

# *Before You Begin...*

**PLEASE CAREFULLY AND LEGIBLY  
COMPLETE ALL REQUIRED FORMS.**

**THE INFORMATION YOU PROVIDE WILL BECOME THE BASIS OF  
YOUR CHILD'S PERMANENT RECORD CARD.**

**IT WILL ALSO BECOME YOUR CONTACT INFORMATION ON FILE  
FOR SCHOOL RECORDS, THE SCHOOL DIRECTORY, SCHOOL DATABASES,  
AND MORE.**

**IF WE CANNOT READ IT, IT WILL BE INCORRECT IN OUR RECORDS!  
IF IT IS INCORRECT, YOU WILL MISS IMPORTANT INFORMATION  
AND WE MAY BE UNABLE TO CONTACT YOU IN AN EMERGENCY!**

***Please pay special attention to 1 and l and L, 2 and Z, 0 and O,  
4 and 9, c and e, a and o, g and q, and other characters  
that may be indistinguishable if not written carefully.***

**Accuracy is very important!**

**Thank you!**



**St. Hilary School**  
645 Moorfield Road  
Fairlawn, OH 44333  
330-867-8720 | Fax 330-867-5081  
[www.st-hilaryschool.org](http://www.st-hilaryschool.org)

Dear Parents:

Today's students face a world vastly different from that of generations before them. It is more important than ever for students to receive a strong moral upbringing, to have a solid academic foundation, and to be technologically literate in order to be ready to meet the challenge when their generation is called into service as leaders. St. Hilary School is steeped in the same tradition of faith, values and academic excellence upon which our school was built over 60 years ago, while becoming a leader in the progressive use of technology and innovative instructional methods and offerings to enhance these areas. We remain committed to our partnership with you, to provide your children with an education that will serve as a foundation for their lives, and to equip them with the tools and skills needed for success.

Your choice of a Catholic education at St. Hilary School for your children is a priceless gift that will continue to pay dividends for years to come. We are humbled that you have chosen to let us share in that gift with you, and grateful that you have entrusted to us your most precious gifts – your children. We also realize the sacrifices that come with the choice of a Catholic education. In addition to the subsidy it grants to the school each year, the parish will continue to provide tuition assistance to families who can substantiate financial need. A variety of scholarships is also available for re-enrolling students each year.

Attached you will find the forms and information necessary to apply for your child's admission into St. Hilary School for the 2022-2023 school year. It is important that you complete and return each of these forms, as well as provide the required documentation of birth, baptism (if applicable), immunizations, copies of testing data and special education or service plans (if applicable), a copy of your child's most recent report card (for students entering grades 1-8), and a photo of your child with his or her name on the back (for students entering kindergarten). Failure to provide this information may result in a delay in processing your child's registration.

We thank you again for the confidence you place in St. Hilary School to provide your children with the finest in Catholic education. We value the opportunity to ensure your child's success at St. Hilary School and beyond. Please do not hesitate to contact any of us with questions or concerns.

Sincerely,

*Fr. Steven Brunovsky*  
Pastor

*Low Camerato*  
Business Manager

*Mrs. Jennifer Woodman*  
Principal

*Debbie Sinopoli*  
Director of Marketing & Admissions



A National School of Excellence

**ST. HILARY SCHOOL**  
**NEW STUDENT APPLICATION FOR ADMISSION**  
**2022-2023**

Attached you will find the forms and information necessary to apply for your child's admission into St. Hilary School for the 2022-2022 school year. **Please read the attached Student Admission and Non-Discrimination Policy and refer to the Registration Checklist before beginning. Please see reverse for information on student assessment.**

***To Apply for Admission for Your Child:***

► **Please carefully and legibly complete the Permanent Record Card. This form will become the basis of your child's permanent record. Accuracy is very important.**

► **Please complete the following additional forms in the packet:**

- New Student Information
- Sacramental Information
- Consent for Release of Records
- Information Regarding Legal Custody
- Permission for Assessment
- Media Release

► **Please provide a copy of the following items:**

- Most recent report card for students entering Grades 1-8
- Testing data and special education or service plans if applicable
- Current small photo for students entering Kindergarten
- Current small photo for students requiring administration of medication at school
- Birth certificate (Students entering Kindergarten must be age 5 by September 30)
- Baptismal certificate if applicable
- Proof of parishioner status at St. Hilary / St. Victor / Guardian Angels if applicable

► **Please provide a copy of your child's immunization record. For students entering kindergarten, the Physical Examination form must be completed and signed by the child's physician, NOT by a parent.**

► **You must complete and return each of these forms, as well as provide the required documentation listed above. Failure to provide this information will result in delayed processing of your child's application.**

► **Please scan and return the completed forms to [dsinopoli@st-hilary.org](mailto:dsinopoli@st-hilary.org). The registration fee of \$150 per child will be bundled with tuition and fees.**

► **Enrollment questions? Please contact Debbie Sinopoli at 330-867-8720, ext. 343 or [dsinopoli@st-hilary.org](mailto:dsinopoli@st-hilary.org).**

### ***Student Assessment Information:***

► Students applying for admission to Kindergarten must participate in a readiness screening. **Our regularly scheduled Kindergarten readiness screening will be held by appointment on April 7 and 8, 2022. Appointments will be made at the time of registration. It is to your advantage to have your child participate in this specially designed session, as it provides valuable, timely information about your child's readiness to attend our full-day program to help you plan appropriately. Additionally, the process of Kindergarten orientation is planned to follow this session in the spring. Screening in the summer is not recommended if it can be avoided as it creates a rushed situation for the child, parents and school. Please allow approximately 90 minutes for screening. Additional information will be provided.**

► Students requesting placement in a higher level math class or with other special situations may be asked to complete entrance or placement testing as a condition of consideration for admission. The testing may consist of an assessment of basic math and/or language arts concepts the student should have mastered in the previous grade level, and/or other areas as deemed necessary. This testing helps us better align our grading standards with those of other schools as shown on report cards. If required, please schedule a testing appointment with the school office. Please allow approximately 60 minutes for testing. All materials are provided.

