

# OLV Elementary School

A Father Baker Legacy

## Registration for 2025-26 School Year

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Public School District: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Primary residence of your child/children:  Mother & Father  Mother  Father  Guardian

Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ *Baptism\** Date/Parish: \_\_\_\_\_

*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ *Baptism\** Date/Parish: \_\_\_\_\_

*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ *Baptism\** Date/Parish: \_\_\_\_\_

*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

Name: \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ *Baptism\** Date/Parish: \_\_\_\_\_

*Penance* Date/Parish: \_\_\_\_\_ *Communion* Date/Parish: \_\_\_\_\_

*\* Please provide a copy of your child's baptismal certificate*

Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's (Maiden) Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Photo Release Permission:* Unless you check below, we understand that you've given us permission to use your child's photo.

*I DO NOT* give permission to use my child's picture and/or name.

*Ethnicity:* This information is used for mandatory NYS reporting. Please select from the following:

American Indian /Native Alaskan

Native Hawaiian/Pacific Islander

Black or African American (not Hispanic origin)

White (not Hispanic origin)

Asian

Hispanic/Latino

Multi-Racial (not Hispanic origin): \_\_\_\_\_

Other information you'd like us to have (*custody, duplicate forms, court documents etc.*): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2025-26 Tuition Rate Schedule: PARISHIONER

### ONE CHILD

Cost of Education .....	\$11,355
Fr. Baker Scholarship (OLV Charities) .....	- \$6,205
<b>Net Tuition Cost .....</b>	<b>\$5,150</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility .....	TBD

### THREE CHILDREN

Cost of Education.....	\$34,065
Fr. Baker Scholarship (OLV Charities) .....	- \$23,945
<b>Net Tuition Cost .....</b>	<b>\$10,120</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility .....	TBD

### TWO CHILDREN

Cost of Education.....	\$22,710
Fr. Baker Scholarship (OLV Charities).....	- \$15,290
<b>Net Tuition Cost .....</b>	<b>\$7,420</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund) .....	TBD
<hr/>	
Family Responsibility.....	TBD

### FOUR CHILDREN

Cost of Education.....	\$45,420
Fr. Baker Scholarship (OLV Charities).....	- \$34,050
<b>Net Tuition Cost .....</b>	<b>\$11,370</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility .....	TBD

## 2025-26 Tuition Rate Schedule: NON-PARISHIONER

### ONE CHILD

Cost of Education.....	\$11,355
Fr. Baker Scholarship (OLV Charities) .....	- \$3,375
<b>Net Tuition Cost.....</b>	<b>\$7,620</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility .....	TBD

### THREE CHILDREN

Cost of Education.....	\$34,065
Fr. Baker Scholarship (OLV Charities) .....	- \$19,905
<b>Net Tuition Cost .....</b>	<b>\$14,160</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
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Family Responsibility .....	TBD

### TWO CHILDREN

Cost of Education.....	\$22,710
Fr. Baker Scholarship (OLV Charities).....	- \$12,590
<b>Net Tuition Cost .....</b>	<b>\$10,120</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility .....	TBD

### FOUR CHILDREN

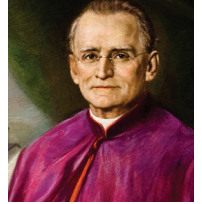
Cost of Education.....	\$45,420
Fr. Baker Scholarship (OLV Charities).....	- \$28,480
<b>Net Tuition Cost (\$87.50 per school day).....</b>	<b>\$16,940</b>
Unmet Need (Bison Scholarship).....	TBD
Unmet Need (Sr. Ellen O'Keefe Angel Fund).....	TBD
<hr/>	
Family Responsibility .....	TBD

## 2025-26 Pre-Kindergarten Tuition

PK3 (for children who turn three years old by December 1, 2025) - 5 FULL DAYS .....	\$6,500
PK4 (for children who turn four years old by December 1, 2025) - 5 FULL DAYS .....	\$6,000

