



Current Student
K-8 Student Financial Registration 2024-2025

(Please print)

STUDENT NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____ EMAIL _____

STREET ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBERS _____
Home Work Cell

**_____ \$50.00 PER FAMILY NON-REFUNDABLE REGISTRATION FEE DUE AT
REGISTRATION, \$200 IF PAID AFTER MARCH 1, 2024. Check or money order only.**

Tuition for the 2024 – 2025 school year will be:

_____ \$5,100.00 (one child)
_____ \$9,285.00 (two children)
_____ \$12,545.00 (three children)
_____ \$16,730.00 (four children)

Select one of the below options for tuition payment

1. _____ I will pay tuition in full by July 1, 2024. This payment can be made by check or money order.
2. _____ FACTS payments will begin June 1 or 15 (12 months) or July 1 or 15 (11 months). FACTS is a financial aid assessment and payment system. There is a \$45.00 start-up fee for use of the system for payments and this will be included in your first payment. There is a \$40.00 fee at the time of the application for financial aid.

Examples of monthly payments are listed below.

	Select one option	1 Child	2 Children	3 Children	4 Children
Starting July 2024 – 11 months		\$463.65	\$844.10	\$1,140.45	\$1,520.90
Starting June 2024 – 12 months		\$425.00	\$773.75	\$1,045.45	\$1,394.20

Please read and acknowledge with signature and date, the following:

I agree to pay all fees and tuition owed for the 2024-2025 school year. I acknowledge that failure to do so could result in student removal and delinquencies being sent to collections and further legal actions may be taken.

Signed _____ Date _____

*Trenton Catholic Preparatory Academy, Inc., ("TCPA") is a New Jersey NonProfit Corporation, under New Jersey Statutes TCPA holds a federal tax-exempt EIN number is 86-2805464. It is authorized and existing under IRS Code 26 U.S.C. § 501(c)(3) exclusively for religious or educational purposes.



Trenton Catholic Preparatory Academy*
175 Leonard Avenue Hamilton, NJ 08610
609.586.3705
www.trentoncatholicprep.org

January 2024

Dear Parents/Guardians:

Registration time is here, a time to reflect on your child's education! It is our sincere hope that you will choose the educational experience we provide at Trenton Catholic Preparatory Academy (TCPA) for your child/children.

We want to inform you that the Board of Trustees has submitted an application to convert TCPA to a Charter School, McCorristin Charter School. The state has accepted the application and approved McCorristin Charter School to move to Phase Two Application Status. As of today, the decision has not been made if this transition will take place, but we want you to be aware of the possibility. The reason for the transition is to make sure that our school has a sustainable future based on our mission of educating the entire child and to provide a safe haven for all of our students. If there is a change in status to a Charter School, any student registered through this process is guaranteed a place in the new school. You will be notified when any decisions are made.

The enclosed materials and a \$50 per family non-refundable registration fee, check or money order, are due in the school office by March 1, 2024. After that date, the non-refundable registration fee per family goes to \$200. All completed registrations will be processed on a first come, first serve basis. Families with past due tuition balances will not be able to re-register until the balance is paid. Students will not be able to secure a "seat" for next school year if there is any unpaid balance at the end of the current academic year.

Tuition rates for the 2024/2025 school year are listed on the enclosed form. TCPA uses a financial aid assessment and payment online program, FACTS. We recommend that families needing financial assistance apply through FACTS under Trenton Catholic Preparatory Academy by visiting <http://online.factsmgmt.com>. The FACTS program can also be used to pay your monthly tuition.

If you have registration concerns, please call Mrs. L. Danser 609-586-5888 for K through 8th grade and Ms. R. Rogers 609-586-3704 for 9th through 12th grade.

May God graciously bless all of our Trenton Catholic Preparatory families.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Raymond Flood".

Margaret Raymond Flood
President, The Board of Trustees

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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): _____

(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.



EDUCATIONAL SERVICES COMMISSION of NEW JERSEY

TO: Parent/Guardian

FROM: Mrs. Anne Reap, Lower School Director

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, is 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 my office as soon as possible.

