



NOTRE DAME—BISHOP GIBBONS SCHOOL

2600 Albany Street Schenectady, NY 12304

(518) 393-3131 Fax (518) 370-3817

www.nd-bg.org



Dear Parents and Guardians:

I would like to begin this parent/guardian letter by stating on behalf of the faculty, staff and administration of Notre Dame-Bishop Gibbons School, our appreciation for your interest in our school. The investment you are making in your son/daughters' education at ND-BG, in addition to the financial sacrifice, is one that will return outstanding dividends and foster continued success.

You are receiving this Registration Packet as part of our planning for the 2019-2020 academic year and to assist us in better serving you and your son/daughter. Enclosed in this packet are forms and information that we require for the student registration process, which includes:

- \$100 Application Fee—checks made out to ND-BG or Cash Acceptable
- Student Registration Form
- Transcript and Health Release Form
- Fundraising Form
- Textbook Loan Form
- Health and Immunization Form
- Tuition Payment Form—this is separate from the FACTS online application. SEE: FACTS Checklist Form
- 2018-2019 Student Handbook Agreement Form—available on website
- Email Address Contact Form
- Permission Forms
 - Walking to St. Paul's Church
 - Take Photographs
- Computer Policy Acceptable Use Form
- FACTS Online Enrollment and Payment Plan Completion

Enrollment Process: (Please follow the steps in this order to ensure an easy transition)

- 1) Meeting/Information Session with Ms. Salavantis – in person or by phone.
- 2) Transcripts are received and reviewed.
- 3) IF your child is accepted, complete this packet and return.
- 4) Complete FACTS Payment Plan and Financial Aid application (if applicable)

Closing:

I would ask that you complete the documentation at your earliest convenience. **Please return all completed forms as soon as possible.** If any form is missing upon returning the packet, the registration process will be considered incomplete until **ALL** forms are completed and returned. **Registration must be complete to be considered for financial aid.**

We will not review your financial aid application until we receive your paperwork, your child's transcripts have been received, and your child has been accepted.

Sincerely,

Kianté Jones



Notre Dame – Bishop Gibbons School



Student Registration 2019-2020

Accredited by the Board of Regents of the University of the State of

New York and the AdvanceED North Central Association Commission on Accreditation and School Improvement (NCA CASI)

PLEASE ENTER ALL INFORMATION

Date ___/___/___

Student Information

Legal Name: _____

Last Name

First Name

Middle Name

Mailing Address: _____

Street

City

State

Zip

Check if Street address is same as mailing address

Street Address: _____

Street

City

State

Zip

Student Email Address: _____

Telephone: _____ Date of Birth: _____ Grade Entering: _____

Ethnicity:

****CHECK ALL THAT APPLY****

African-American or Black (B) Asian (A) White (W) American Indian or Alaskan Native (I)

Native Hawaiian or other Pacific Islander (P) Hispanic (H) Mixed Race (MR) Other (O) _____

Special Education: Does your child have and IEP/504 plan? Yes (please attach a copy) No

Sex: Female Male

Resides With:

Mother & Father Mother Only Father Only Mother & Stepfather Guardian(s)

Father & Stepmother Grandparents Joint Custody Mother & Father

Parent /Guardian Information ***Please note that our school system only allows one daytime phone number per person.

Please provide us with the BEST number that you can be reached during the day (number CANNOT include an extension) ***

Father's Name: _____

Father's Address: _____

*Father's Email: _____

Father's Home Phone: _____ Father's Day Phone: _____

Father Alternate Phone: _____

(PLEASE SEE REVERSE SIDE)

Mother's Name: _____
 Mother's Address: _____
 *Mother's Email: _____
 Mother's Home Phone: _____ Mother's Day Phone: _____
 Mother Alternate Phone: _____

Guardian's Name: _____
 Guardian's Address: _____
 Guardian's Email: _____
 Guardian's Home Phone: _____ Guardian's Day Phone: _____
 Guardian Alternate Phone: _____

School District in which you live: _____

Emergency Contacts (Please provide one contact **other than parent/guardian**)

Name	Relationship	Telephone	
Address	City	State	Zip
Student's physician		Telephone	

Parish/Church/Synagogue:

Religion: _____

Name of Parish/Church/Synagogue/Mosque	City	State	Zip
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Non-Custodial Parent Info

Are there any court orders prohibiting release of student information to a non-custodial parent? Yes No
 (If yes, please attach copy of the court order.)

