Diocese of Syracuse - Catholic Schools
Application Form for Re-Admission 2012/2013

Applying for re-admission to the **Cathedral Academy @ Pompei School:** Grade Entering: _____

Student Name _____ DOB _____ Place of Birth _____
Last First Middle

Address _____ _____Male _____Female

City _____ State _____ Zip _____

Religion _____ Parish _____

Other Children Re-Applying to this or other Catholic Schools:

Name _____ School _____ Grade Entering _____ DOB _____

Name _____ School _____ Grade Entering _____ DOB _____

Name _____ School _____ Grade Entering _____ DOB _____

Student lives with _____**Both Parents** _____ **Mother** _____ **Father** _____ **Other (please specify)** _____

Parental Information:
Tuition Billing Address - mail to: _____

E-mail address _____
Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that does not permit this.

Mother's Information: Mother/Guardian's Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian's Occupation _____ Employer's Name _____

Father's Information: Father/Guardian's Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father/Guardian's Occupation _____ Employer's Name _____

Person Responsible for Payment of Tuition – must complete items 1-4 in order to register your child. **(Please Print)**
1) Name _____ Address _____ City _____ State _____ Zip _____

Home Phone _____ Employer's Name _____ Work Phone _____

2) Select Payment Plan:____ Plan A – Full payment due by August 1st

____ Plan B – Monthly payments - July through April (10 months)

3) Please enclose a NON-REFUNDABLE TUITION DEPOSIT of $50 per child (maximum of $150 per family). **Make check or money order payable to Cathedral Academy @ Pompei School. Please return all completed forms along with payment to school office.**

4) It is agreed that tuition will be paid as indicated above. Signature of person responsible for tuition: _____
Please provide your Social Security Number: _____

Student's Social Security Number: _____

Public School District in which the student resides _____ Bus Transportation _____ Yes _____ No

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