



SANTA CLARA HIGH SCHOOL

A COLLEGE PREPARATORY HIGH SCHOOL

2121 SAVIERS ROAD, OXNARD, CALIFORNIA 93033

(805)483-9502 FAX (805)486-7006

WWW.SANTACLARAHIGHSCHOOL.COM

2022-23 Registration Packet

- This Page For Office Use Only -

Required Forms:

- ___ Admittance Request Form
- ___ Emergency Information Form
- ___ Demographic Survey
- ___ Family Income Eligibility Survey
- ___ Permission for Access to the Internet Form
- ___ Guidelines and Code of Conduct Form
- ___ Location Release for Student Form (Non-commercial)
- ___ Blackbaud Enrollment Form
- ___ Tuition Plans and Discounts Form
- ___ Paid RE-Registration Fee (**non-refundable**)
- ___ SCHS Financial Agreement
- ___ SCHS Tuition Assistance Application & Taxes
- ___ CEF Financial Aid Application

Transfer Students Only:

- ☐ Transcript (s)
- ☐ Academic Review – A.P.
- ☐ Withdraw document
- ☐ CIF Athletic Transfer

Additional Forms --if applicable:

- ___ Copy of Birth Certificate (If applicable)
- ___ Copy of Baptismal Certificate (If applicable)
- ___ Copy of Immunization Record (If applicable)

Early Bird Re-Registration Fee:

Phase # 1 \$350 – November – December 15

Office Use Only

- ☐ \$350.00 Re-registration Fee Paid in Full **EARLY BIRD SPECIAL** (non-refundable) November – December 15, 2021
- ☐ \$450.00 Re-registration Fee Paid in Full (non-refundable) December 16 – January 15, 2022
- ☐ \$550.00 Re-registration Fee Paid in Full (non-refundable) January 17 – February 15, 2022
- ☐ \$650.00 Re-registration Fee Paid in Full (non-refundable) February 16 – May 13, 2022



Santa Clara High School
Admittance Request
2022-2023

Student's Last Name: _____ **First Name:** _____

Student's Ethnicity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Filipino | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> White | <input type="checkbox"/> Other (Please specify) _____ | |

If more than one child, please list each child's name and grade for the Fall of 2022:

Name of eldest child: _____ Grade: _____ Birthdate: _____ School: _____

Name of child: _____ Grade: _____ Birthdate: _____ School: _____

Name of child: _____ Grade: _____ Birthdate: _____ School: _____

Student resides with: _____ Both Parents _____ Mother _____ Father _____ Legal Guardian

Student Religion/Faith: _____ Parish/Church: _____

Mother's/Female Guardian's Information:

First Name: _____ Last Name: _____

Address: _____ E-mail address: _____

Cell Phone Number: _____ Home Phone Number: _____

Father's/Male Guardian's Information:

First Name: _____ Last Name: _____

Address: ☐ Same as above _____ E-mail Address: _____

Cell Phone Number: _____ Home Phone Number: _____

I, the undersigned parent/guardian, request that my child be admitted to Santa Clara High School for the 2021-2022 school year. **I understand** that Santa Clara High School is a Catholic School that endeavors to provide an education that is permeated with the religious and moral values of the Roman Catholic Church.

As a member of the Santa Clara High School community, I agree to the following conditions:

- 1) **To ensure** that my child participate in the sacramental life of the Church by regularly attending Mass on Sunday and Holy Days of Obligation and receiving the sacraments (Stewardship Families only).
- 2) **To become familiar** with, and adhere to, the contents of the Parent-Student Handbook and Calendar.
- 3) **To abide** by and support all rules and regulations of the school at all times.
- 4) **I agree** to Service Hour and Fundraising Obligations (if applicable).