### ***To Apply for Tuition Assistance:***

► In addition to the subsidy it grants to the school each year, the Parish and St. Hilary Parish Foundation will continue to provide tuition assistance to families who can substantiate financial need. For your convenience, information about financial assistance is available in this packet.

► Please complete an application for financial assistance at [online.factsmgt.com/aid](https://online.factsmgt.com/aid). After completing the online application, you will need to upload or fax all required supporting tax documentation to FACTS by **March 1, 2022**. **PLEASE DO NOT SUBMIT ANY FINANCIAL ASSISTANCE INFORMATION TO THE SCHOOL.**

### ***Important Dates:***

<b>FEBRUARY 7-25, 2022</b>	<b>COMPLETED FORMS AND DOCUMENTATION DUE REGISTER KINDERGARTENERS BY FEBRUARY 25</b>
<b>MARCH 1, 2022</b>	<b>APPLICATION FOR TUITION ASSISTANCE DUE</b>
<b>MAY 15, 2022</b>	<b>PAY FULL 2022-2023 TUITION FOR 1% DISCOUNT</b>
<b>JUNE 1, 2022</b>	<b>2022-2023 TUITION PAYMENTS BEGIN</b>

## ***Tuition and Fee Information:***

- ▶ **NO TUITION PAYMENT IS DUE AT THIS TIME.** Please simply complete and return the required forms and documentation to [dsinopoli@st-hilary.org](mailto:dsinopoli@st-hilary.org). The \$150 per child registration fee will be bundled with tuition and fees.
- ▶ **Upon acceptance of your child, school tuition and fees for 2022-2023 are payable between June 1, 2022 and May 31, 2023.** The registration fee is non-refundable after June 1, 2022.
- ▶ We offer a discount to those families choosing to pay their tuition in full by **May 15, 2022**. The full -pay discount for 2022-2023 will be 1% of the tuition amount.
- ▶ For families who choose to pay tuition in installments, we will again use the FACTS tuition management service. Please see the FACTS information sheet for details.
- ▶ You will receive correspondence from our business office in May indicating the total amount of your 2022-2023 tuition and fees, the amount of the 1% full payment discount if applicable, any applicable tuition assistance, and payment instructions.
- ▶ Tuition and fee questions? Please contact Lou Camerato at 330-867-1055, ext. 203 or [lcamerato@sthilarychurch.org](mailto:lcamerato@sthilarychurch.org).

### **Tuition Rates for the 2022-2023 School Year**

<u>Parishioner</u>		<u>Parishioner</u>		<u>Parishioner</u>	
One child	\$4,620	Three children	\$11,970	Five children	\$15,580
Two children	\$8,460	Four children	\$14,130	Six children	\$15,580
<u>Non-Parishioner</u>					
		Per child	\$6,745		

### **Fees for the 2022-2023 School Year**

\$150.00 per child	Registration Fee (per child) <b>NON-REFUNDABLE AFTER JUNE 1, 2022</b>
\$150.00 per child	Kindergarten Fee
\$150.00 per child	First Grade Fee
\$100.00 per child	Eighth Grade Fee
\$ 50.00 per family	Parents' Association Fee

***Fees can be bundled with tuition and prorated with tuition payments, beginning June 1, 2022.***

## **STUDENT ADMISSION AND NON-DISCRIMINATION POLICY**

The Admission Policy of St. Hilary School is in accordance with the student acceptance regulations of the Diocese of Cleveland. St. Hilary School admits qualified students of any gender, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

St. Hilary School is a Catholic parochial school within the Cleveland Diocesan School System, built and supported by St. Hilary Parish. The first responsibility of the school is to serve the families enrolled in the school and the parishioners of St. Hilary Parish.

If the number of applicants exceeds the number of students who can be accepted while maintaining the quality of education, children will be accepted into St. Hilary School in this order:

1. The family has children enrolled in St. Hilary School.
2. The family is registered at St. Hilary Parish.
3. The child is coming from a parish with no school.
4. The child is coming from a parish with a school.
5. Non-Catholic children will be accepted if there is room available.

**All applicants are expected to furnish at the time of application for admission a copy of the student's most recent academic progress report. If applicable, copies of testing data and special education plans must also be provided. Admission may be denied based upon a student's previous academic, behavioral or attendance record. Students applying for entry into kindergarten will be required to complete St. Hilary School's readiness screening unless waived by the school. All other students may be required to complete entrance or placement testing. Previous schools may be contacted and students and parents may be required to meet with the principal and/or pastor as part of the enrollment process. In order to ensure success for the student, St. Hilary School reserves the right not to admit any student who, in the discretion of the school, will be unable to meet the school's standards for academics, behavior and attendance.**

# ST. HILARY SCHOOL REGISTRATION CHECKLIST

PLEASE READ OUR ADMISSION POLICY BEFORE PROCEEDING!

