



**Immaculate Conception Catholic Academy – Astoria**

21 – 63 29<sup>th</sup> Street, Astoria, New York 11105

P: (718) 728 – 1969 F: (718) 728 – 3374

[www.iccaastoria.org](http://www.iccaastoria.org)

*“Where a lifelong passion for learning begins!”*



## **ACADEMY RE-REGISTRATION 2024-2025 SCHOOL YEAR**

**Re-registration for our current families for the 2024-2025 School Year begins Wednesday, January 17, 2024.**

### **Welcome Back!**

- The early Re-registration fee is \$200 per family, until February 29<sup>th</sup>. After February 29<sup>th</sup>, the Re-registration fee is \$350 per family.
- All Re-registration must be complete by March 15, 2024, to guarantee your child's place at our Academy.
- All Re-registration fees are non-refundable.
- Please complete the re-registration form below and return it as soon as possible to take advantage of our special re-registration incentive for currently registered families.
- If you are interested in applying for any tuition assistance, please see our website for more information on tuition assistance.
- It is recommended that you begin gathering materials needed for the preparation of your income tax return which is a requirement for applying for any tuition assistance.

**Please complete the following:** (Check appropriate response)

\_\_\_\_ \$200 Early Re-registration fee per family (from January 17 –February 29)

\_\_\_\_ \$350 Re-registration fee per family (after February 29)

\_\_\_\_ My child(ren) will not return to Immaculate Conception Catholic Academy for the 2024-2025 school year.

Reason: \_\_\_\_\_

**Your Re-registration fee (that which you indicated above) will be billed directly to your family account from FACTS Tuition Management.**

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

**Other Information: Race/Ethnicity (OPTIONAL)** –For Diocesan Census Purposes only! Check one....

☐ Hispanic/Latino    ☐ White    ☐ Asian    ☐ Black or African American  
☐ Native Hawaiian and Other Pacific Islander    ☐ Other (specify) \_\_\_\_\_

*Immaculate Conception Catholic Academy does not discriminate on the basis of race, color, sex, national or ethnic origin in its student admissions, access to programs, and administration of educational policies.*

**PARISH AFFILIATION:**

Is/are your child(ren) Roman Catholic?    ☐ Yes    ☐ No

If so, what Catholic Parish is your family affiliated with? \_\_\_\_\_

**By signing this form, I agree to the fees presented in the Tuition Schedule Sheet, attached to this Re-registration page,** to meet all my financial obligations, to make timely payments, to pay fines for late payments/returned checks, and if I miss 2 consecutive payments my child may be removed from the Academy. I understand I need to attend the Parent-Teacher conference and the annual Back to School meeting.

Parent's Name (please print) \_\_\_\_\_

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

**Please have your child return this completed form to his or her Homeroom teacher.**