Parent Signature: _____ Date: _____

Print Name: _____



Student Emergency Information 2022-2023

Last Name	First	Grade	Date of Birth
Home Address	State	Zip	Home Phone
Mother's Name	Cell Phone		
Name of Employer	Position	Work Phone	
Father's Name	Cell Phone		
Name of Employer	Position	Work Phone	

Name and Address of two local persons who will care for student in emergency:

Name	Relationship
Address	Phone
Name	Relationship
Address	Phone

To **Santa Clara High School**: I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency you may choose a physician.

(state) Yes ____ No ____ My choice of local physicians is as follows: 1. _____
Name of local Doctor Phone

Health Conditions: (i.e. diabetes etc.) _____ Remarks: (i.e. allergies, meds etc.) _____

Emergency Dismissal Information

In the event of an emergency, Santa Clara High School will follow your wishes regarding the safe dismissal of your student(s) in a timely manner from the campus. To facilitate this task, please check your preference(s) below. If you check more than one option, please number your order of preferences in the blanks provided.

Please list your choices in order of priority:

- () My son/daughter has permission to drive home.
() My son/daughter may drive a carpool home.
() My son/daughter may ride home in any carpool.
() My son/daughter may ride home with only the following carpool drivers.

1. _____ 2. _____

- () My son/daughter may walk home.
() My son/daughter may only be released to the following individuals:

Name Phone

1. _____ () _____

2. _____ () _____

If you have chosen the option of only releasing your son/daughter to a designated person, we ask that this become your top priority and that you have this individual at Santa Clara High School within one hour of notification.

I hereby release Santa Clara High School from any liability once my son/daughter has been dismissed in accordance with the above requests.

Parent/Legal Guardian Signature

Date:



INTERNET ACCESS PERMISSION FORM

A safe environment for all members of the community should be the hallmark of Catholic locations that engage in electronic communications. This is accomplished, in part, by fostering a climate based on Gospel values that emphasizes the dignity of and respect for all persons. Words, actions, or depictions which violate the privacy, safety, or good name of others are inconsistent with that goal.

This policy applies to all communications, attachments or depictions through email, text messages, social media or website postings, whether they occur on the location's network or through private communications, which:

- (1) threaten, libel, slander, malign, disparage, harass or embarrass members of the community;
- (2) are of a sexual nature; or
- (3) in the discretion of the person in charge cause harm to the location or their communities ("Inappropriate Electronic Conduct").

Inappropriate Electronic Conduct shall be subject to the full range of disciplinary consequences. The school principal (for school matters), the pastor, priest administrator or parish life director (for parish activities) or the person in charge (for other locations) shall investigate and act upon all reported or observed instances of Inappropriate Electronic Conduct.

Students, parents/guardians, members of the location staff and volunteers are expected to report promptly to the person in charge all suspected or observed instances of Inappropriate Electronic Conduct.

The location at any time may add additional rules and restrictions. The location has the right to monitor all use of electronic communications as set forth in the [*Archdiocesan Acceptable Use and Responsibility Policy for Electronic Communications*](#) ("*Archdiocesan AUP*").

I hereby release **SANTA CLARA HIGH SCHOOL** and the Roman Catholic Archdiocese of Los Angeles, its personnel and any other institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the internet, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding Inappropriate Electronic Conduct. I will emphasize to my child the importance of following the rules for personal safety.

As the parent/guardian of this student, I have read the Archdiocesan Acceptable Use and Responsibility Policy for Electronic Communications and any supplemental local policy, if applicable. I hereby give my permission for my child to use the internet, subject to those policies and will not hold **SANTA CLARA HIGH SCHOOL** or the Roman Catholic Archdiocese of Los Angeles liable as a result of my child's use of the internet on school premises. I understand that my child has agreed not to access inappropriate material on the internet.

Name(s) of Child(ren): _____

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Archdiocese of Los Angeles Boundary Guidelines and Code of Conduct for High School Youth Working or Volunteering with Children or Youth

To ensure the safety of the children and youth in the Archdiocese of Los Angeles, all youth volunteers – Middle and high school students, including students who are already 18 – who work or volunteer with children/youth in school or parish settings must receive training on these Boundary Guidelines before undertaking their ministry in the Archdiocese of Los Angeles and must sign this Code of Conduct form to verify they understand their obligations.