Additional Mailings

If a non-custodial parent or someone other than parents/guardians should receive school mailings, please provide the following information:

Name	Relationship
Address	Telephone
Email Address	Cell Phone



TRANSCRIPT/RECORDS RELEASE FORM



(Parent/Guardian consent to release information to third parties)

Please return to Notre Dame – Bishop Gibbons

DO NOT SEND TO CURRENT SCHOOL

Student's Name: _____ Grade as of 2018 _____

Current School: _____

School Address: _____

Anticipated Start Date: _____

Please forward the following results:

- Academic
- Medical/Health
- Standardized Testing
- Psychological
- Social/Teacher Reports

We understand that such records will not be released to any other persons without proper consent.

ND-BG School Principal Signature: _____

Parent/Guardian Signature: _____

Please send records to:
Notre Dame – Bishop Gibbons School
Attn: Miss Megan Salavantis
2600 Albany Street
Schenectady, NY 12304



TEXTBOOK LOAN FORM



Student's Name: _____ Grade: _____

Parent/Guardian Name: _____

Legal Address:

_____ Street

_____ City State Zip Code

_____ Daytime Phone Number

_____ Evening Phone Number

School District in which you live: _____
(Please make sure the district is correct or IT WILL delay your student's books)

This application is hereby made for the loan of textbooks. I understand that all books loaned are to be maintained in good condition and that if excessively damaged or lost the child must pay for such damage or loss. I also understand that, upon request, the books will be returned to the school district, or if my child should transfer to another school, the books will be returned immediately to the above school district. _____

(Parent/Guardian Signature)

I certify that all loaned books will be used for at least one semester in the course of study taken at Notre Dame – Bishop Gibbons School by this student who is registered.

Official Non-Public School Principal



TUITION PAYMENT AGREEMENT FORM



This agreement is made this date between Notre Dame-Bishop Gibbons and _____ (payor) who is responsible for the payment of tuition for the following students:

STUDENT	GRADE ENTERING
_____	_____
_____	_____
_____	_____
_____	_____

Responsible Party: _____

Address _____ City _____ State _____ Zip _____

Telephone Home: _____ Telephone Day: _____ (Cell/ Work)

***** PLEASE NOTE YOU MUST SIGN UP FOR FACTS IN ORDER TO BE CONSIDERED FOR SCHOLARSHIPS AND/OR FINANCIAL AID*****

Please select which payment method you intend to use for the 2018-2019 school year. We understand that you may be waiting for financial aid information, but this will give us an idea.

2018-2019 TUITION

Tuition Grade 6	\$7,214
Tuition Grades 7 & 8	\$7,712
Tuition Grades 9-12	\$8,318

- OPTION 1 Full Tuition Payment due 07/01/18.** This option entitles the responsible party to a 3% discount. This payment must be paid directly to the school by the due date. **See note if payment is not received by the deadline.*
- OPTION 2 Monthly Payments through FACTS.** This option entitles the responsible party to budget payments over 11 months through FACTS Management Company beginning 07/01/18. Payments can be made on either the 5th or 20th. A one-time enrollment fee of **\$43.00** will be deducted upon receipt of form. (All new Families must complete a FACTS tuition agreement form)
- OPTION 3 Credit Card.** Please contact Mrs. Audino at 393-3131 x103 to set up your account. (Monthly or Semi-Annual [July/January]).

***NOTE:**

- As stated under OPTION 1, discounts will be offered but will be voided if payment is not received by the deadline date, August 1st, 2018.
- If you are re-enrolling in FACTS, you **do not** have to complete a new FACTS Agreement. The missed payment fee charged by FACTS will be **\$30** beginning with FACTS agreements for the 2018-2019 school year.
- If you are NOT previously enrolled with FACTS, please complete a FACTS tuition agreement form.
- If your bank information has changed from last year's FACTS Agreement:
 - 1.) For a checking account, attach a voided check (no deposit slips) or
 - 2.) For a savings account, provide a savings account number _____
 - 3.) Any other changes must be given to the school as soon as possible.
- **Adjustments due to financial assistance, scholarships or other awards will be made directly by the school. You will be notified of these changes.**

(OVER)

- **ALUMNI** - Are you an Alum of ND-BG? There is a 2% Tuition Discount for Alumni of ND-BG.