In addition to the forms to be completed in this packet, the following items must be provided at the time of registration:

## REQUIRED FOR ALL NEW STUDENTS:

- √ \$150.00 Registration Fee (will be bundled with tuition and fees)
- √ Copy of child's most recent report card – Registration will not be processed without this for students entering grades 1-8!
- √ Copy of all testing data, special education or service plans
- √ Copy of Birth Certificate (can be obtained at Health Department of city or county where child was born)
- √ Copy of Baptismal Certificate
- √ Proof of Parish Registration (envelope number) if Parishioner – This applies to St. Hilary, Guardian Angels and St. Victor Parishes
- √ Immunization Records
- √ Online Registration on Gradelink –  
Instructions will be provided at New Student Registration

## ALSO REQUIRED FOR NEW KINDERGARTEN STUDENTS:

- √ Photo of child with name on back
- √ Must be 5 years of age before September 30, 2022 to enroll

## **IMPORTANT INFORMATION ABOUT STUDENT PLACEMENT**

**We realize how important it is to you that your child be placed in a classroom setting that will be the best fit for him or her. This is our priority as well, as it is for each of the more than 500 students we educate each year. When class lists are created, your child is one piece of a much larger puzzle with many factors that must be considered to ensure the best placement for *every* child. These dynamics control which students can be together, which students should not be together, and which students need to be with which teachers.**

**There are a myriad of reasons behind each and every decision that goes into creating each class. We are blessed to have three classes in every grade level, which allows us greater leeway in creating balanced classes that aim to foster the spiritual, academic and social-emotional growth of every student. Additionally, our administration monitors the "big picture" to ensure that every angle is considered as classes are created. This is why we ask parents of all new students to complete the New Student Information form as part of the application for admission, why we contact current schools for students transferring into St. Hilary School, and why we conduct a thorough screening process that includes extensive parental feedback for our incoming kindergarteners.**

**Because of our comprehensive approach to student placement, requests for specific teachers cannot be honored. Thank you for trusting us to make the best educational decisions for your child.**

**We understand that there may be times when extenuating circumstances, such as a sudden change in your family situation or the health of your child, create a situation for your family that you did not expect and that may significantly affect your child's learning needs. Please share that with us if it happens, and we will do our best to work with you.**

**No changes will be made to student placement after class lists are published.**

# ST. HILARY SCHOOL REGISTRATION INFORMATION FORM

STUDENT INFORMATION				
Last Name	First Name	Middle Name	Sex	Birthdate
				Birthplace (City, St, Country)

Residence Address		City	County	Zip	Home Phone	Student Parish / City

Ethnicity (Optional)	<input type="radio"/> Amer Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African Amer <input type="radio"/> Hispanic <input type="radio"/> Native Hawaiian/Other Pacific Islands <input type="radio"/> Multiracial <input type="radio"/> White
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SACRAMENTS		BAPTISM CERTIFICATE		STUDENT ENTERED FROM	
Baptism Date		Verified by		School from	
Reconciliation Date		Church		School from City	
Communion Date		Rite		School from State	
Confirmation Date		City, St, Zip			
				Grade Entering	
				<input type="radio"/> PK <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	

*Check the boxes to the left of who student resides with.*

STUDENT LIVES WITH						
	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer
<input type="checkbox"/> Natural Mother (NM)						
<input type="checkbox"/> Natural Father (NF)						
<input type="checkbox"/> Custodial M (CM)						
<input type="checkbox"/> Custodial F (CF)						
<input type="checkbox"/> Other						

PARENTS/CUSTODIAL		Religion		Parent Status		Education	
Natural Mother (NM)		Catholic, Protestant, Jewish, Other		Married / Separated / Divorced / Remarried / Widowed / Single / Deceased		Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College	
Natural Father (NF)							
Custodial M (CM)							
Custodial F (CF)							
Other							

MAIL TO NAME/ADDRESS		OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES			
Name		1.		4.	
Address		2.		5.	
City, St, Zip		3.		6.	

LANGUAGE SPOKEN AT HOME		<input type="checkbox"/> English <input type="checkbox"/> Other (list)
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Mother Cell		Mother E-mail	
Father Cell		Father E-mail	
PUBLIC SCHOOL DISTRICT OF RESIDENCE		NAME OF PUBLIC SCHOOL IN STUDENT ATTENDANCE AREA	
		IRN	

## New Student Information – Please Complete Both Sides

Students entering St. Hilary School come from a variety of backgrounds and have a diverse spectrum of gifts and needs. In order for us to most effectively educate your child, please help us to understand him or her by completing both sides of this form as accurately as possible. Your honest responses will assist us in ensuring the smoothest possible transition for your child to our school. Please use the space at the bottom of the reverse side for explanation as needed.

Child's Name \_\_\_\_\_  
First
Middle
Last

Grade Entering \_\_\_\_\_ What school does your child currently attend? \_\_\_\_\_

What type of setting is your child in? \_\_\_\_\_preschool \_\_\_\_\_traditional classroom \_\_\_\_\_Montessori  
 \_\_\_\_\_gifted program \_\_\_\_\_special education classroom \_\_\_\_\_other /explain \_\_\_\_\_

What areas of learning seem to be strengths for your child? \_\_\_\_\_

What areas of difficulty or concern has your child had in school? \_\_\_\_\_

What gifts, needs or limitations does your child have that may affect his or her learning?  
 \_\_\_\_\_

Please list the people living in your child's home:

Name	Age	Relationship to Your Child	Occupation/Grade in School

What language is spoken most often in your child's home? \_\_\_\_\_

What special situations or hardships at home may affect your child's learning? \_\_\_\_\_  
 \_\_\_\_\_

Does your child receive any special services? \_\_\_\_\_Speech/Language \_\_\_\_\_Occupational Therapy  
 \_\_\_\_\_Physical Therapy \_\_\_\_\_Tutoring \_\_\_\_\_Reading Intervention \_\_\_\_\_Other \_\_\_\_\_

Are services provided \_\_\_\_\_at school? \_\_\_\_\_outside? Please list provider \_\_\_\_\_

**OVER – PLEASE COMPLETE SIDE TWO**

Does your child currently have an individual education plan (IEP)? \_\_\_\_\_ If yes, please explain:

Does your child receive gifted services? \_\_\_\_\_ If yes, please provide gifted scores.