Code of Conduct for Student Workers/Volunteers

I promise to strictly follow the rules and guidelines in this Code of Conduct. I understand that if my actions are inconsistent with this Code of Conduct or if I fail to take action mandated by the Code, I may be removed from my volunteer or work assignment.

As a student volunteer, I will:

- Understand, respect and support the values of Christian charity and tolerance.
- Model, teach and promote behavior in conformity with the teachings of the Roman Catholic Church.
- Treat everyone with whom I interact with respect, loyalty, patience, integrity, courtesy and dignity.
- Safeguard at all times children or other youth entrusted to my care.
- Avoid situations where I am alone with a child/youth.
- Take care to be positive, supportive and caring in my speaking, writing and actions with the children/youth.
- Use positive reinforcement rather than criticism or comparison when working with children/youth.
- Cooperate fully in any investigation of abuse of children/youth. Report suspected abuse to my supervisor, or if it involves my supervisor, reporting it to the principal or pastor at the location.
- Be aware that young people can easily become infatuated with a youth leader or an adult. If I sense that this is happening, I will not encourage it. I will make my supervisor aware of it so that the matter can be resolved, including by reassigning me to other activities.
- Maintain appropriate physical and emotional boundaries with the children/youth.
- Dress appropriately and not wear any clothing with offensive messages or pictures.

As a student volunteer, I will not:

- Commit an illegal or immoral act.
- Smoke or use tobacco products.
- Use, possess or be under the influence of alcohol or illegal drugs.
- Verbally threaten or physically abuse anyone.
- Use profanity in the presence of children/youth.
- Use discipline that frightens or humiliates a child/youth.
- Touch a child/youth in a sexual, overly-affectionate or other inappropriate manner.
- Sexually harass, request sexual favors from, or make sexually explicit statements to anyone.
- Participate in private visits, parties or other activities with the children/youth unless approved by my supervisor.
- Accept gifts from or give gifts to children/youth in my care without approval from my supervisor.
- Tolerate inappropriate or bullying behavior by anyone towards a child/youth.
- Fraternize inappropriately with children/youth through electronic communications, social networks, media, over the internet or through other forms of communication.

We, the undersigned, have read and understand the Archdiocese of Los Angeles **Boundary Guidelines and Code of Conduct for Middle and High School Youth Working or Volunteering with Children or Youth**, and will abide by them at all times. We also understand and agree the parent/guardian will be notified at the time of any infraction requiring dismissal from any work or volunteer assignment at the school or parish or other setting where the student is working or ministering, and that he/she will be sent home at the expense of his/her parent/guardian.

Print Name: _____ **Position:** _____

Signature of Youth Volunteer: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Signature and Title of Witness: _____ **Date:** _____



PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR (NONCOMMERCIAL)

Name of Location: SANTA CLARA HIGH SCHOOL. The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity (ies) identified below.

Description of events/activities to which this Release applies: ALL SCHOOL ACTIVITIES

Duration of Release: from DATE OF ENROLLMENT to GRADUATION

This section to be completed by Parent/Guardian:

I, _____ am the parent/guardian of _____, a minor.