Name

Date Graduated

I have read and agree to the tuition policy for Diocesan schools. If my child(ren) leave the school and wish to enroll in another school the tuition must be current. I agree to pay any outstanding tuition before the records for my child(ren) will be forwarded to the successor school.

Responsible Party's Signature

Date

I have elected the tuition payment plan as indicated above. I have read the statement regarding the tuition policy.

SIGNATURE (Payor)

DATE

Acknowledged and agreed:

SIGNATURE (Principal)

DATE

******Any questions please contact Mrs. Audino at 393-3131 x103******

**This form is for use in collecting information to complete agreements/re-enrollments.
DO NOT ATTACH THIS SHEET TO AGREEMENTS/RE-ENROLLMENTS!**

For office Use Only:

Received By: _____

Date: _____

Tuition 2018-2019: \$ _____

Scholarships: \$ _____

Financial aid: \$ _____

2nd Child: \$ _____

Paid in Full: \$ _____

Alumni: \$ _____

Total Tuition 2019-2020: \$ _____



Fundraising Form

Notre Dame-Bishop Gibbons



Parent/Guardian Name: _____

List all names/grades of students enrolled at ND-BG for 2019-2020:

1. _____
2. _____
3. _____
4. _____

The fundraising family commitment allows the school to generate the necessary revenue to balance the budget with only a minimal tuition increase.

We plan to conduct at least 2-3 fundraisers for this program during the 2019-2020 school year.

Each family is responsible for a minimum of \$300 of fundraising. For families with multiple students, there will be \$50 added for each additional student. One student equals \$300, two students equals \$350, three students equals \$400 and so on. If a family decides to pay the fee, it too will follow the same scale.

Each fundraiser will be announced, in advance, in the monthly newsletter and/or special mailings. We must rely on the monthly newsletter and mailings in order to disseminate all pertinent and important information to parents. The newsletter can be found on the ND-BG website, www.nd-bg.org under monthly mailings.

We ask you to please be faithful in reading the newsletter and all other school mailings.

Check one:

___ *My family will engage in fundraising during the coming year, and I realize that I will be billed for the balance in June 2019.*

___ *I prefer not to engage in fundraising and will pay the fee before November 1, 2018.*

PLEASE NOTE:

At the end of the year, if there are any unpaid fundraising fees your students' report card will be held until all fees are paid and up-to-date.

Parent/Guardian signature: _____

Date: _____

From The Health Office

Per NYS law, all students entering **grades 7,9 and 10**, as well as all **new students**, must have a current physical on file at school. A current physical is one that has been done within 12 months prior to the start of the school year. A physical form is enclosed, and they are also available on the website.

Any student planning on participating in a sport is required to have the following:

- 1.) **A current physical**
- 2.) **A Health Update form** (also on the website).

A new Health update form is required for each sport season. Physicals are also required for working papers.

And lastly, kindly complete both sides of the enclosed Health Card for your student, including updated contacts and contact numbers. Please feel free to contact the Health office if you have any questions, and thanks for all you do to help keep our school healthy. Your children are truly a joy to care for.

Mrs. Jeanne Ryan RN MS
ND-BG School Nurse
Ph: 393-3131 (x104)
Fax: 370-3817
ryanj@nd-bg.org

Notre Dame-Bishop Gibbons
HEALTH CERTIFICATE / APPRAISAL FORM



Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Referral

Body Mass Index: _____ . _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - without glasses/contact lenses	R	L	
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

Permission Forms

On occasion, as a school community, we have cause to walk our students from Notre Dame-Bishop Gibbons School to St. Paul's Church (located one block from ND-BG) for liturgical and/or prayer celebrations. We ask that you please sign this form allowing your student to walk with his/her class on those occasions when this is warranted.

Please note that this form will be binding for the entire time your student attends Notre Dame – Bishop Gibbons School. Please print clearly.

I give permission for my student(s) _____
_____ to walk with his/her class and teacher to St. Paul's Church on the occasions when this is warranted.

Name of Parent/Guardian – Please Print Clearly

Signature of Parent/Guardian

Permission to Take Photographs

I, _____, the parent of _____,
Please print clearly Please print clearly

a student at Notre Dame – Bishop Gibbons School grant permission to Notre Dame – Bishop Gibbons School, its representatives and/or employees the right to take photographs of my child/children. I authorize Notre Dame – Bishop Gibbons School, its assigns and transferees to copyright, use and publish the same on print/electronically. I agree that Notre Dame – Bishop Gibbons School may use such photographs of my child/children with/without his/her/their name(s) and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I, _____, the parent of _____,
Please print clearly Please print clearly

a student at Notre Dame – Bishop Gibbons, **do not grant permission** to Notre Dame – Bishop Gibbons School, its representative and/or employees the right to take photographs of my child/children.