Does your child have any allergies or medical conditions we should be aware of? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What level of math is your child currently in or has he or she most recently completed? \_\_\_\_\_

Name of math program \_\_\_\_\_ Has your child learned cursive? (Grade 2 and up) \_\_\_\_\_

Has your child taken a foreign language? \_\_\_\_\_ If yes, what language? \_\_\_\_\_

How does your child respond to praise? \_\_\_\_\_

How does your child respond to consequences? \_\_\_\_\_

Does your child experience or has your child experienced any of the following? Please explain any marked concerns. \_\_\_\_\_

\_\_\_\_\_ Anxiety / Separation Issues \_\_\_\_\_ Hyperactivity \_\_\_\_\_ Withdrawn Socially

\_\_\_\_\_ Poor Attention Span \_\_\_\_\_ Aggressiveness \_\_\_\_\_ Poor Peer Relations

\_\_\_\_\_ Other Concerns (Please specify) \_\_\_\_\_

Has your child ever been retained? \_\_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

Is your child currently or has your child been under suspension from school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What prompted you to enroll your child at St. Hilary School? \_\_\_\_\_

What hopes or concerns does your child have about transitioning to our school? \_\_\_\_\_

What hopes or concerns do you have about your child's transition to our school? \_\_\_\_\_

What would you like us to know about your child that has not been asked? \_\_\_\_\_

## Sacramental Information

***\*Please Complete This Form Regardless Of Your Faith\****

St. Hilary School is founded upon the Catholic faith. We recognize that while many families choose to enroll their children at St. Hilary School as an extension of the Catholic faith practiced at home, not all do. Much of the preparation for the sacraments of First Reconciliation, First Communion and Confirmation takes place in school, and in order to better serve the needs of all of our families and their various faith backgrounds and journeys, please complete the information below and use the comments section for explanation as needed.

Mother's Name \_\_\_\_\_

Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone \_\_\_\_\_

Family email address \_\_\_\_\_

Date form completed \_\_\_\_\_

Name of child you are enrolling \_\_\_\_\_  
First Middle Last

Child's date of birth \_\_\_\_\_

Grade Entering \_\_\_\_\_

Has your child been baptized Roman Catholic?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If not, is it your intention to have your child baptized at St. Hilary Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is it your intention for your child to prepare for and receive his or her sacraments while at St. Hilary School?

**First Reconciliation** \_\_\_\_\_ Yes \_\_\_\_\_ No If already celebrated, when? \_\_\_\_\_ (Year)

**First Communion** \_\_\_\_\_ Yes \_\_\_\_\_ No If already celebrated, when? \_\_\_\_\_ (Year)

**Confirmation** \_\_\_\_\_ Yes \_\_\_\_\_ No If already celebrated, when? \_\_\_\_\_ (Year)

Has your child attended Catholic school or PSR classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Grade Level(s) \_\_\_\_\_ Location(s) \_\_\_\_\_

Comments and/or questions:

\_\_\_\_\_  
\_\_\_\_\_

**ST. HILARY SCHOOL  
645 MOORFIELD ROAD  
FAIRLAWN, OH 44333**

**CONSENT FOR RELEASE OF RECORDS  
FROM A SCHOOL OR PRESCHOOL  
TO ST. HILARY SCHOOL**

STUDENT NAME \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

I give authorization for the school or preschool listed below to release to St. Hilary School the school records, including grades and academic records, psychological assessments and records, disciplinary records, attendance records, medical reports, and testing results and/or evaluations for the above-named student.

NAME OF SCHOOL OR PRESCHOOL  
STUDENT IS TRANSFERRING FROM \_\_\_\_\_

ADDRESS OF SCHOOL OR PRESCHOOL  
STUDENT IS TRANSFERRING FROM \_\_\_\_\_

CITY, STATE AND ZIP CODE  
OF SCHOOL OR PRESCHOOL  
STUDENT IS TRANSFERRING FROM \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## INFORMATION REGARDING LEGAL CUSTODY

Child Name: \_\_\_\_\_ Grade in **2022-2023** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both natural parents  
\_\_\_\_\_ Natural mother, step/adoptive father  
\_\_\_\_\_ Natural father, step/adoptive mother  
\_\_\_\_\_ Only mother  
\_\_\_\_\_ Only father  
\_\_\_\_\_ Grandparents (with legal custody)  
\_\_\_\_\_ Other relative (with legal custody)  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Other--please explain: \_\_\_\_\_

Residential Parent/Guardian: (If different than the child's residence listed above)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residency of the child? \_\_\_\_\_

**IMPORTANT! Please attach a copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.**

Non-Residential Parent:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the non-residential parent have visitation rights? \_\_\_\_\_

Is there a court decision that states that the non-residential parent should **NOT** receive school information or attend school activities? \_\_\_\_\_

Is the non-residential parent responsible for paying tuition? \_\_\_\_\_

Public School District: \_\_\_\_\_ Public School child would attend: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(The school's policies regarding family custody situations are included in the Family Handbook.)

## PERMISSION FOR ASSESSMENT

### READINESS SCREENING FOR KINDERGARTEN:

Your child will be participating in a series of activities that will be used to provide an overall picture of his/her development in the key areas of visual, auditory, and language skills; body awareness; and fine motor skills. This screening is not an entrance test. The results of this screening will help us:

1. Assist the teachers in planning a kindergarten program around the needs of all the children.
2. Identify any problems associated with vision, hearing, or speech impairment.
3. Identify the need for further evaluation if any potential learning problem is suspected.

If the team determines that your child may have a mild weakness in one or more areas evaluated, you will receive some suggested activities to do with your child during the summer. Your permission will be obtained before any additional testing or action is undertaken by the staff.

You will be informed of your child's screening results and may ask any questions you desire. No changes will be made in your child's educational program without your permission. The results of this screening are confidential and they will not be shared with anyone outside of the school unless you give written permission. Please allow approximately 90 minutes for screening. More information will be provided.

