



2026-2027 - Registration

Dear Parents and Guardians,

Welcome to St. John Vianney School!

We are so pleased that you have chosen to enroll your child(ren) at St. John Vianney School. For over sixty years, we have provided a quality academic education in a faith-based, nurturing environment. What makes us different from public education is that we – parents, teachers, and students – choose to be here. Together we choose to provide the best possible spiritual, educational, and developmental experience for our children. Together we choose to ensure that the opportunity of a Catholic school education is a parental option in the future. Together we plan to continue the St. John Vianney School tradition for our children and our children's children.

We hope that the following information is helpful for you. If you have any questions, please feel free to contact us by phone (732.388.1662) or by email at ntannucilli@sjvs.net or jessicahicks@sjvs.net.

We look forward to working together.

In God's love,

Nancy K. Tannucilli

Ms. Nancy Tannucilli
Principal

Jessica Hicks

Ms. Jessica Hicks
Assistant Principal



2026-2027 Tuition and Registration Fees

TUITION (Grades K-8):

<i>Parishioner Rates</i>	<i>Non-Parishioner Rates</i>
\$ 6,350 - first child (\$635.00 - 10 payments) (\$529.17 - 12 payments)	\$ 8,225 - first child (\$822.50 - 10 payments) (\$685.42 - 12 payments)
\$ 5,200 - second child (\$520.00 - 10 payments) (\$433.34 - 12 payments)	\$ 6,500 - second child (\$650.00 - 10 payments) (\$541.67 - 12 payments)
\$ 3,700 - third child (\$370.00 - 10 payments) (\$308.34 - 12 payments)	\$ 4,800 - third child (\$480 - 10 payments) (\$400.00 - 12 payments)
\$ 2,300 - fourth child (\$230.00 - 10 payments) (\$191.67 - 12 payments)	\$ 2,660 - fourth child (\$266.00 - 10 payments) (\$221.67 - 12 payments)

Tuition will be collected using the FACTS Tuition system. Please create an account at <https://online.factsmgt.com/signin/3JXC7> at your earliest convenience so that you may make arrangements for payment. Tuition may be paid in three ways:

1. You may pay in full by deduction from an eligible account or by credit card on or before *July 1, 2026*;
2. You may have monthly payments drawn from a qualifying bank account using a bank routing number and account number; or
3. You may use a credit card to make monthly payments. If you elect to use this option, your payment, along with a 2.95% convenience fee, will be automatically charged to your credit card.

PARISHIONER RATES:

Parishioner Rate for tuition means you are either a registered parishioner of SJV or you are a registered parishioner of another local Catholic parish. If you belong to another Catholic parish, we will require a letter of recommendation from your pastor. Regular attendance at Mass and financial support of your parish are key components of active participation. Your use of church envelopes helps with the record keeping.

REQUIRED RECORDS:

Please return your Registration forms with copies of the child(ren)'s birth certificate, baptismal certificate (if Catholic), immunization records, and the most recent report card and standardized test results (for transfer students).

REGISTRATION FEE:

The registration fee is due at time of registration and is non-refundable. This fee will be collected via the FACTS tuition system on March 15, 2026. The registration fee covers, but is not limited to, the following costs: Diocesan Assessments, School Messenger system fee (emergency notification system), PowerSchool (academic online access for parents), technology, and student supplies and books. In this way, we are able to limit additional fees.

The registration fee for the first child is \$450. For two children (including siblings in our Preschool), the fee is \$650. For three or more children the fee is \$700.



SCHOOL PAYMENTS:

Each family is required to set up a family account with FACTS for automatic bank account withdrawal or credit card charge of most school fees: registration, tuition, extended care, enrichment programs, field trips, etc. You will be notified by email from FACTS about upcoming charges.

One of our primary goals at St. John Vianney is to concentrate our efforts on improving the business side of our school. By taking advantage of the security and convenience of payment processing and information technology offered by FACTS, we remain committed to this goal. You will realize these benefits by using FACTS for your tuition payment plan:

1. **Payment Dates:** You may choose either the **5th** or **20th** of each month as your payment date. Automatic payments can be made from a checking or savings account or from a variety of credit cards.
2. **Convenience & Security:** Along with multiple payment plan options, your payments are processed securely through a bank-to-bank transaction.
3. **Consumer Account:** You may check your personal account or make payments online from the convenience of your home or office anytime.
4. Please be aware that there will be a \$50 insufficient funds fee for each returned payment.

More information about **FACTS Tuition** can be found on their website:

<https://online.factsmgt.com/signin/3JXC7>, as well as the **FACTS Tuition** link on our website:

<https://school.sjvianney.com/>.

FUNDRAISING AND STEWARDSHIP:

According to the New Jersey Department of Education, the cost to educate a child in 2026 is well over \$20,000. Obviously, this cost far exceeds our annual tuition cost. As a result, tuition payments at St. John Vianney cover only a portion of our school's operational expenses. We, therefore, engage in fundraising and stewardship activities. Every child is a direct beneficiary of these activities. By registering your child in our school, you agree to work two (2) shifts at our annual carnival, purchase one book of Summer Splash raffle tickets, and participate in our restaurant card fundraiser (purchase five [5] cards at a cost of \$100), as well as a number of other fundraising initiatives, which will take place throughout the school year. Failure to do so will result in financial penalties, particularly where carnival shifts are concerned. Details related to our Family Service Initiative can be found in our 2026-27 Parent/Student Handbook.