# Financial Aid Information

We recognize a Catholic elementary education represents a significant investment on the part of many. The OLV Basilica Parish family also provides significant support, as do various community benefactors, friends and partners who appreciate what an OLV education means for the future of your child. *Our family supports yours!*



- **Father Baker Scholarship (OLV Charities)** – The actual cost to educate your child is substantially higher than what families are asked to pay. Every family — whether they are parishioners or non-parishioners — automatically receives substantial financial assistance made possible by OLV Charities and its generous donors. This award amount varies based on the number of children a family enrolls, and if the family is a members of a Catholic parish or not. *(See Tuition Rate Schedule)*

- **Catholic Parishioner Grant** – If a family is not a member of OLV Basilica Parish, but is registered and an active at another parish with the Diocese of Buffalo, they are eligible for the *Parishioner Tuition Rate*. “Active” means families that participate in various parish life ministries and give witness to their faith through regular attendance at weekend Mass.

- **BISON Fund Scholarship** – Even after the above award is applied, we recognize that the net tuition cost can still stretch beyond the financial means of many families. In other words, they can have additional “unmet need.” BISON is a WNY donor-supported tuition-assistance program for income-eligible children and families. Please visit the BISON Fund website at [www.bisonfund.com](http://www.bisonfund.com) for application deadlines and income eligibility. You may apply on the BISON Fund website at [www.bisonfund.com/apply.html](http://www.bisonfund.com/apply.html). We highly encourage all eligible families to apply for Bison Fund Assistance.



- **Sr. Ellen O’Keefe, SSJ, Angel Fund Award** – Finally, recognizing that additional “unmet need” may still exist, we encourage families to apply for tuition assistance through this benefactor-supported fund named in honor of our cherished former principal, Sr. Ellen O’Keefe, SSJ. In order to be eligible for this assistance, families must first apply to the BISON Fund. Also, we recognize that life circumstances can change and financial difficulties can arise during the course of the year. Application for this assistance is done though the FACTS Grant & Aid web portal at [online.factsmgmt.com/signin/3MFPV](http://online.factsmgmt.com/signin/3MFPV)

## ADDITIONAL INFORMATION:

- All families are expected to use FACTS Tuition Management to receive any scholarship award, discount, or payment installment options — otherwise full tuition is expected.
- Families will be charged full tuition (with no discounts) until notifications have been received from BISON and/or from OLV for the Sr. Ellen O’Keefe, SSJ, Angel Fund.
- All tuition account adjustments will be made after financial aid determinations are made.
- If refunds are necessary, adjustments will be made as BISON Fund deposits are made 2x year.
- *All families that qualify for aid should apply.*

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## IMPORTANT APPLICATION DUE DATES:

BISON Award (New Family).....March 31st  
BISON Award..... April 30th  
Sr. Ellen O’Keefe, SSJ, Angel Fund..... June 30th

Early Payment Discount (\$150) ..... July 15th  
FACTS Tuition Enrollment ..... July 15th

# Tuition Payment Options

There is a \$200 per student administrative fee that must be returned with this completed form. If registering after June 28, 2025, the fee is \$250. All fees are non-refundable. All families are provided the following payment options for tuition and fees. You may either choose one of the payment plans through FACTS Tuition Management System or pay in full by July 15th.

**1. Full Payment.** For students in grades K-8, there is a \$150 discount per family that will be deducted if tuition is paid in full by July 15th.

**2. Payment Plans.** All families must register with FACTS, which provides the opportunity for payment through different plan options. This program is independent of the school. Based on the plan you choose, a charge ranging between \$0 and \$45 will be included in your fees that are paid directly to FACTS. (*Full payment = \$0, two payments = \$10 fee, three or more payments = \$45 fee*)



Monthly payments begin in August and end in May (10 months). If you currently have a FACTS account, your signature below will authorize your payment continuation for the new school year.

