

IMMACULATA HIGH SCHOOL

2024 – 2025 RE-REGISTRATION FORM

Please complete and sign this form, enclose check and return it to the Main Office along with the “B6T”, “Government Textbooks” and Tuition Payment Preference forms by **February 15th**. Fee is Per Family.

If you currently have an active FACTS account, the Registration Fee will be automatically deducted from your FACTS on February 15, 2024.

If you are not enrolled in FACTS, a check is required along with the four completed forms.

Fee: \$150 per family paid by 2/15/2024

Late Fee: \$300 per family paid after 2/15/2024

Student Name(s) (please print)

Grade **Next**
School Year

Signature of Parent/Guardian _____ Date _____

RE- REGISTRATION

For the next school year and onward, your per family re-registration fee will be deducted from your FACTS account every February.

For Payers currently not on FACTS, we will plan on receiving your re- registration fee by February 15th of each year.

If your student is not returning* to our school, Administration needs to be notified in writing or by email by February 1st of each year.

*this excludes families of having only an 8th grade student at ICS or a senior at I.H.S

By signing this form, you are authorizing us to have the re -registration fee deducted from your FACTS account each year in February, that you have a student enrolled. You will be notified at least one month prior to the deduction to your FACTS account as to the exact dollar amount being deducted.

Signature

Printed name

Date

TUITION

By signing below, you are giving us the permission to continue the payment preference you selected on the Tuition Payment Preference Form (TPPF) each school year you have a student(s) enrolled in our school.

You will be given at least a one month notice as to the new school year's tuition amount, school fees to be charged, and the exact date the deduction to your FACTS account will be charged.

If you want to change your tuition payment preference, please see the Business Office to complete a revised TPPF by the end of each school year.

By signing below, I agree that if there is an unpaid tuition/fee balance that is sent to collections due to delinquency, I will incur all collection fees and legal expenses.

Signature

Printed name

Date

Immaculata High School
240 Mountain Avenue
Somerville, NJ 08876
908-722-0200

2024-2025 Tuition Payment Preference Form

Return this form to the Business Office by February 15, 2024. Rates appear on reverse side of this page.

PARENT/GUARDIAN NAMES: _____ CONTACT #: _____

FULL ADDRESS: _____

EMAIL ADDRESS: _____

Tuition for the 2024 - 2025 School Year will be paid by: (check one)

_____ **Option 1 - A Single Payment made directly to the school.**

A \$100 discount will apply because I am paying in full by the due date 7/15/2024. An invoice will be mailed to the above address one month prior to the due date.

YOU MAY RENEW AN EXISTING FACTS ACCOUNT ON THIS FORM . Simply complete and return this form to renew and you will receive an email confirmation directly from FACTS in June. Those wishing to sign up for FACTS for the first time please see the reverse side for instructions. The Technology fee of \$300 per student is withdrawn *in July in addition to* the first FACTS payment.

_____ **Option 2 - A FACTS account has been established or is requested to be renewed for the Two Pay Plan.**

Payments will be via direct sweep from my Checking, Savings or Credit Card account (credit card transactions are subject to additional fees). The first half to be paid in July, second half to be paid in December. A \$50 discount will apply because I am paying in 2 installments.

_____ **Option 3 - A FACTS account has been established or is requested to be renewed for the 10 Pay Plan.** Funds sweep from my Checking, Savings or Credit Card account (credit card transactions are subject to additional fees). Monthly payments begin in July and end in April.

_____ **Option 4 - A FACTS account has been established or is requested to be renewed for the 12 Pay Plan.** Funds sweep from my Checking, Savings or Credit Card account (credit card transactions are subject to additional fees). Monthly payments begin in July and end in June. **Not Available to Students Entering 12th Grade**

Parent/Guardian's Signature

Date

By signing above I hereby acknowledge and accept responsibility for payment of the tuition and fees for the 2024/2025 school year. Also, I agree that if there is an unpaid tuition/fee balance that is sent to a collection agency due to delinquency, I will incur all collection fees and legal expenses. I further understand that any other outstanding charges for services such as transportation or chrome book repairs may be applied , or added on, to my last FACTS payment for the school year.

Full Name/Grade of Student(s) Attending Immaculata in 2024/2025

**Immaculata High School
240 Mountain Avenue
Somerville, NJ 08876
908-722-0200**

Instructions for establishing your new FACTS agreement:

If you have never utilized FACTS before you must go online to establish a new FACTS agreement.

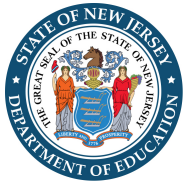
- 1) Go to our school website at www.immaculatahighschool.org/tuition.
- 2) This will take you to the Tuition Information section of our website. Simply click the FACTS logo on the right side of the page and you will be re-directed to FACTS' secure site where you can set up your new agreement.
- 3) Once you have entered all of the information, you should print two copies of your confirmation page. The first copy should be returned to us with this form, the second copy is for your records.

Please call the Business Office at 908-722-0200 x1113/x1124 or FACTS Tuition Management Company toll free at 866-441-4637 should you have any questions about setting up your new agreement.

Tuition and Technology Fees 2024-2025 School Year:

Grades 9 - 11	\$18,125	payable in one payment to the school, or 2,10 or 12 payments via FACTS
Grade 12	\$18,325	payable in one payment to the school, or 2 payments via FACTS
Technology Fee	\$300	payable in addition to the July tuition payment
Sophomore Capital Reserve Fee	\$250	payable in one payment to the school, or 2,10 or 12 payments via FACTS
Junior Capital Reserve Fee	\$150	payable in one payment to the school, or 2,10 or 12 payments via FACTS
Senior Capital Reserve Fee	\$50	payable in one payment to the school, or 2 payments via FACTS

All Prepaid Tuition, Tuition Assistance Grants and Scholarships will be subtracted from your starting balance. Please contact the Business Office if you need help calculating your total tuition obligation.



New Jersey Department of Education
Office of Interdistrict Choice and Nonpublic Schools

Individual Student Request Form for Loan of Textbooks

Date:

Public School Information

Public School District:

Street Address:

City:

State:

Zip Code:

Nonpublic School Information

Nonpublic School:

Street Address:

City:

State:

Zip Code:

Student Information

Name of Student:

Grade:

Name of Parent/Guardian:

Parent/Guardian Certification

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request

to loan textbooks to the

(Public School District)

in which my child is enrolled.

(Nonpublic School)

I certify that my above-named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian:

Date:

(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): _____