We thank you for your continued cooperation and assistance in our efforts to provide your child with the best possible educational environment, and we look forward to a continued partnership in the education of your child(ren).



2026-2027 Tuition and Registration Agreement

(please complete form, sign and return to the main office to complete registration process)

Student Name: _____ Grade (2026-27): _____

2026-2027 Tuition and Registration Fees

<i>Parishioner Rates</i>	<i>Non-Parishioner Rates</i>
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TUITION (Grades K-8):

The 2026–2027 School Year will include Total Tuition and Student Fees. Please check the tuition payment preference for payment:

_____ Option 1 – **Single Payment through FACTS** due July 20, 2026. Families who choose to pay in full will only be charged a \$15 fee.

_____ Option 2 – **10 Monthly Payment Plan through FACTS**. Payment budgeted over ten (10) months beginning in August 2026 through May 2027. Payments can be made on the 5th or the 20th of the month with a \$45 annual set-up fee.

_____ Option 3 – **12 Monthly Payment Plan through FACTS**. Payment budgeted over twelve (12) months beginning in June 2026 through May 2027. Payments can be made on the 5th or the 20th of the month with a \$45 annual set-up fee.

Registration fees are non-refundable and will be paid through FACTS on March 15, 2026.

By signing below, I hereby acknowledge and accept responsibility for payment of the tuition for the 2026-2027 school year. I also acknowledge that I am registering my child at Saint John Vianney School for the 2026-2027 school year. I agree to commit to volunteer at the Parish Fair, as well as participate in the annual Summer Splash Raffle (must be fulfilled by May 26) and our Discount Card Fundraiser. *Failure to perform required shifts at the SJV Fair will result in a financial penalty.* The school reserves the right to exclude the student from activities or remove a child from class for non-payment of tuition or failure to fulfill obligations listed above. Registration will be finalized once a FACTS account has been created.

Parent's Signature

Date

Print Name



St. John Vianney School
Registration form - 2026-2027

All sections and information must be completed for registration to be finalized.

STUDENT INFORMATION

Student's Legal Name:		Grade Entering:	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Grade for 2026-27</i>
Student's Address:			
<i>Number & Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Main Phone Number: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Date of Birth: ____ / ____ / ____			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Student's Religion: _____			
Previous School Attended: _____			
Race (circle one):* African American Asian White Native American Hawaiian/Pacific Islander Multi-Racial			
Ethnicity: Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language Spoken at Home: _____		Please list other languages spoken _____	
Baptized: Yes / No			

MOTHER/GUARDIAN INFORMATION

Name:			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Religion: _____			
Address (if different from student):			
<i>Number & Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Employer: _____			
Occupation: _____			
Primary Phone Number: _____		Secondary Phone Number: _____	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email Address: _____			

FATHER / GUARDIAN INFORMATION

Name:			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Religion: _____			
Address (if different from student):			
<i>Number & Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Employer: _____			
Occupation: _____			
Primary Phone Number: _____		Secondary Phone Number _____	
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email Address: _____			



St. John Vianney School
Registration form - 2026-2027

All sections and information must be completed for registration to be finalized.

Custodial Information

Home Status (circle one): Married | Separated | Divorced | Widowed | Never Married
Re-married: Yes | No
Student resides with (circle one): Both Parents | Mother | Father | Mother & Step Father | Father & Step Mother | Guardian(s)
*Custodial Rights (circle one): Joint/Shared | Mother | Father | Guardian(s)
* Must include a copy of signed court documents

Children/Siblings

Enrolled at SJV
Name: _____ grade _____
Name: _____ grade _____
Name: _____ grade _____
Other Children not listed above
Name: _____ grade _____
Name: _____ grade _____
Name: _____ grade _____

Religion Information

Check one:
 Our Family is Roman Catholic and registered at St. John Vianney.
 Our Family is Roman Catholic, but registered at a different parish:
Name of Parish _____
Parish location/city _____
 Our Family is **not** Catholic

Emergency Contacts: (other than parent/guardian)

Emergency contact #1: _____
First Name Last Name Relationship to Child
Primary Phone Number: _____ Secondary Phone Number: _____
 Cell Home Work Cell Home Work
Emergency contact #2: _____
First Name Last Name Relationship to Child
Primary Phone Number: _____ Secondary Phone Number: _____
 Cell Home Work Cell Home Work

(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.