Payments through FACTS Tuition Management can be made in two ways:

- Automatic Bank Payment (ACH) from your checking or savings account
- Credit card

The FACTS enrollment fee will automatically be deducted from your account within 14 days of the date your agreement is posted to within the FACTS system.

I agree to make tuition payments for the 2025-26 School Year according to one of the options listed above. I have read the school policy regarding tuition and agree to abide by it.

Responsible Party Signature (*person authorizing payments*): \_\_\_\_\_ Date: \_\_\_\_\_

*Administrative Fee Paid*

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

**\*\* This form must have authorized signature & the administrative fee attached to be accepted \*\***



Elementary School

A Father Baker Legacy

**OLV ELEMENTARY SCHOOL**

2760 South Park Avenue, Lackawanna, NY 14218

(716) 828-9434

## Pre-K Confidential Profile Sample

Child's Name: \_\_\_\_\_

Pre-School: \_\_\_\_\_

# of other children: \_\_\_\_\_

Their ages: \_\_\_\_\_

### HEALTH:

1. Does your child have any allergies?

Food: \_\_\_\_\_

Other: \_\_\_\_\_

2. Sleeping habits:

Number of hours: \_\_\_\_\_

Night: \_\_\_\_\_ Nap: \_\_\_\_\_

3. Is your child toilet-trained and able to use the bathroom independently?

Daytime: Y / N

Nighttime: Y / N

### SPEECH DEVELOPMENT:

1. Does your child "get along" with other children? \_\_\_\_\_

2. Is he/she "high strung?" \_\_\_\_\_

3. Is he/she "easy going?" \_\_\_\_\_

4. Is he/she fearful? \_\_\_\_\_

5. Is he/she shy? \_\_\_\_\_

6. Is he/she easily managed at home or stubborn? \_\_\_\_\_

7. Does he/she suck the thumb? \_\_\_\_\_

8. Does he/she have temper tantrums? \_\_\_\_\_ Why? \_\_\_\_\_

9. If "yes" to above, how do you handle them? \_\_\_\_\_

10. How is he/she usually disciplined? \_\_\_\_\_

11. Does he/she appear nervous? \_\_\_\_\_

12. Does your child appear insecure? \_\_\_\_\_

13. Is your child jealous of his/her siblings? \_\_\_\_\_

**LATERALITY & MOTOR DEVELOPMENT:**

- 1. Is he/she right or left handed? \_\_\_\_\_
- 2. Did anyone try to influence his/her handedness? \_\_\_\_\_
- 3. Is he/she usually awkward or well-coordinated? \_\_\_\_\_

**SOCIAL DEVELOPMENT:**

- 1. Is this his/her first contact with other children? \_\_\_\_\_
- 2. Is this his/her first group contact? \_\_\_\_\_
- 3. Are his/her playmates his/her own age? \_\_\_\_\_
- 4. Does he/she play well with other children? \_\_\_\_\_
- 5. Is he/she responsive to adults? \_\_\_\_\_ To children? \_\_\_\_\_
- 6. Is he/she dominating? \_\_\_\_\_ Especially \_\_\_\_\_
- 7. Is he/she a leader? \_\_\_\_\_ Especially \_\_\_\_\_
- 8. Is he/she a follower? \_\_\_\_\_ Especially \_\_\_\_\_
- 9. Does he/she like to share? \_\_\_\_\_
- 10. Does he/she have any special likes? \_\_\_\_\_

Please describe any specific challenges/needs your child may have or require (*ex. speech, motor coordination, eyes, hearing, diet, etc.*)

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

We are always interested in knowing when your child will not be in school. We would appreciate your calling when he/she will not be present. Will you cooperate?

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

## New Student Academic Information

The purpose of this form is to gain insight into your child's educational needs and to assist us in developing appropriate programs to support academic achievement for all students.