Parent's signature _____

Please note that this form will be binding for the entire time your student attends Notre Dame – Bishop Gibbons School. Please print clearly.

Computer Acceptable Use Policy Form

In order for students to use the computers and the Internet in the Technology Lab and the Library, students must read and understand the following rules of the lab. **After reading, this form must be signed by the student and the student's parent/guardian. Please note that this form will be binding for the entire time your student attends Notre Dame – Bishop Gibbons School. Please print clearly.**

I/We, _____, a student/students at Notre Dame – Bishop Gibbons School request the use of the computers in the Technology Lab and the Library. I agree to use the computers properly and under the direct supervision of the Technology Staff of ND-BG. I also realize that any violation of the rules stated below can result in the suspension of my computer use privileges. I will not attempt to alter the parameters and settings of the computers for any reason without consulting a Technology/Library Staff member first. I will observe the following regulations:

- I will not use the computers to “hack” or tamper with this or any network at any time, for any reason.
- I will not attempt to install programs onto the computers.
- I understand that all disks brought into the Technology Lab or the Library will automatically be tested for viruses and computer worms.
- I will not attempt to copy programs from the computers, thus violating federal copyright laws.
- I will use the Internet for academic purposes only.
- I will use the Internet only with the permission of the Technology/Library Staff.
- I will not access offensive or destructive websites (sites containing pornography, racist/hate group propaganda, anarchist literature, etc.) while using the Internet.
- I will not use the Internet to transmit pornographic, obscene, hateful, threatening, or any other illegal information.
- I will not copy term papers or attempt to plagiarize anyone else's work or intellectual property while on the Internet. **this can result in serious consequences, because plagiarism is a crime and violation of copyright laws.

Any student who violates the above regulations will be brought before the Dean of Students for discipline and member(s) of the technology team for review. The consequences of violations include but are not only limited to the following:

- Suspension and/or Revocation of computer and/or Internet use.
- Suspension and/or Expulsion from school
- Prosecution by the appropriate authorities

THIS FORM MUST BE RETURNED.

Student Signatures

Date

Student Signatures

Date

Parent/Guardian Signatures

Date



FACTS Cheatsheet and Checklist

Here at Notre Dame – Bishop Gibbons we contract with FACTS Management Company for the yearly tuition payment. FACTS Management Company has worked with private, independent, and faith-based schools for almost 30 years and currently serves over 6,000 schools nationwide, including many in our area. FACTS provides an easy, convenient way to set up your tuition payment.

Here are the steps needed to enroll in FACTS:

STEP 1: Go to nd-bg.org, scroll down to the FACTS Graduation Cap icon and click.



STEP 2: Once on FACTS, set up a new account if you do not already have one with another school.

STEP 3: Input complete contact and personal information to set up an online profile.

- You will be asked for name, address, contact information, username and password, and security questions. NOTE: This profile will be used for both applying for financial aid and your payment plan.

After this step, you will be taken to a new screen where it says *PAYMENT PLAN and BILLING* and *FACTS GRANT & AID*.

STEP 4: Under *PAYMENT AND BILLING* you will set up the payment plan. Follow the guiding steps to complete the payment plan.

******You need to have a payment plan set up first before you apply for financial aid. YOUR AID APPLICATION WILL NOT BE REVIEWED UNTIL THERE IS A VERIFIED PAYMENT PLAN.**

- The monthly payments will not be charged until a finalized amount is determined between the family and the school.

STEP 5: Under *FACTS GRANT AND AID* you will apply for financial aid if needed.

- We review financial aid on a case by case basis and do our best to award the necessary aid to each family.
- Once you have completed these five steps, you will eligible for aid and we will contact you shortly on the completion of your enrollment.

Please note: financial aid is given on a case by case basis. Here at Notre Dame – Bishop Gibbons, we want to provide for each of our families, but financial aid is limited. If you are applying for aid, please also email Mr. Kiante Jones (kiante_jones@nd-bg.org) to discuss further financial aid.