I hereby authorize the Location to use the following personal information about my child: (Please check the applicable boxes)

Image: ☐ yes

Voice: ☐ yes

Name: ☐ yes

Work: ☐ yes

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____ Email: _____

Cell Phone: _____ Name of Child: _____ Age: _____

Enroll.blackbaud.school

0 5 3 7 9 2 2 1 8 0 8

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

2022 - 2023

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS (for email reminders for upcoming payments)

SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, web or telephone. I agree to the following due date:

Your school allows the following due date(s):
5, 20

☐ I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided

Your school allows the following due date(s):
5, 20

PLEASE DEBIT MY:

9 DIGIT ROUTING NUMBER

☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR

BANK ACCOUNT NUMBER

☐ SAVINGS

Any Debit account linked to Blackbaud Tuition Management must be active and viable

PLEASE CHARGE MY:

CREDIT CARD NUMBER

☐ AMEX

☐ DISCOVER

☐ MASTERCARD

☐ VISA

EXPIRATION DATE

A 2.85%% usage fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan M Payment(s) 12

Jul - Jun

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 12, PN

GRADE

FIRST NAME OF STUDENT

LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID:

*OPTIONAL TYPE CODE:

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Blackbaud Tuition Management (BBTM) payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of \$55.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER

DATE

FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE:

☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN

☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

STUDENT TUITION 1

STUDENT TUITION 2

STUDENT TUITION 3

STUDENT TUITION 4

FAMILY TUITION SUBTOTAL

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

BBTM ADMINISTRATIVE FEE

+

ANNUAL TOTAL DUE

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Blackbaud Tuition Management will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Blackbaud Tuition Management can not process automatic payments if the routing number is missing.

JOHN SMART
123 Smart Street
New York, NY 10004

No. 0123
01-23456789

Date _____

Pay to the
Order of _____ \$ _____

SMART BANK
New York, NY 10004

Memo _____

0123456789 01234567890123 0123

9 Digit Routing Number (required) Bank Account Number (required)

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Blackbaud Tuition Management without school permission.

4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

parent.blackbaud.school

TERMS AND CONDITIONS

The policies below are Blackbaud Tuition Management general terms and conditions. Not all policies listed below may be applicable to your school but are representative of Blackbaud Tuition Management policies, in general. Terms and Conditions are subject to change.

Blackbaud Tuition Management receives, processes, and deposits your payments into your school's bank account. Our secure website and customer service center are available to assist in answering your questions about your tuition payment plan.

REFUNDS: Blackbaud Tuition Management does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

CREDIT CARD PAYMENTS: Payments made with your debit and/or credit card are subject to credit card convenience fees.

LATE FEES: A late fee may be assessed by your school if balances due are not paid and posted by your established due date.

FOLLOW-UP SERVICE: Any payment that is not received by Blackbaud Tuition Management by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Blackbaud Tuition Management may provide your school a follow-up service where Blackbaud Tuition Management may contact you via mail, telephone, or e-mail. Your account may be charged an additional fee as a result of this service. This fee is in addition to any late fees charged by your school.

FAILED PAYMENTS: A fee of \$30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

AUTO-DEBIT TERMS (APPLIES TO AUTO-DEBIT ENROLLEES ONLY): By signing this enrollment form you agree to authorize Blackbaud Tuition Management to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Blackbaud Tuition Management shall have no liability for any fees charged to you by your financial institution. Blackbaud Tuition Management will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Blackbaud Tuition Management receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Blackbaud Tuition Management no later than 3 business days prior to the scheduled payment at (888) 868-8828.

PLEASE NOTE: Payments received in the mail take 1 business day to post. Blackbaud Tuition Management is not responsible for delivery delays when payments are sent via US mail. Please allow at least 5-7 business days for delivery.

TELEPHONE CONTACT: You consent to allow Blackbaud Tuition Management to call and/or text any telephone number: (i) you have provided to Blackbaud Tuition Management; (ii) that you have provided to the school relating to your Blackbaud Tuition Management account; (iii) from which you called us; or (iv) which we obtained and reasonably believe we can reach you. You agree that Blackbaud Tuition Management may call and/or text any of these telephone numbers with an automatic telephone dialing system, and calls may include an artificial/prerecorded voice message. By providing us with a telephone number, you represent that you are either the subscriber or regular user of the telephone number. You further agree to notify us immediately if any telephone number you provide to us is no longer used by you.