NONPUBLIC NURSING SERVICES

___ I do give my permission

___ I do NOT give permission

for _____, my child, in grade _____ to participate in
(Please print child's name)
nursing services.

School District

Name of School

School Address

Signature of Parent/Guardian

Date



Federal Funds Letter and Survey

January, 2024

Dear Parents,

Children in our school are entitled to a variety of programs, materials, and services comparable to those provided to public school students through the use of Federal Funds. In order for our children to benefit from these additional funds, it is very important for us to know how many children attending our school come from eligible families.

I kindly ask that you review the attached Family Survey and simply indicate a "yes" or "no" to questions 1-5.

Additionally, identify the public school district where your child(ren) would attend school if not attending Trenton Catholic Preparatory Academy. This information is essential to ensure our continued participation in the federal programs such as Title 1.

It is an important benefit that we do not want to lose. Please return this form as soon as possible, no later than March 1, 2024.

Thank you for your assistance with this survey.

Sincerely yours,

A handwritten signature in cursive script that reads "Mrs. Anne Reap".

Mrs. Anne Reap
Lower School Director

Nonpublic School Family Survey (Title I Only)

The *Elementary and Secondary Education Act (ESEA)* provides a variety of programs, materials, and services to children and teachers in nonpublic schools. For our school to receive an equitable share of ESEA Title I funds we must count the number of children, ages 5 through 17, who are from low-income families and reside in participating Title I public school attendance areas.

Use the Federal Income Eligibility Guidelines to answer questions 1 through 5 below. This information is essential to ensure our continued participation in the Federal Title I program. All information will be kept confidential.

1. Is your family income less than the amount in column 2 (Federal Poverty Guidelines)?

☐ Yes ☐ No

2. Is your family income less than the amounts in columns 3 through 5 (Reduced Price Meals)?

☐ Yes ☐ No

3. Is your family income less than the amounts in columns 6 through 8 (Free Meals)?

☐ Yes ☐ No

4. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

☐ Yes ☐ No

5. Are any of your children eligible to receive medical assistance under the Medicaid program?

☐ Yes ☐ No

Nonpublic Student Information

Home Address:

Public School District (where you live):

Age and Grade Level of Children

1. Child's Age: _____ Grade Level: _____
2. Child's Age: _____ Grade Level: _____
3. Child's Age: _____ Grade Level: _____
4. Child's Age: _____ Grade Level: _____
5. Child's Age: _____ Grade Level: _____
6. Child's Age: _____ Grade Level: _____
7. Child's Age: _____ Grade Level: _____

FEDERAL INCOME ELIGIBILITY GUIDELINES

July 1, 2023 – June 30, 2024

(As announced by the United States Department of Agriculture)

FREE MEALS OR MILK						REDUCED PRICE MEALS					
HOUSE-HOLD SIZE	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	HOUSE-HOLD SIZE	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068
5	45,682	3,807	1,904	1,757	879	5	65,009	5,418	2,709	2,501	1,251
6	52,364	4,364	2,182	2,014	1,007	6	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	7	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	8	93,536	7,795	3,898	3,598	1,799
Each Additional Household Member	6,682	557	279	257	129	Each Additional Household Member	9,509	793	397	366	183

When all income is reported with the same frequency i.e., all reported as weekly (W), every 2 weeks (2W), monthly (M), or twice a month (2M), total the income and the number of household members and compare it to this chart. **Cannot annualize if all income reported is the same frequency.**

When income is reported with different frequencies, annualize the number, total the income and the number of household members and compare it to the annual income column on this chart.

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12

Error Prone:

Weekly: \$0 - \$25 below the free or reduced price income eligibility limit.
Every two weeks or twice a month: \$0 - \$50 below the free or reduced price income eligibility limit.
Monthly: \$0 - \$100 below the free or reduced price income eligibility limit.
Annually: \$0 - \$1200 below the free or reduced price income eligibility limit.