### ENTRANCE / PLACEMENT TESTING:

Testing may be required for students with diverse learning needs or students attempting to place into an advanced level mathematics course in order to ensure accurate placement for these students. The need for such testing will be determined on a case-by-case basis. Please schedule a testing appointment with the school office. Please allow approximately 60 minutes for testing. All materials are provided.

I give permission for \_\_\_\_\_ to participate in this assessment.  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

2022-2023

**CONSENT AND RELEASE OF LIABILITY FOR USE OF STUDENT LIKENESS  
AND OTHER INFORMATION IN PROMOTIONAL MATERIALS AND MEDIA**

I, the parent and/or legal guardian of the minor child(ren) identified below hereby grant consent for St. Hilary School, St. Hilary Parish, the Diocese of Cleveland, and/or their agents to record in writing or otherwise, photograph, audio record, video record, or live stream my minor child's name, image, likeness, spoken words, student work, and/or performance, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for any lawful School, Parish or Diocesan purpose, and in connection with any material that may be created by or on behalf of St. Hilary School, St. Hilary Parish and/or the Diocese of Cleveland including, without limitation, school bulletin boards; the school yearbook; the school website; social media sites; print and electronic media; marketing purposes and publications; public relations and communications materials and/or presentations; materials or lessons used in distance learning with our own school or other schools; and such other uses as may not be contemplated herein, as follows:

- ☐ I consent to all of the above.
- ☐ I consent to all of the above, *except* \_\_\_\_\_.
- ☐ I do not consent to any of the above. *I understand this includes the school yearbook.*

I understand that St. Hilary School, St. Hilary Parish, the Diocese of Cleveland, and their respective officers, directors, agents and/or employees will exercise appropriate judgment and discretion in the use of images of and/or information about my child in accordance with the consent I have given herein.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release St. Hilary School, St. Hilary Parish, the Diocese of Cleveland, the Bishop of Cleveland, and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that St. Hilary School, St. Hilary Parish, the Diocese of Cleveland, and their respective officers, directors, agents and/or employees have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

I acknowledge that all recordings and photographs of any kind created pursuant to this release shall constitute the sole property of St. Hilary School, St. Hilary Parish, and the Diocese of Cleveland.

**SPECIAL NOTE ABOUT LIVE STREAMED EVENTS:** I understand that for weekly school Masses and for any other live streamed events, only students whose parents have given consent above will be able to participate and appear on camera. I understand that if I do not consent above, my child will be unable to be chosen to sing or to read at school Mass. I further understand that my child will be unable to participate in events including but not limited to the spelling and geography bees, leading school assemblies as a speaker or cheerleader, performances such as the kindergarten or 1st grade shows or any sort of theater, the Halloween parade, shadow stations, the Mime of the Passion, or any other live streamed events. I further understand that if I do consent above, I am granting permission for my child to participate in any event that is live streamed. I understand that I may change my consent at any time, even for only a particular event, by contacting the school office.

\_\_\_\_\_  
Print Student's First & Last Name      Room #      Print Parent/ Guardian's First & Last Name

\_\_\_\_\_  
Print Student's First & Last Name      Room #      Signature of Parent/ Guardian

\_\_\_\_\_  
Print Student's First & Last Name      Room #      Date

\_\_\_\_\_  
Print Student's First & Last Name      Room #

# LETTER TO PARENTS

## ADMINISTRATION OF MEDICATION IN SCHOOL

**TO:** Parents

**FROM:** School Health Clinic and Principal

**SUBJECT:** Administration of Medication in School

As a school we understand that in order to be safe and able to benefit from the educational program, some students will need to take medicine at school. If your child must have medication of any type given during school hours, including over-the-counter drugs (depending on the school/district policy), you have the following choices:

- You may come to school and give the medication to your child at the appropriate time(s).
- You may obtain a copy of a medication form from the clinic staff or secretary. (One medication per form.) Take the Prescriber and Parent Request for the Administration of Medication at School to your child's health care provider and have it completed by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. The prescriber for both prescription and over-the-counter drugs (depending on school/district policy) must complete this form. The prescriber and the parent must sign the form. Prescription medicines must be brought to school in a pharmacy-labeled bottle which contains instructions on how and when the medication is to be given. Over-the-counter drugs must be received in the original, unopened container and will be administered according to the written instructions.
- You may discuss with your prescriber an alternative schedule for administering medication (e.g., outside of school hours).

School personnel will not administer any medication to students unless they have received a form properly completed and signed by the prescriber and the parent, and the medication has been received in an appropriately labeled container. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

If you have questions about the policy, or other issues related to the administration of medication in the school, please contact the clinic staff at the following number:

330-867-8720, ext. 225

Thank you for your cooperation.

**PRESCRIBER AND PARENT REQUEST  
FOR THE ADMINISTRATION OF MEDICATION  
AT SCHOOL**

**(Medication Administration Record – MAR)**

\*\*\*\*\* One Medication per Form \*\*\*\*\*

Student  
Photo

School \_\_\_\_\_

Student \_\_\_\_\_ Grade/Rm \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Medication and Dosage \_\_\_\_\_

Times of Day to be Administered \_\_\_\_\_

Number of Times/Intervals Medication is to be Administered \_\_\_\_\_

Date to Begin Medication \_\_\_\_\_ Date to End Medication \_\_\_\_\_

Adverse/Severe Reaction that Should be Reported to Physician \_\_\_\_\_

Special Instructions for Administration of Medication \_\_\_\_\_

This medication can be safely administered by non-medical personnel ☐ Yes ☐ No

It is impossible to arrange for this medication to be taken at home and, therefore, it must be administered during school hours ☐ Yes ☐ No

This student is under my care. It is not possible to arrange for this medication to be taken at home under the supervision of a parent and therefore it must be taken during school hours.

