

Please complete this form and the application, and then submit them to Central Registration and the Welcome Center. Every effort will be made to honor the preferences of the parents. However, the principal reserves the right to assign students to classes based on the needs of the district and the school.

Parent/Guardian Financial Agreement

For School Use Only:

Student ID#: _____
Enrollment Date: _____
Elementary School: _____
() PS-AM () PS-PM () KG-All Day

****A completed Fee Subsidy Form will determine the eligibility for fee assistance ****

- I fully acknowledge that the full price of the Pre-School Program is \$298.00 per month.
- I fully acknowledge that the full price of the All Day Kindergarten Program is \$386.00 per month.
- I fully acknowledge that there is no refund for fees paid in advance for any reason.
- I agree to pre-pay my child's first fee before their first day of attendance into a school building.
- I agree to pay the fee in 9 equal installments thereafter, with no deductions for absences, holidays, vacations, withdrawals, or calamity days. I also acknowledge that the monthly fees are due and to be **pre-paid** on or before the 20th of every month of the student's enrollment. (For Example: the fee being paid by August 20th is for the month of September)
- I agree that if my child is enrolled into Pre-Kindergarten or All Day Kindergarten and the fees are not paid on time, this will result in a withdrawal of my child from the above named programs.
- I agree to submit any program changes for my child in writing and in person or via the U.S. Postal Service (**No Faxes**). I also acknowledge that the changes will become effective the first day of the following fee cycle.
- I agree to pay a \$20.00 fee for a returned check and will submit payments thereafter with a money order, cashier's check, or in cash.
- I understand and acknowledge that legal action may be taken against me to collect all unpaid obligations accrued with the Princeton City School District.
- I understand and acknowledge that my child will not be able to enroll in any future Fee Programs within the Princeton City School District if past due balances or fees are owed.

Child's Full Name: _____ DOB: _____

Address: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Home # _____ Mobile # _____ Work # _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Home # _____ Mobile # _____ Work # _____

Parent/Guardian Early Childhood Education Program Preference:

() PS-AM () PS-PM
() KG-AM () KG-PM () KG-All Day

Early Childhood Education Application for Fee Subsidy must be accompanied with the proof of income to all household members and it should be presented in person upon the student's enrollment into the Princeton City School District.

Fee Subsidy Application

For School Use Only:

Student ID#: _____
Enrollment Date: _____
Elementary School: _____
() PS-AM () PS-PM () KG-All Day

Student Name: _____
Date of Birth: _____ Please Check One: [] MALE [] FEMALE
Place of Birth: _____
Home Address: _____ Contact # _____

() I voluntarily decline to complete this application form. Parent/Guardian Initials: _____ Date: _____

Please list everyone residing in the household and include 2 paystubs for income verification purposes:

Full Name:	Relationship to Student:	Place of Employment:	Gross Pay: (before taxes) Weekly/Bi-weekly/Monthly (indicate one please)

Additional Monthly Income:

Food Stamp Case # _____ Welfare \$ _____ Child Support \$ _____
Alimony \$ _____ Pension \$ _____ Retirement \$ _____ Social Security \$ _____
SSI \$ _____ SSDI \$ _____ Any Other Monthly Incomes \$ _____

**I certify that all of the above information is true and correct, and that all income or Food Stamp/OWF numbers are accurate.*

**I understand that this information is being given for the receipt of state and federal funds; that school officials may verify the information on the application; and that any deliberate misinterpretation of the above information may subject me to prosecution under applicable state and federal laws.*

Signature: _____ Date: _____
Printed Name: _____ SS# XXX-XX-_____
Address: _____ Cincinnati, Ohio. Zip Code: _____
Home # _____ Mobile # _____ Work # _____

*This information is confidential and only to be used for fee subsidy eligibility purposes.
Please call the district office if your monthly income changes (513) 864-1000. Thank You.

.....Do Not Write Below.....

Administrative Use Only:

Total Household Size: _____ Monthly Income: \$ _____

Eligibility Determination:

Approved Reduced Level _____ = Price \$ _____ monthly
Denial: High Income _____ Incomplete Application _____ Other _____

Signature of Verifying Official: _____ Date: _____