BLACKBAUD TUITION MANAGEMENT PRIVACY POLICY: We do not disclose any personal information about our families to anyone, except as permitted by law. Blackbaud Tuition Management has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.

BLACKBAUD TUITION MANAGEMENT SECURITY POLICY: Access to your personal and account information is restricted to those employees who need to know that information as part of their job, to service your account, or to provide products and services to you. We maintain physical, electronic, and procedural safeguards that are reasonably designed to guard your non-public personal information. We adhere to the Payment Card Industry Data Security Standard (PCI DSS). The Payment Card Industry Data Security Standard (PCI DSS) is a proprietary information security standard for organizations that handle branded credit cards from the major card schemes including Visa, MasterCard, American Express, and Discover.

Blackbaud Tuition Management & Your School Have Formed A Partnership



That Benefits Your School, Your Child, And You.

Please return completed form to your school immediately.

If you have any questions regarding this form, contact Blackbaud Tuition Management at:

1-888-868-8828



Santa Clara High School

Tuition Plans
2022-2023

PLAN A: \$7,250 (and \$500 Mandatory Fundraiser)

- 1) Family must participate in Mandatory Fundraisers to receive Tuition Assistance in all three terms: Fall, Winter and Spring.
- 2) **Total yearly Service hours: 56**
 - a. 20 parent service hours per semester per family (\$25 for each hour not served by (Dec. 17th, 2022 and May 6, 2023)
 - b. 5 Bingo hours minimum per semester.
 - c. 6 hours for Fiesta Day.
- 3) **To receive Tuition Assistance, families must submit the most current income tax return and complete an annual Tuition Assistance Application.**
- 4) Failure to maintain financial obligations may result in loss of Tuition Assistance.

PLAN B: \$8,250 (and \$300 Mandatory Fundraiser)

- 1) Family must participate in Mandatory Fundraisers to receive Tuition Assistance in all three terms: Fall, Winter and Spring.
- 2) **Total yearly Service hours: 38**
 - a. 15 parent service hours per semester per family (\$25 for each hour not served by (Dec. 16th, 2022 and May 5, 2023)
 - b. 5 Bingo hours minimum per semester.
 - c. 6 hours for Fiesta Day.
- 3) **To receive Tuition Assistance, families must submit the most current income tax return and complete an Annual Tuition Assistance Application.**
- 4) Failure to maintain financial obligations may result in loss of Tuition Assistance.

PLAN C: \$9,250 (NO Fundraising Fees and NO Service Hours)

- 1) Families choosing this plan are NOT eligible for financial assistance
- 2) Full Tuition Payment Discount - \$200 per family if paid in full by Aug. 12th, 2022

*Amazon Smile (Amazon Donation program) - percentages may be applied to fulfill Mandatory Fundraising efforts for the Academic School Year. Parents are required to print out a report by the due date(s) and submit to the Director of Advancement for approval.



SCHOOL DISCOUNTS

School discounts are made possible through the school's Advancement Program and the generosity of our donors. Most discounts are guaranteed for four years but vary from year to year, based on funding.

- | | |
|--|--------------------------------|
| <input type="checkbox"/> A. SCHS Sibling Discount | \$350 per family |
| <input type="checkbox"/> B. Military Discount | \$300 per Family |
| <input type="checkbox"/> C. Legacy Family Discount | \$500 per Family |
| <input type="checkbox"/> D. SCHS Tuition Assistance | */**Need based – amount varies |
| <input type="checkbox"/> E. Catholic Ed Foundation (CEF) | */**Need based – amount varies |

*Must complete a Tuition Assistance Application and demonstrate need to qualify an.

**Students receiving Tuition Assistance must maintain excellent academics and student citizenship, be service oriented and engaged in extra-curricular activities in order to continue receiving benefits.