\_\_\_\_\_  
Prescriber's Printed Name

\_\_\_\_\_  
Tel

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date

Please regard my signature below as my assurance that I release \_\_\_\_\_ School, PSI, and any or all of the school's and PSI's officers or employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revision in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Tel

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## IMMUNIZATIONS REQUIRED FOR KINDERGARTENERS

### LETTER TO PARENTS REQUIRED IMMUNIZATIONS

**TO:** Parents of Children Entering Kindergarten  
**FROM:** School Health Clinic  
**DATE:** \_\_\_\_\_  
**SUBJECT:** Immunizations

In order to attend school in August, your child must have completed the following immunizations which are required under Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code:\*

- ☐ Four (4) or more doses of DTaP or DT, or any combination. If all four (4) doses were given before the fourth birthday, a fifth dose (5) is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>th</sup> birthday, a fifth (5) dose is not required.
- ☐ Three (3) or more doses of Polio (IPV). The FINAL dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of doses. If a combination of IPV or OPV was received, four (4) doses of either vaccine are required.
- ☐ Three doses of Hepatitis B vaccine. The second dose must be given at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (3<sup>rd</sup> or 4<sup>th</sup>) must not be administered before 24 weeks of age.
- ☐ Two (2) doses of MMR (Measles, Mumps, and Rubella) vaccine are required. The first dose must have been received on or after the 1st birthday and the second dose at least 28 days after the first dose.
- ☐ Two (2) doses of Varicella vaccine. The first (1<sup>st</sup>) dose of vaccine must be given on or after the first (1<sup>st</sup>) birthday. The second (2<sup>nd</sup>) dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.

**According to Section 3313.671, on the 15th day after school entrance it will be necessary to exclude all students from school who do not meet the above requirements.**

Medical authorities and school educators urge that every child have a complete medical examination before entering school in order that defects, if present, may be corrected and the child be physically ready to accept all the advantages which education has to offer.

The school clinic staff is required to check the records of all new entrants for compliance with immunization requirements. Please have your physician complete the attached Physical Examination form and return it along with a copy of the child's Immunization record no later than August 1<sup>st</sup>.

If you have any questions, please contact the school clinic or the building principal.

\*NOTE: Exceptions are provided for under the law. This can be discussed with the school clinic staff.

## IMMUNIZATIONS REQUIRED FOR GRADES 1-8

### LETTER TO PARENTS REQUIRED IMMUNIZATIONS

**TO:** Parents of Transfer Students  
**FROM:** School Health Clinic  
**DATE:** \_\_\_\_\_  
**SUBJECT:** Immunizations

In order to attend school, your daughter/son must have completed the following immunizations which are required under Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code:\*

- ☐ Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.
- ☐ Effective with the 2012-2013 school year, and each year thereafter, one dose of Tdap (Tetanus, diphtheria and acellular pertussis, adolescent and adult formulation) must be administered prior to entry into the seventh(7<sup>th</sup>) grade. If one dose of Tdap was part of the initial series, another dose of Tdap will not be required. For students who entered 7<sup>th</sup> grade in 2010 or 2011, one dose of Td (Tetanus and Diphtheria) is acceptable. Tdap can be given regardless of interval since last tetanus or diphtheria-toxoid containing vaccine.
- ☐ Three (3) or more doses of OPV or IPV. If the third dose was received prior to the fourth birthday, a fourth dose is required. If a combination of IPV or OPV were received, four doses of either vaccine are required. For students that entered Kindergarten in 2010 or later, the final dose of polio vaccine must have been administered on or after the fourth birthday, regardless of the number of previous doses.
- ☐ Three doses of Hepatitis B vaccine. The second dose must be given at least 28 days after the first dose, and the third dose at least 8 weeks after the second dose and at least 16 weeks after the first dose. The last dose in the series (3<sup>rd</sup> or 4<sup>th</sup>) must not be administered before 24 weeks of age.
- ☐ Two (2) doses of MMR [Measles (Rubeola), Mumps, and Rubella (German Measles)] vaccine are required. The first dose must have been received on or after the 1st birthday and the second dose at least 28 days after the first dose.
- ☐ In the 2010-2011 school year, one (1) dose of Varicella vaccine will be required for grades 1-4 entry. This requirement is progressive, therefore extended to students in grades 2-5 in 2011, 3-6 in 2012, etc. Beginning with the start of the 2010-2011 school year, and progressively thereafter, all children entering Kindergarten are required to have two (2) doses of varicella vaccine. The first (1<sup>st</sup>) dose of vaccine must be given on or after the child's first (1<sup>st</sup>) birthday. The second dose should be administered at least three (3) months after dose 1; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.
- ☐ Meningococcal: Beginning with the start of the 2016-2017 school year, all pupils entering the 7th and 12th grade are required to be vaccinated against meningococcal (serogroups A, C, W, and Y) disease. One (1) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required prior to entry into the 7th grade. A second (2nd) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required prior to entry into the 12th grade. The second (2nd) dose must be administered on or after the 16th birthday with at least eight (8) weeks between the first (1st) and second (2nd) dose. If the first (1st) dose of meningococcal (serogroups A, C, W, and Y) vaccine was administered after the 16th birthday, a second (2nd) dose is not required. If a pupil is 15 years of age or younger, only one (1) dose is required. This requirement shall be enforced progressively; therefore, the requirement shall be extended to 7th and 12th grade students in 2016, 7 – 8th and 12th grade students in 2017, 7 – 9th and 12th grade students in 2018, 7 – 10th and 12th grade students in 2019, 7 – 11th and 12th grade students in 2020, and 7-12th grade students in 2021.

According to Section 3313.671, on the 15th day after school entrance it will be necessary to exclude all students from school who do not meet the above requirements.