Name: \_\_\_\_\_

Entering from (school): \_\_\_\_\_

Grade as of September: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| • Is student on an IEP (Individual Education Plan)? | Yes | No |
|---|-----|----|
  
- |                                       |     |    |
|---------------------------------------|-----|----|
| • Has the student ever been retained? | Yes | No |
| If yes, what grade level? _____       |     |    |
  
- |  |     |    |
|--|-----|----|
| • Has the student ever been recommended for retention, but not retained? | Yes | No |
| If yes, at what grade level? _____                                       |     |    |
  
- |   |     |    |
|---|-----|----|
| • Has the student ever received Title I services in math? | Yes | No |
| Grade level(s) _____                                      |     |    |
  
- |  |     |    |
|--|-----|----|
| • Has the student ever received Title I services in reading? | Yes | No |
| Grade Level(s) _____   |     |    |
  
- |   |     |    |
|---|-----|----|
| • Has the student ever been referred for intervention or academic assistance? | Yes | No |
|---|-----|----|
  
- |  |     |    |
|--|-----|----|
| • Has the student ever been on a Behavior Assistance Plan? | Yes | No |
|--|-----|----|
  
- Describe the student's historical academic performance level in:

Reading:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
Writing:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
Mathematics:	<input type="checkbox"/> Strong	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs Support
  
- |  |     |    |
|--|-----|----|
| • Has student ever been in one of the following non-traditional school programs?   | Yes | No |
| <input type="checkbox"/> Community School <input type="checkbox"/> Virtual School<br><input type="checkbox"/> Alternate School <input type="checkbox"/> Home Schooling<br><input type="checkbox"/> Other (Describe): _____ |     |    |
  
- |   |     |    |
|---|-----|----|
| • Did the student pass the most recent State Assessment (Grades 3-8)?                           | Yes | No |
| <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math |     |    |

Other information that could impact your student's transition to Our Lady of Victory School: \_\_\_\_\_

\_\_\_\_\_

# Permission Affidavit Release of / Access to Student Record Information

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. The undersigned (VI) authorizes (*check as appropriate*):

- Release of       Copies of       Access to

II. The records of:

\_\_\_\_\_ *Name of Student*      \_\_\_\_\_ *Date of Birth*

III. Records Involved:

- Academic       Psychological       Standardized Test       Attendance  
 Health       Other: \_\_\_\_\_

IV. Reason for Request:

- Transcript to new school/institution       Employment considerations  
 Other: \_\_\_\_\_

V. Diocesan Schools

\_\_\_\_\_ Please transfer student from eSchool Data

VI. To be released to/seen by:

Our Lady of Victory School  
2760 South Park Ave.  
Lackawanna, NY 14218

VII. Signed: \_\_\_\_\_  
*Parent/Guardian*

Date: \_\_\_\_\_      Witnessed by: \_\_\_\_\_  
*Secretary*



# New York State Textbook Loan Program Textbook Request Form TB-1

Student Name: \_\_\_\_\_  
*Last First Middle Initial*

Student Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip Code*

Residing in School District: \_\_\_\_\_

Non-Public School Name: \_\_\_\_\_

## LOAN OF TEXTBOOKS

I hereby request the loan of textbooks in the name of: \_\_\_\_\_  
*Student's Name*

I authorize \_\_\_\_\_ to act on behalf of this Non-Public  
*Public School District*

School student in identifying and ordering books for this student's use. I understand that all books loaned to this student  
by \_\_\_\_\_ are to be maintained in good condition and  
*Public School District*

that said the student must pay for the loss of or excessive damage to said books.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This form is to be kept on file in the individual Non-Public School for the duration of enrollment*

## *After-School Care Program*

The After-School Care Program provides competent care, supervision, recreation, and enrichment activities. It serves working families who desire both Parochial school education and supplementary day care in a Christian environment for children enrolled at OLV School.

