



2023-2024
Academy of the Most Blessed Sacrament
REGISTRATION & TUITION CONTRACT AGREEMENT

Registration Information

For all current families, a non-refundable registration fee of \$375 per child will be automatically billed to your FACTS account on March 1. All required paperwork will be due at that time as well.

(New families must provide a check for the registration fee.)

Family Information: (Please Print)

Family Name: _____

Father: _____

Mother: _____

Address: Number & Street: _____

Town: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone (Father): _____

Cell Phone (Mother): _____

Email (Father): _____

Email (Mother): _____

Student Information: (Please Print)

Last Name

First Name

23-24 Grade

DOB
(MM/DD/YYYY)

Last Name

First Name

23-24 Grade

DOB
(MM/DD/YYYY)

Last Name

First Name

23-24 Grade

DOB
(MM/DD/YYYY)

Parish Information: (Please check ONE affiliation from list below)

☐ MBS Registered Parishioner

☐ Non-Catholic

☐ Other Parish in the Archdiocese of Newark

Name & location: _____

☐ Other Parish in Diocese other than Newark

Name & location: _____

Tuition & Payment Notes:

1. Each family is required to enroll/re-enroll online with FACTS and all tuition payments (payment plans available) must be made through FACTS.
2. Rates for the 2023-2024 school year reflect discount for Most Blessed Sacrament parish or Archdiocese of Newark parish membership. Non-parishioner charge of **\$2,000** for each student (K-8).
3. A \$900 discount for additional children will be given for all K-8 students with siblings in grades K-8.
4. Each family is required to contribute annual dues of **\$300.00** to our Home Academy Partnership (HAP). This will be charged to FACTS accounts in July 2023.
5. A Technology Fee of **\$100.00** per child will be charged to FACTS accounts in July 2023.
6. THERE ARE NO MANDATORY FUNDRAISING OBLIGATIONS; however, participation in fundraising is voluntary and appreciated!
7. Tuition assistance may be available. Annual electronic applications are necessary through FACTS
8. ***Tuition is charged to FACTS accounts July 2023 – April 2024.***

By signing below, our family accepts the conditions of this tuition contract and acknowledges the following commitments to AMBS for the 2023 – 2024 Academic Year:

- ✓ Prompt payment of tuition and fees/dues to AMBS and HAP will be made or late fees will be applied. Please note that FACTS deducts late fees from tuition payments when received, therefore full credit for tuition payments is not given. If amounts are outstanding at the end of the 2023-2024 academic year, child(ren) will not be eligible to register for the next academic year until these outstanding balances are paid.
- ✓ MBS or archdiocesan registered parishioner status must be documented. Active participation at weekly Mass and parish activities and regular financial contributions are expected.
- ✓ All tuition payments agreed to for the 2023-2024 academic year are non-refundable and due even if children are withdrawn from the program prior to the opening/close of the academic year.
- ✓ Failure to keep current with tuition payments may result in exclusion from the program.

Person(s) responsible for payment: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____



2023-2024 Tuition Rates

Grade Levels/Options Available	Tuition First/only child
Kindergarten through 8 th Grade	\$9,783
Pre-K 2 Two (2) half days- Tuesday & Thursday mornings	\$5,383
Pre-K 3 (Please check one option below) <input type="checkbox"/> Option 1: Three (3) half days- Monday, Wednesday, & Friday mornings <input type="checkbox"/> Option 2: Two (2) half days- Monday & Friday mornings <u>and</u> One (1) full day- Wednesday	\$6,883 \$7,883
Pre-K 4 (Please check one option below) <input type="checkbox"/> Option 1: Five (5) half days-mornings <input type="checkbox"/> Option 2: Five (5) full days	\$9,183 \$12,782

Fees:

- \$375.00 **non-refundable** registration fee (per child).
- \$300.00 HAP dues (per family).
- \$100.00 Technology fee (per child).

A \$900 discount for additional children will be given for all K-8 students with siblings in grades K-8.

Scholarships and tuition assistance available. Please see the attached letter.

- Tri- County Scholarship Fund
- Scholarship Fund for Inner-City Children

(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)

Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic school for each student for which transportation services are being requested. Submit a separate application for each student.