Additional Mandatory Costs that are also non-refundable:

- | | |
|----------------------------|---|
| • iPad | \$300 - \$650 (prices vary by model) |
| • ebooks for iPad | Varies based on course load |
| • School Issued Lock | \$10 per lock |
| • P.E. Uniform | \$ 50 (Freshman only) |
| • Lab Fee | \$25 - \$100 (Due September) |
| • AP Exam Fee | \$94 per class. AP classes may incur additional fees (Due December) |
| • Retreat Fee | \$10-\$350 per student |
| • Blackbaud Enrollment Fee | \$50 (Due July via Blackbaud Tuition) |
| • Sports Fees | \$50-\$425 per season per sport (fees vary) |
| • Graduation Fee | \$180 - \$250 per student (Seniors only - Due May) |
| • Yearbook Fee | \$75 per student (Optional) |
| • Technology Fee | \$50 per student - Naviance, Powerschool, BB Connect, STAR testing,(Due August) |

Penalty Fees:

- | | |
|--|------------------|
| A. Blackbaud Tuition late fee on overdue balances: | \$55 |
| B. Non-sufficient funds (NSF): | \$50 each return |

Mandatory Fundraisers: (Plan A: \$500 Plan B: \$300)

- | |
|--|
| A. Fall Term: St. Clare Appeal (\$100 per Family minimum - due Sept. 16 or billed to Blackbaud in Oct.) |
| B. Winter Term: Hall of Fame Gala (\$50 per student minimum - due Nov.11 or billed to Blackbaud in Dec.) |
| C. Spring Term: Fiesta Raffle Tickets (\$150 per student minimum - due at the end of April or billed to Blackbaud in May) |

***Mandatory Fundraisers are the parent's obligation regardless of the unfortunate circumstances that may arise or school event modifications during the school year that may come up.**

Sample Service Hour Opportunities: (via SignUpGenius.com)

- | |
|---|
| A. <u>During School:</u> Gate Duty, Clean-up/set-up events, Event Hospitality, Campus Maintenance, Athletics. |
| B. <u>After School:</u> Cleanup/set up for events, athletic home games, Bingo, Fiesta Hours, Event hospitality. |

Parent Signature: _____ Date: _____



SANTA CLARA HIGH SCHOOL 2022-2023 TUITION ASSISTANCE APPLICATION

2121 SAVIERS RD
OXNARD, CALIFORNIA 93033
(805) 483-9502

TUITION ASSISTANCE IS NOT RETROACTIVE. TUITION ASSISTANCE IS APPLIED PENDING APPROVAL FROM THE FINANCIAL ADVISORY COMMITTEE FOR THE CURRENT SCHOOL YEAR.

Father's name _____ Phone _____
Last First

Address _____

Place of Employment _____ Salary (per month) _____

Mother's name _____ Phone _____
Last First

Address _____

Place of Employment _____ Salary (per month) \$ _____

Other Income _____ (Social Security, Child Support, etc.)

Number of children in Family _____ Ages _____

How many children are enrolled in Catholic school? _____

Number of persons in your household: _____ (A household is a group of individuals who are living as one economic unit and are sharing living expenses. i.e. rent, clothing, food, medical bills, utilities, etc.)

Marital Status: Single__ Married__ Separated__ Divorced__ Widowed__

FINANCIAL STATEMENT:

House Payment or rent:	_____
Utilities	_____
Car Payment	_____
Child Support/Alimony	_____
Food	_____
Medical Bills	_____
Tuition	_____
Other Expenses	_____

TOTAL _____



Briefly describe any unusual or extenuating circumstances which might require special consideration in evaluating this application.

How much Monthly Tuition can you afford to pay? _____

Parent/ Guardian Signature

Date

Print Name

To be considered for Tuition Assistance, this application must be returned to the school along with financial documents below. Please mark the envelope Confidential.

Thank You.

Office Use Only

Total annual household income\$ _____ (This figure is the total of the gross salary income, child support, as well as any supplementary incomes and have been verified).

Financial document (s) used to verify income.

Income Tax Return ...

Other _____

Verified By _____

Date: _____