

**FOR OFFICE USE ONLY**

St. Michael School  
6906 Chestnut Road  
Independence, OH 44131

Family Name: \_\_\_\_\_  
Payment of Education Fee: \$ \_\_\_\_\_  
Date: \_\_\_\_\_ Check #: \_\_\_\_\_  
Time received in Office: \_\_\_\_\_

**FORM A**  
**R E Q U I R E D**

# RE-REGISTRATION FORMS

## ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR



### RE-REGISTRATION FOR STUDENT(S) ENTERING PRESCHOOL – GRADE 8, FOR THE 2026-2027 SCHOOL YEAR

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  New Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Public School District in which you live: \_\_\_\_\_

Name of School in the District your child would have been attending: \_\_\_\_\_

Parish you are officially registered at: \_\_\_\_\_

#### CHILDREN TO BE REGISTERED

Registration fee is \$300.00 (non refundable) per child due by February 2, 2026. If registering for 3 Year Old Preschool, Pre-K/ Junior Kindergarten, please indicate that below.

#### 3 Year Old Preschool

All Day- 3 Days a week  
 Half Day- 3 Days a week

#### Pre-Kindergarten/ Jr. Kdg

All Day -5 Days a week  
Half Day- 5 Days a week

Details regarding your options, as well as tuition, can be found on page 3 and 4.

NAME OF CHILD	BIRTHDATE	GRADE ENTERING 2026-2027 or PreSchool/Pre- K/Junior K Class

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# RE-REGISTRATION FORMS

## ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR

FORM A  
REQ U I R E D



**PLEASE NOTE:** Prompt registration is necessary for all grades. Our decisions regarding the contracting of teachers depend on the number of students we have for each grade. Our determination of staff size/number of classrooms per grade is determined by how many students are committed to St. Michael School by February 2, 2026. This is the reason the registration fee is non-refundable. After this date, we cannot guarantee an opening for your child. Please respond promptly. If you are in need of financial help, in grades Pre-K-8, please contact us. All information is kept confidential.

### PLEASE READ CAREFULLY

1. Our Family understands that our relationship with St. Michael School is contractual and contingent on our cooperation with the philosophy, policies and procedures detailed in the current handbook.
2. If my family does not complete the school year due to unforeseen circumstances, I accept the school's fair judgment of reimbursement/suspension of payment.
3. Requesting that my child/ren attend St. Michael School, I willingly take on a commitment to the Tuition Agreement I have selected as applicable and feasible for my family, and I understand that I am obligated to meet this payment schedule.
4. We also understand that this Agreement is for the 2026-2027 academic year only, and that continued attendance at St. Michael School will be determined according to stated policies and procedures.

**MOST IMPORTANTLY**, we agree to our obligation to raise our children Catholic because as parents, we are the primary educators of our children in the Faith. This includes the following:

1. We understand that part of being Catholic means attending, supporting, and participating in our registered parish. Our child/children will learn from our example of active membership by weekly Mass attendance.
2. We understand that attending a Catholic school indicates that a faith-filled education is important to us. As such, we should be living, speaking, and behaving in a way that is reflective of the tenants of Christianity, and is respectful of all other faiths.
3. We understand that a Catholic atmosphere in the school is vital. We expect to be treated with kindness and professionalism. Likewise, we agree to follow school procedures. Finally, we agree to speak and behave in a way befitting a Catholic spirit.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Please check how you would like to pay Registration Fee:

Check or cash attached

Please deduct fee using ACH banking info on file

# **TUITION AGREEMENT**

## **ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR**

### **TUITION INFORMATION FOR THE 2026-2027 SCHOOL YEAR**

We recognize the financial commitment by our families to send their children to Catholic Schools is significant, and we are committed, under the guidance of our Principal, Pastors, and St. Michael and St. Basil Finance Committees, to ensuring that we have maximized the effectiveness of your tuition dollars and eliminated unnecessary expenses. That said, it actually costs St. Michael Catholic School approximately \$8,500 to educate per pupil, at current enrollment levels. The generosity of St. Michael and St. Basil Parish covers the difference between actual per pupil cost and tuition paid per student. We remain thankful for their continued support of the ministry of Catholic education.

Tuition for the 2026-2027 school year for students in Kindergarten\* through Grade 8

Tuition per child: \$6,800

A \$300 Non Refundable registration fee is required for each student

\*Kindergarten Students must be 5 years old by August 15th.

