



SAINT MICHAEL THE ARCHANGEL HIGH SCHOOL

OUTSTANDING CATHOLIC EDUCATION

(540) 548-8748 • Fax (540) 548-8864 • 6301 Campus Drive Fredericksburg, VA 22407

www.saintmichaelhs.org

REGISTRATION FORM

Academic Year 2019-2020

Name of Student(s): _____ Entering Grade: _____

_____ Entering Grade: _____

_____ Entering Grade: _____

I, _____, hereby enroll my child(ren) as named above in Saint Michael the Archangel High School.

Terms and Conditions

- Down Payment** – A **non-refundable** down payment in the amount of \$100 per student is due upon execution of the enrollment contract to Saint Michael the Archangel High School. Failure to submit payment with the contract will delay finalization of students' enrollment. The registration fee will be applied against the annual tuition.

Tuition Schedule

	Catholic Full-Time	Non-Catholic Full-Time
One Student	\$9,485	\$11,670
Two Students	\$15,860	\$19,640
Three Students	\$21,360	\$27,496
Four Students	\$26,885	\$32,676

P/T Catholic	P/T Non-Catholic
\$1,530	\$2,155

Foreign Exchange Students
\$15,000

Saint Michael the Archangel High School offers three tuition payment options. Students are NOT registered/enrolled unless/until registration with FACTs has been verified or the payment in full option below is selected. **Please choose one of the following:**

- Payment of full tuition by July 1. Families who choose this option will receive a 3% discount on the full tuition rate.
- Ten (10) automatic monthly payments drafted via the FACTS Tuition Management program. Deductions will begin in August for families who choose this option. Families may choose their monthly deduction to begin on either the 5th or 20th of the month.*
- Twelve (12) automatic monthly payments drafted via the FACTS Tuition Management program. Deductions will begin in August for families who choose this option. Families may choose their monthly deduction to begin on either the 5th or 20th of the month.*

I understand that if I have NOT enrolled with FACTS Tuition Management by April 19th, my child will not be enrolled and will likely lose his/her space in the school. I am also aware that FACTs will access a \$30 fee if a automatic monthly deduction cannot be made.

* Separate registration is required for participation in the FACTS program, visit <https://online.factsmgt.com/signin/4FTL1> to register.

Transcripts – Transcripts, grade reports and parent access to Gradelink will be withheld for families until accounts are current and/or all unpaid tuition and fees are received.

Student Conduct – The student and his/her family agree to comply with and be subject to all of Saint Michael the Archangel High School's rules and policies including but not limited to those set forth in the Student/Parent Handbook.

Additional Fees/Obligations:

- Books
- Uniforms
- Bingo requirements are outlined in The Student/Parent Handbook.
- Service Hours: The following service hours must be completed and documentation submitted by April 30th each year.
 - Freshmen – 20hrs. (10hrs. service to school/10hrs. service to community)
 - Sophomores – 30hrs. (15hrs. service to school/15hrs. service to community)
 - Juniors – 45hrs. (20hrs. service to school/25hrs. service to community)
 - Seniors – 55hrs. (15hrs. service to school/40hrs. service to community)
- AP Students: \$94.00 per AP Exam
- Sports Participants: \$75 per Sport

TUITION and PAYMENTS: Person(s) who will be responsible for Tuition payments:

Name (print) : _____ Phone # _____ E-mail _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby agree to the terms and agreements of payments: _____
(Signature)

Name (print) : _____ Phone # _____ E-mail _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby agree to the terms and agreements of payments: _____
(Signature)

STUDENT CONDUCT/PARENT RESPONSIBILITY

I hereby agree to ensure that my child and I follow all rules and policies of Saint Michael the Archangel High School. I further agree to uphold the standards of proper behavior and moral conduct that will support the mission of the school.

_____	_____	_____
Signature of Parent or Legal Guardian	Relationship to Student	Date
_____	_____	_____
Signature of Parent or Legal Guardian	Relationship to Student	Date

FOR OFFICE USE ONLY

Date Received: ____/____/____ Amount Received: \$ _____ Received by: _____