The program will be staffed by school personnel. These care givers will work to help each child grow in maturity and self-respect, as well as to maintain an atmosphere where respect and understanding of others is realized. Children can receive homework help. Games, puzzles, art activities etc., will also be available for student use.

Our After School Program will be held only on regular school days.

- Monday-Friday 2:30-5:30 p.m. except for scheduled early dismissal days.
- The program will not be in session on days of early dismissal.
- If the school is closed for emergency reasons, the After-School program is cancelled.

This program is not subsidized by the School or the Parish. The fees are as follows:

- 1st child — \$12.00 per hour
- 2nd child — \$7.50 per hour
- 3rd child (or more) — \$6.00 per hour

Late pick-up fees will be assessed in 10-minute increments. If you are 1-10 minutes late picking up your child, you will be charged \$10; 11-20 minutes late is a \$20 charge, 21-30 minutes late is a \$30 fee, if you arrive after 6 p.m., you will be charged \$50.

You will be charged through the FACTS system.

Be sure the Application and Emergency Information documents are completed prior to your child's first day of participation. Your child can not begin the program if we do not have both documents.

Registration is due by June 27, 2025. Thank you!

Sincerely,



Mary D. Szlosek  
*Principal*

# After-School Care Program

CHILD(RENS) NAMES	Male	Female	DATE OF BIRTH
			Month    Date    Year
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

MY CHILD/CHILDREN WILL BE PICKED UP BY: \_\_\_\_\_

MY CHILD/CHILDREN MAY NOT BE PICKED UP BY: \_\_\_\_\_

\_\_\_\_\_

In case of a medical emergency or accident when I cannot be reached I wish one of the following to be notified. They are authorized to act in my absence to make decisions regarding the treatment of my child/children.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

If one of the above cannot be reached, I wish my child to be taken to the nearest hospital. I wish the following doctor to be notified:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I give my permission for emergency care to be given.

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

# Our Lady of Victory Catholic School

## Parishioner Rate Tuition Verification

Guidelines for the eligibility for Parishioner Rate Tuition at OLV Catholic School

OLV Catholic School and \_\_\_\_\_ Parish have been entrusted with the responsibility of raising our children in the practice of their faith. Together we can meet the challenge by providing a strong Catholic school education within a vibrant faith community in which our children mature in faith and knowledge.

To qualify for Parishioner Rate Tuition, families must maintain active parishioner status by meeting the following criteria established by the Diocese of Buffalo. This criterion is also applied to those families registered at a parish without a school but wish to send their child(ren) to OLV Catholic School.

The following criterion must be met and verified before for families to be considered active parishioners and to qualify for Parishioner Rate Tuition:

- 1. Parish Registration and Mass Attendance:** The family must be registered at \_\_\_\_\_ Parish (or another parish without a school) and must attend Mass on a weekly basis with their children. Children should worship at their parish on Sundays in order to understand that they are nourished in faith at the parish celebration of the Eucharist.
- 2. Active Parish Participation and Ministry:** In order for \_\_\_\_\_ Parish to carry out its ministry, it is essential that all members participate within the parish. In order to qualify for Parishioner Rate Tuition, parents must take part in the ministry of the parish and/or school, for example as a lector, Eucharistic Minister, choir member, pastoral council member, or other parish or school committee. Children are encouraged to be altar servers or involved in other age appropriate opportunities. This provides another opportunity for our young people to see the close connection between faith and service.
- 3. Stewardship and Financial Contribution:** The financial support of the \_\_\_\_\_ Parish is crucial for its overall growth and ministry, including the school. It is expected that a family receiving the Parishioner Rate Tuition contribute weekly to the parish offertory using offertory envelopes according to their names or through electronic giving.

This criterion will be monitored throughout the year and failure to maintain all three criterion will disqualify the family from the Parishioner Rate Tuition.

### PARISHIONER VERIFICATION

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Town/ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Student Name(s)	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Pastor/Canonical Administrator Verification:

Date \_\_\_\_\_