Tuition for the 2026-2027 school year for students in Preschool and Pre-K/ Junior Kindergarten:

#### **3 Year Old Pre-School**

Students must be 3 by August 15th

#### **Pre-Kindergarten/Jr. Kdg**

Students must be 4 by August 15th

- All day, 3 days per week     **\$4,000**
- Half-day, 3 days per week     **\$3,500**

- All day, 5 days per week     **\$6,000**
- Half day, 5 days per week     **\$4,000**

*please continue on the following page*

# **TUITION AGREEMENT**

## **ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR**

### St. Michael Catholic School Information to Lower Parent Commitment 2026-2027

Every student at St. Michael Catholic School Main Campus K-8 may apply for a variety of scholarships to help reduce the cost of tuition. In order to keep your parent commitment low and maximize the scholarship money your family can receive, please apply for the scholarships listed based on the information provided by the FPL Calculator below. Working in partnership with parents, who are the primary educators of their children, we want to ensure that the young people in our school community have an opportunity to receive an affordable Catholic education. Please apply for each scholarship, and any additional forms as needed. Families will be notified of scholarship awards as soon as possible. *\*Please note it is your responsibility to apply for the scholarships below.*

#### AVAILABLE SCHOLARSHIPS

1. **Ed Choice Expansion Renewal**\* [EdChoice Scholarship | Ohio Department of Education](#)
2. **Cleveland Scholarship Renewal**\* [Cleveland Scholarship | Ohio Department of Education](#)
3. **ASF – Angel Scholarship**, [please fill out form](#)
4. **DTA** - <https://online.factsmgt.com/aid> to apply for tuition assistance for the 2026-2027 school year. Deadline is March 15, 2026
5. **Deacon Jim Scholarship** : [open to a St. Michael Parishioner, see link.](#)
6. **Jim Cozzens Scholarship**: open to St. Basil's Parishioners.
7. **Bishops' Scholarship for Excellence**- Twenty- \$1,200 scholarships for 6th, 7th, and 8th grade students in DTA participating schools within the Diocese of Cleveland. [Click here](#)
8. **M. Thomas Moore Elementary Scholarship**- Four \$500 scholarships each academic year to four elementary students in the Diocese of Cleveland. [Click here](#)

*\* If you are new to Ed Choice or the Cleveland Scholarship, please go to the school website to fill out a new application form for those scholarships.*

- If you are between 0%-475% of the poverty level we recommend based on eligibility and remaining balance to renew [ED Choice](#) and apply using the link for the [ASF](#).
- If you are between 476% and 650% of the poverty level we recommend based on eligibility and remaining balance to renew for [Ed Choice](#), apply to [ASF](#) using the portal link, apply for [DTA](#), and parish scholarships if applicable.
- If you are over the 650% poverty level we recommend based on eligibility and remaining balance to renew for [Ed Choice](#), apply to [ASF](#) using the portal link, and parish scholarships if applicable.

**FPL Calculator:** A free Federal Poverty Level Calculator used to determine eligibility for different federal & state benefit programs. This calculator uses the 2021 FPL guidelines set by the federal government.

Please enter FPL Information here: \_\_\_\_\_

# TUITION AGREEMENT ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR

# FORM B

## REQUIRED

This agreement shows Family Tuition before Parish/School/Diocesan financial assistance have been applied. If additional assistance is awarded, a revised financial agreement will be sent to your family to sign and return to the St. Michael Rectory.

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE LIST STUDENT(S) AND GRADE(S) FOR THE 2026-2027 SCHOOL YEAR:**

NAME OF CHILD \_\_\_\_\_ GRADE ENTERING 2026-2027  
or Pre-School/PreK/Junior K \_\_\_\_\_

I agree to pay St. Michael Catholic School the tuition and all fees for the attendance of my child(ren) as established by the school for the 2026-2027 school year. I elect to pay the tuition and fees as follows.

**PLEASE MARK PREFERRED PAYMENT METHOD(S):**

**One Full Payment** by cash or check. Please make checks payable to *St. Michael School*.  
Full payment is due by August 7, 2026.

**9 Monthly Payments through ACH\*.** A voided check must be submitted with these papers. Payments will be deducted on the 15th of each month starting September 15, 2026 – May 17, 2027. (If the 15th falls on a weekend, the payment will be pulled on that following Monday)

## ADDITIONAL TERMS AND CONDITIONS

1. I agree that all payments owed under this Agreement will be paid by the due date corresponding to the payment method(s) selected above. I understand and agree that, regardless of what payment option is selected, I am personally responsible for the payments and for ensuring that the tuition and fees are paid in full. Should I be late in making any payment, I understand that the following process will be followed:
  - I, and the other parents/guardians (if they are not me), will be notified of any payment not received. A \$15 late fee will be assessed.
  - I will be given 7 calendar days to bring the account to current status or meet with school administration to have an adjusted payment agreement approved (not a guarantee and must be in writing and signed by the Parish pastor).
  - If, within 7 calendar days, the account is not brought to current status, and an adjusted payment agreement is not agreed upon and approved by school administration, the student enrollment will cease at the end of the current quarter, and the school may immediately take any action available and consistent with applicable law in order to collect unpaid tuition owed by me/us including but not limited to access to field trips and extra-curricular activities, withholding academic transcripts, referral to a collection agency, and/or the institution of a civil lawsuit to recover the unpaid balance.