\*NOTE: Exceptions are provided for under the law. This can be discussed with the school's nurse.

# Ohio Department of Health • School and Adolescent Health

## Immunization Report

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /    /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).

A copy of the child's immunization record may be attached or dates may be entered below.

Please note the month, day, and year for each immunization should be on record.

Vaccine	Record complete dates (month, day, year) of vaccine doses given					
Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
Pneumococcal (PCV)						
Measles (Rubeola) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Influenza						
Other						

This information was provided by ☐ Health Care Provider ☐ Parent/Guardian ☐ Other

Signature	Print name	Date
		/ /

## PHYSICAL EXAMINATION

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
Height	Weight	BMI percentile	BP

## Screening Tests

Vision		Hearing		Postural	
Date performed / /		Date performed / /		Date performed / /	
Distance Acuity	<input type="checkbox"/> R <input type="checkbox"/> L	Pure Tone		<input type="checkbox"/> No abnormality noted	
Muscle Balance	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Screening not done	
Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Referral made	
Color	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments _____	
Child wears glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child under the care of a hearing specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
Tested with glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
Referral made?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Speech/Language

## Lead Poisoning

## HGB Results

PRESCHOOL ONLY

Speech assessment completed ☐ Yes ☐ No

Child has no discernible speech problem ☐ Yes ☐ No

Speech evaluation recommended ☐ Yes ☐ No

Child has possible problem with \_\_\_\_\_

☐ Date \_\_\_\_\_ Type ☐ C ☐ V Results \_\_\_\_\_ µg/dL

☐ Date \_\_\_\_\_ Type ☐ C ☐ V Results \_\_\_\_\_ µg/dL

## Tuberculin Test

Date \_\_\_\_\_ Type \_\_\_\_\_ Results \_\_\_\_\_

## Health History (Serious or chronic illnesses/injuries/surgeries)


## Physical Examination Date of most recent examination

<input type="checkbox"/> Essentially normal	<input type="checkbox"/> Abnormalities as follows _____
Is this child able to participate fully in:	
Classroom and academic activities <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes <input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports <input type="checkbox"/> Yes <input type="checkbox"/> No
If limitations are advised, please specify _____	
Does this child have any physical, developmental or behavioral issues that may affect his/her educational process? _____ _____	

Health Care Provider's signature	Print name	Phone ( )
Address		Date / /
City	State	Zip

Adapted from the Ohio Department of Health



## FACTS TUITION MANAGEMENT PROGRAM

**Your school tuition and fees for 2022-2023 are payable between June 1, 2022 and May 31, 2023.**

St. Hilary School uses the FACTS Tuition Management Program for all automatic withdrawal payment plans. This service is very flexible and easy to use, and provides a variety of automatic withdrawal payment methods that include the use of MasterCard, Discover or American Express, a choice of monthly payment plans, receipt of monthly statements, online access to your tuition account, and more.

### **ABOUT THE PAYMENT OPTIONS:**

- ▶ You have the option of 10 and 12 month payment plans with FACTS using automatic withdrawal from your checking or savings account, or automatic charges to your credit card.
- ▶ Discover, American Express and MasterCard can be used to make your monthly payments. (FACTS charges a 2.5% service fee for the credit card option.)
- ▶ You have the option of choosing one of several payment dates when you enroll.
- ▶ If you are currently enrolled in FACTS, you do not need to re-register, but you will be responsible for the annual \$45 fee.
- ▶ You may also pay your total tuition and fees IN FULL by May 15, 2022, and receive a 1% discount. This option is handled directly with St. Hilary and does not involve FACTS.

### **HOW TO GET STARTED:**

Upon completion of the registration and acceptance process for your child(ren), your total tuition and fees for 2022-2023 will be calculated and submitted to FACTS. You will receive instructions on how to begin your payments and more information with your tuition invoice in the coming months.

### **FOR MORE INFORMATION:**

Please contact Lou Camerato, St. Hilary Parish Business Manager, at 330-867-1055, ext. 203 or [lcamerato@sthilarychurch.org](mailto:lcamerato@sthilarychurch.org) if you have questions, need to discuss alternate payment arrangements, or have not previously used the FACTS service but would now like to participate.

You may also visit the FACTS website at <http://factsmgt.com/>

Dear Parents:

FACTS Grant & Aid Assessment will be conducting the financial need analysis for St. Hilary School for the upcoming 2022-2023 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by March 1. Applicants can apply online at [www.online.factsmtg.com/aid](http://www.online.factsmtg.com/aid). Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your 2020 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

All supporting documentation can be uploaded in pdf format online.

Documentation can also be faxed to 866-315-9264 or mailed to the address below. **Please be sure to include the applicant ID on all faxed or mailed correspondence.**

FACTS Grant & Aid Assessment  
P.O. Box 82524  
Lincoln, NE 68501-2524

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 866-441-4637.



## Grant & Aid Assessment

FACTS makes quality education affordable for families by assisting schools in awarding financial aid. We work with schools to create a custom application and collect financial data so schools can make accurate award decisions based on financial need.

To apply for financial aid, visit <https://online.factsmgt.com/aid>

After completing the online application, you will need to upload all required supporting documentation.

### The following supporting documents are required to complete the application process:

- **IRS Federal Income Tax Return**, including all supporting schedules (the year of the tax return depends on the tax requirements of your school). If applicant and co-applicant file separately, we require both tax returns for the same tax year.
- Copies of all the **current year W-2 Wage and Tax Statements** for both the applicant and co-applicant.  
**NOTE:** If you are applying before you have received all the current year W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting tax documents if you have business income/loss from any of the following:
  - Business** - send Schedule C or C-EZ and Form 4562 Depreciation and Amortization
  - Farm** - send Schedule F and Form 4562 Depreciation and Amortization
  - Rental Property** - send Schedule E (page 1)
  - S-Corporation** - send Schedule E (page 2), Form 1120S (5 pages), Schedule K-1 and Form 8825
  - Partnership** - send Schedule E (page 2), Form 1065 (5 pages), Schedule K-1 and Form 8825
  - Estates and Trusts** - send Schedule E (page 2), Form 1041 and Schedule K-1

**IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your current year Federal Form 1040 Tax Return.**

- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). If you do not file a tax return, you are required to provide documentation of all income received.