Note:

- If there is a change of home address, a new application shall be submitted to the public school district of residence.
- If there is a change in the nonpublic school of attendance, a new application shall be submitted to the public school district of residence.
- Complete this application and return it to the nonpublic school on or before March 10th preceding the school year in which transportation is being requested.
- Late applications — Any application received after March 10th will be a late application and must be accompanied by a statement of the reason for lateness. Eligible students will receive transportation or aid in lieu of transportation based on the date the application is received by the public school.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as the determination of each application by August 1st.
- A district board of education shall pay aid in lieu of transportation to the parent or guardian of an eligible student only after receiving a signed "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

Application Form

School Year: Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended:

Phone:

Address of School:

Area code + number

Student's grade for the coming year: _____

Shortest one-way mileage between home and school _____

(shortest route along public roadways or
walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): _____

Date school closes (mm/dd/yy): _____

School hours: _____

AM to

PM _____

Name of school of attendance in prior year: _____

Address: _____

Signature: _____

Date (mm/dd/yy): _____

Public School Use Only (Do *not* write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

- ☐ Transportation will be provided
- ☐ You are eligible for payment in lieu of transportation
- ☐ Ineligible

Reason: _____

Title: _____

Signature: _____

Date (mm/dd/yy): _____

(B7T) Nonpublic School Transportation Payment Voucher

Instructions

This request shall be filed by the parent or guardian of eligible nonpublic school students with the secretary of the local school district for the first and second semesters upon request. This request must be filed prior to the end of the fiscal year (N.J.A.C. 6A:27-2.1(d)).

When properly executed, this form may be accepted as an official voucher. The local board of education may pay transportation aid based on this claim pursuant to N.J.S.A. 18A:39-1 and 18A:19-3.

Section 1: Application Form

Full Name of Parent / Guardian:

Email address:

Full Name of Student:

Address:

City:

State:

Zip Code:

Name of Nonprofit Nonpublic School:

City:

State:

Dates of attendance (mm/dd/yy): From:

to:

Section 2: Certification Statement

Note that these form field, except signature and date, autofill with the information from Section 1.

I, _____, do hereby certify that,

_____ has been transported to

located in

_____, not more than 20 miles from the resident of the student for the period of time

from

to

_____. In consideration thereof, I hereby request payment of transportation aid pursuant to N.J.S.A. 18A:39-1.

I do solemnly declare and certify under the penalties of the law that this request for payment is correct in all its particulars, and that I am not claiming reimbursement or receiving transportation from any other school district for the same period of time.

Signature of Parent / Guardian:

Date (mm/dd/yy):

Individual Pupil Request For Loan of Textbooks

Date: _____

Public School District **Franklin Lakes**

Address: **Pulis Ave., Franklin Lakes**

Grade(s): _____

Name of Parent: _____

Under the provisions of N.J.S.A. 18A: 58 37, 1 et seq., I hereby request that Franklin Lakes School District to loan textbooks to the Most Blessed Sacrament School in which my child is enrolled. I certify that my above named child(ren) and I are residents of the state of New Jersey. I understand that the Board of Education of the public school district in which the nonpublic school is located with state funding is responsible for providing the loan of textbooks to nonpublic school pupils pursuant to law and regulations.

Signature of Parent/Guardian: _____

Dated: _____



Emergency Contact Information

FAMILY NAME _____ HOME PHONE _____

First Name: _____ Allergies: _____ Grade _____

First Name: _____ Allergies: _____ Grade _____

First Name: _____ Allergies: _____ Grade _____

First Name: _____ Allergies: _____ Grade _____

Father's Name: _____ Email: _____

Father's address: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Email: _____

Mother's address: _____

Work Phone: _____ Cell Phone: _____

If parent is not available, contact: (at least two names please)

<u>First and Last Name</u>	<u>Relationship</u>	<u>Phone</u>
1. _____		
2. _____		
3. _____		

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Hospital preference: _____

If the doctor or any person named is unavailable, permission is granted to the school to follow whatever emergency procedure is necessary.

Parent or Guardian's Signature: _____ Date: _____

Does your child/ren have any Health insurance including New Jersey FamilyCare/Medicaid, Medicare, private or other?

YES _____ If YES, name of insurance company _____

NO _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call (800) 701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).