pass the most recent State Assessment (Grades 3-8)? | Yes | No |
| <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> 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 20, 2024. 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: _____