## TUITION AGREEMENT

## ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR

- Any family with an unpaid Tuition and/or Fees balance for the current School Year will not be allowed to register for the following School Year and School records, diplomas or transcripts will not be released until the current year's Tuition and fees are paid, unless special arrangements have been made in writing and signed by Parish pastor.
- Prepaid Tuition will only be refunded in full if written notice of cancellation is received by the School before the first day that classes for the School year are scheduled to start. The Registration Fee are non-refundable.
- Once the School year begins, Tuition refunds are made on a quarterly/prorated basis. A letter of withdraw is required stating the date of the students last day. Please contact: Christine in the rectory office.
- The Student(s) and Student's parents/guardians agree that they and their child(ren)/ward(s)will abide by the policies and guidelines as stated in the School handbook.
- Returned checks: If two checks are returned for insufficient funds, the school will no longer accept personal checks and you will be required to pay in cash, or with a certified check from a local bank.
- I understand that the School will not reserve a place for my child(ren) for the upcoming school year until after I have returned a completed and signed Tuition Agreement, plus the registration fees and, if applicable, an agreement has been created for semi-annual or monthly tuition payments. I further understand that my child's/children's eligibility for enrollment is conditioned upon (1) his/her/ successful completion of the current School Year; (2) full payment of all Tuition and fees owed for the current and/or prior School Years; and (3) acceptance by the school. I understand that the School reserves the right to deny admission or enrollment for any lawful reason.

**By signing below, I agree that I have read and understand all of the terms and conditions contained in this agreement, and I agree to be personally bound by those terms and conditions.**

Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parish officially registered at: \_\_\_\_\_

# INCOME ELIGIBILITY FORM

## ST. MICHAEL SCHOOL | 2026-2027 SCHOOL



Dear SMS Parents / Guardians:

It is necessary that every family of SMS fill out the income eligibility form. It's important for EVERY family to fill out this form because doing so helps bring much needed additional money and services to SMS. This information is strictly confidential.

## What is the Income Eligibility Form?

This form collects basic information about your student so SMS can qualify to receive extra money and programs. It ensures that your school gets all of the funding and benefits available to support teachers and students.

## How does filling out the Income Eligibility Form help my school?

- SMS may become eligible for money to fund afterschool programs.
- SMS may get more money in their auxiliary budget to support students.
- SMS receives a discount on internet.
- SMS receives grants to help those in need.

The information you submit on the Income Form cannot be shared by SMS.

1. Student(s) Information:

### Grade in 2026-2027 School Year

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2. Total Yearly Household Income Before Taxes: \$

3. Number of individuals in household:

4. If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number below for the person receiving the benefits.

Name: \_\_\_\_\_ 10-digit case #: \_\_\_\_\_

5. Certification: I certify that all the above information is correct, and all income is reported if required. I understand that this information is being given for the receipt of federal funds, and that school officials may verify the information on the form. This income information is strictly confidential.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# RECURRING PAYMENT AGREEMENT

## ST. MICHAEL SCHOOL | 2026-2027 SCHOOL YEAR



### RECURRING PAYMENT AUTHORIZATION / AGREEMENT

By completing this form, you authorize regularly scheduled charges to your account designated below. You will be charged the amount(s) indicated below. A receipt for each payment will appear on your account statement. You agree that no prior-notification for charges will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, \_\_\_\_\_, authorize St. Michael School to charge my account in the amount indicated on the Registration Form on the 15th of each month from September to May.

#### Billing Information

Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**1. Checking/Savings Account:**

**2. Please use account on file from 2025-2026 school year**

Please attach a voided check

Please mark this box

By signing below, you further agree to the following terms and conditions:

**Cancellation:** I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Michael in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

**Certification.** I certify that I am an authorized signer on the checking or savings account designated above and will not dispute the scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

**Responsibility for Fees & Indemnification:** I understand that I am responsible for maintaining any required balances in my bank account. To the fullest extent allowed by law, I agree to assume all liability for any fees, fines, costs, interest, or penalties charged to me by my bank as a result of authorized charges or payments made under this Agreement, and to assume all liability for any change in or loss of credit, or inability to obtain credit as a result of any authorized charges, or payments made under this Agreement. I further agree to indemnify, defend, and hold harmless the School/Parish, the Diocese of Cleveland, and their respective members, officers, bishops, pastors, employees, representatives, agents, and volunteers (the "Indemnified Parties") from and against all claims, damages, costs, losses and other related expenses, including reasonable attorneys' fees and court costs, arising out of or in any way related to any such fees, fines, costs, interest or penalties charged to me by my bank or credit card company, and for any such change in or loss of credit, or inability to obtain credit.

**Limitation of Liability:** TO THE FULLEST EXTENT ALLOWED BY LAW, I AGREE THAT LIABILITY FOR ANY BREACH OF THIS AGREEMENT BY SCHOOL OR FOR ANY OTHER MATTERS RELATING TO THIS AGREEMENT IS LIMITED TO THE AMOUNT PAID BY ME THROUGH MY CREDIT OR DEBIT CARD UNDER THIS AGREEMENT FOR THIS SCHOOL YEAR. THIS LIMITATION OF LIABILITY IS A CONDITION FOR THE ACCEPTANCE OF THIS AGREEMENT BY SCHOOL. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE TO ME OR TO ANY THIRD PARTY FOR ANY INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES ARISING OUT OF THIS AGREEMENT, WHETHER OR NOT ANY INDEMNIFIED PARTY WAS ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

**I have read and understand and agree to the above-written statements, terms, and conditions:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone \_\_\_\_\_