Nonpublic School Transportation 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): _____



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:



St. John Vianney School
Family Physician Report

Name of pupil _____ Male/Female - Date of Birth _____

(Circle One)

<u>Immunizations</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>1st Booster</u>	<u>2nd Booster</u>
DPT	_____	_____	_____	_____	_____
Monovalent Polio	_____	_____	_____	_____	_____
Trivalent Polio	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____
German Measles	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Tuberculin (Mantoux)	_____	_____	_____	_____	_____
Pneumococcal	_____	_____	_____	_____	_____
HepA	_____	_____	_____	_____	_____
HepB	_____	_____	_____	_____	_____
H1B	_____	_____	_____	_____	_____
Varivax (Chicken Pox)	_____	_____	_____	_____	_____
Flu Vaccine (mandatory from 6 months - 59 months)	_____	_____	_____	_____	_____
Tdap & Meningitis Conjugate (mandatory upon entering 6th grade)	_____	_____	_____	_____	_____
Previous Diseases	_____				
Surgeries	_____				Date: _____

Physical Examination (all students must have a physical within 6 months of entering school)

Height	_____	Teeth	_____
Weight	_____	Tonsils	_____
Nutrition	_____	Heart	_____
Posture	_____	Lungs	_____
Feet	_____	Hernia	_____
Eyes	_____	Glands	_____
Ears	_____	Genitalia	_____
Nose	_____	Skin	_____
Thyroid	_____	Speech	_____

Date of last physical _____

Is this child capable of carrying a full program of work including physical education?

Yes _____ No _____

Should the school program be modified to meet the needs of this child?

Yes (Specify) _____ No _____

Is the child taking any medication?

Yes (indicate) _____ No _____

Please list any known allergies _____

Signature of Physician _____ Date _____



STUDENT HEALTH RECORD

Child's Name _____ Date of Birth _____ Sex _____

Address _____ Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

With whom does child live? _____ Who is legal guardian? _____

Child's Pediatrician _____
Name Phone

IMMUNIZATIONS

Attach an official copy of immunization records. Date of last physical _____
(All new students must have a physical within six months of entering school.)

PERINATAL AND DEVELOPMENTAL HISTORY

Was this child born full-term? _____ early _____ late _____

Were there any problems associated with the birth? Yes _____ No _____ If yes, please explain _____

How does this child's development compare to other children, such as siblings or playmates?

About the same _____ Slower _____ Faster _____

HEALTH CONDITIONS (PLEASE CHECK ANY THAT APPLY)

_____ chicken pox (what year? _____) _____ frequent stomachaches _____ frequent sore throats

_____ diabetes _____ heart murmur _____ hearing problems

_____ eye problems (glasses? _____) _____ strep throat/scarlet fever _____ high fevers

_____ frequent ear infections _____ Lyme disease _____ seizures

_____ tubes in ears _____ Fifth disease _____ frequent nosebleeds

_____ frequent headaches _____ roseola _____ speech problems

_____ eczema, rashes _____ dental problems

_____ Any other health problems (Please explain) _____

CONTINUED ON OTHER SIDE



ALLERGIES AND ASTHMA

List and describe allergies or reactions to:

Medicines/drugs _____

Foods _____

Bees or other insects _____

Does this child have asthma? Yes _____ No _____ If yes, what treatment has been prescribed? _____

INJURIES, ILLNESSES, AND SURGERIES

Please list any injuries, illnesses, or surgeries which required hospitalization _____

ADDITIONAL INFORMATION

What medications are given daily? _____

What medications are given frequently but not daily? _____

Do you have any other concerns or comments about your child's family or home life, behavior, or development that the school should be aware of?

Does your child have any health insurance, including NJ Family Care/Medicare, private or other?

_____ Yes, my child has health insurance.

_____ No, my child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance.
(written consent required pursuant to 20 U.S.C. – 1232g(b)(1) and 34 C.F.R. 99.30(b).)

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian



NON-PUBLIC NURSING SERVICES - Chapter 226
EDUCATIONAL SERVICES COMMISSION of NEW JERSEY
SCHOOL YEAR 2026-2027

TO: Parent/Guardian

FROM:

St. John Vianney School

RE:

Nursing Services; Chapter 226 - Laws of 1991

Existing legislation provides certain nursing services and funding for full time students in private schools. Included in these services, based on available state aid, are maintenance of student health records, hearing assessment, and scoliosis screening. In addition, your child will receive emergency nursing services for any school related illness or injury.

Please sign the form below and return it to the office.

NONPUBLIC NURSING SERVICES

I do give my permission.

I do **NOT** give permission

for my child _____ in grade _____

(Please Print Child's Name)

to participate in nursing services for the 2026-2027 school year.

Parent/Guardian Signature _____ Date _____

Resident School District

St. John Vianney School

(Name of school)

420 Inman Ave. Colonia, NJ 07067

(School address)



REQUEST FOR PUPIL RECORDS (for transfer students only)

Date: _____

Pupil's Name: _____

Date of Birth: _____

To (Current School Name & Address): _____

The above named student has enrolled in our school for the 2026-2027 school year. Please send his/her academic and medical records (A-45) to our office.

St. John Vianney School
420 Inman Ave
Colonia, NJ 07067
732-388-1662

Mrs. Nancy Tannucilli
Principal

AUTHORIZATION TO RELEASE PUPIL'S RECORDS

I have enrolled my child _____ in St. John Vianney School and authorize you to release both academic and medical records to the school.

Signature of Parent/Guardian

Date