**All documentation received is imaged upon receipt and then destroyed.**

You may log in to your FACTS user account to review the status of your application. Please allow 2 weeks processing time before inquiring further about receipt and/or status of the uploaded documents. Application deadlines are set by the institution awarding the aid. If you are applying after the deadline, contact your school to ensure that your application will be accepted.

**A non-refundable application fee may be required before your application will be submitted.**

**NOTE: Award decisions are made by the institution providing the financial aid, not FACTS.**

Estimados Padres:

FACTS Grant & Aid Assessment estara conduciendo el analisis de ayuda financiera del anfo escolar 2022-2023 para St. Hilary School. Familias solicitando ayuda financiera tendran que completar una solicitud y someter la documentacion necesaria a FACTS Grant & Aid Assessment para **1** de Marzo. Aplicantes pueden solicitar en linea haciendo clic en [www.online.factsmgmt.com/aid](http://www.online.factsmgmt.com/aid). Una vez que usted ha completado una solicitud en linea, la siguiente informacion debera enviarse a FACTS para completar el proceso de la solicitud:

- Copias de sus formularios de impuestos federales mas recientes incluyendo anexos fiscales acreditativos.
- Copias de los formularios de 2020 W-2 para usted y su conyuge.
- Copias de la documentacion acreditativa para el ingreso del Seguro Social, bienestar social, manutencion infantil, cupones para alimentos, indemnizacion por accidentes de trabajo, y asistencia temporal para familias necesitadas (TANF.)

Toda la documentacion se puede cargar en formato pdf en linea.

Documentacion tambien puede ser enviada por fax al 866-315-9264 o por correo a la siguiente direccion. **Por favor asegurese de incluir su ID de aplicante en toda su documentacion.**

FACTS Grant & Aid Assessment  
P.O. Box 82524  
Lincoln, NE 68501-2524

Si tiene preguntas sobre la solicitud, puede hablar con un Representante de Servicio al Cliente de FACTS al 866-441-4637.



## Evaluación de Donación y Asistencia

FACTS hace la calidad de educación asequible para familias por medio de asistir a las escuelas con la asignación de ayuda financiera. Trabajamos con las escuelas para crear una solicitud personalizada y coleccionar datos financieros para que las escuelas puedan tomar decisiones precisas basadas en la necesidad económica.

Para solicitar ayuda financiera visite la página web de su escuela y haga clic al enlace de FACTS.

Al completar su solicitud en línea, usted necesitara subir los documentos requeridos.

### Se requieren los siguientes documentos para completar el proceso de solicitud:

- **Declaración de Impuestos Federales del IRS**, incluyendo todos los formularios respaldantes (el año de la declaración de impuestos depende de los requisitos de la escuela). Si el solicitante y el co-solicitante declaran por separados, requerimos ambas declaraciones de impuestos para el mismo año.
- Copias de todas las más recientes **W-2 Wage and Tax Statements** para el solicitante y el co-solicitante.  
**NOTA:** Si está solicitando antes de recibir todas las más recientes W-2 Wage and Tax Statements, por favor sométalas tan pronto sean disponibles.
- Copias de todos los formularios respaldantes si tiene ingresos/pérdidas de cualquier de los siguientes:
  - Negocio** - Envíe Formulario(s) y la Forma 4562 Depreciación y Amortización
  - Hacienda** - Envíe Formulario(s) y la Forma 4562 Depreciación y Amortización
  - Propiedad Rentable** - Envíe Formulario(s)
  - Sociedad Anónima Pequeña (S)** - Envíe Formulario(s), la Forma 1120S (5 páginas), el Formulario K-1, y la Forma 8825
  - Sociedad Colectiva (o de Personas)** - Envíe Formulario(s), la Forma 1065 (5 páginas), el Formulario K-1, y la Forma 8825
  - Caudales Hereditarios y Fideicomisos** - Envíe Formulario(s), la Forma 1041, y el Formulario K-1

**IMPORTANTE:** Si usted declara impuestos pero sus ingresos no son reportados en una Forma W-2 porque trabaja por su cuenta, se requiere someter la copia del año más reciente de su declaración de impuestos federales.

- Copias de toda documentación respaldante para ingresos no sujetos a impuestos como el Seguro Social, Asistencia Pública, Sostén de Menores, Estampillas de Alimento, Compensación al Trabajador, y Asistencia Temporal para Familias en Necesidad (TANF) recibidos en el hogar. Si usted no declara impuestos, se requiere documentación de ingresos no sujetos a impuestos.

**Toda la documentación enviada por un solicitante se digitaliza apenas se recibe y luego se destruye por razones de seguridad.**

Usted puede entrar en su cuenta de FACTS para verificar el estado de su solicitud. **Por favor permita dos semanas para el proceso de la solicitud antes de preguntar sobre la recepción y/o el estado de los documentos que subió en línea.** La fecha límite de la solicitud es establecida por la escuela o institución donando las becas. Si usted está solicitando después de la fecha límite establecida, por favor comuníquese con su escuela o institución para asegurar que su solicitud será aceptada.

**Pago de la cuota no-reembolsable puede ser requerido antes de su solicitud ser sometida.**

**NOTA:** Las decisiones sobre las donaciones otorgadas no son tomadas por FACTS, si no por la organización proveyendo la beca.