



Vermilion Catholic High School

425 Park Avenue † Abbeville, Louisiana 70510
337.893.6636 † www.vermilioncatholic.com

STUDENT REGISTRATION PACKET 2016-2017

Dear Parents:

Thank you for choosing Vermilion Catholic High School for a Catholic education for your child. Welcome to the VC Family!!

For your child to be considered registered and receive a schedule for the 2016-2017 school year, the following must be FULLY completed and submitted:

- **The green Financial Obligation form, Tuition Agreement form and Out of Parish Commitment form (if applicable) for 2016-2017. Financial assistance and a limited number of need based academic scholarships are available. Applications will be available at www.vermilioncatholic.com after February 1, 2016. Application deadline is April 15, 2016.**
- **A minimum deposit on registration of \$200.00**
- **The yellow Student Information Form for new students OR the white Family Information Sheet for returning students with necessary corrections made in red ink**
- **The blue Drug Screening Consent form signed by both the student and the parent/guardian**
- **All New Students – attach a copy of birth certificate, social security card and immunization record.**

If you wish to remit payment early for the **other student fees** that will be due **August 15, 2016**, you may submit a gray Student Fees Form and remit one check for the registration and any of the other fees you are opting to remit early.

If you have any questions, please feel free to call us!!

Thank you and God Bless!

Vermilion Catholic High School does not discriminate on the basis of race, creed, national origin or ethnic background in educational programs or activities.

FOR OFFICE USE ONLY:
Date Rec'd _____
C/Check # _____
Amount _____



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TUITION PER STUDENT

\$6,190.00

TUITION PER ADDITIONAL SIBLINGS IN HOUSEHOLD

\$6,140.00

Payment Options

- Option 1** I will pay tuition in full by August 15, 2016 and receive a discount of \$100.
- Option 2** Please draft tuition from my bank account for **10** months beginning in August, 2016 and ending in May, 2017 for 1/10th of tuition \$619 per month (\$614 per month for additional siblings in household).
- Option 3** Please draft tuition from my bank account for **12** months beginning in June, 2016 and ending in May, 2017 for 1/12th of tuition \$515.84 per month (\$511.67 per month for additional siblings in household).

CIRCLE DAY OF BANK DRAFT:	1 ST	10 TH	15 TH
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I HEREBY AUTHORIZE VERMILION CATHOLIC HIGH SCHOOL TO DRAFT TUITION FROM MY BANK ACCOUNT EACH MONTH ACCORDING TO THE OPTION SELECTED.

Parent/Guardian's Name(s): _____

Parent Email: _____

PLEASE USE THE SAME BANK ACCOUNT AS LAST YEAR. (FOR RETURNING VC PARENTS ONLY)

VOIDED CHECK ATTACHED FOR ACCOUNT TO BE DRAFTED

Signature: _____ Date: _____

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NON-ST. MARY MAGDALEN FEE COMMITMENT

This form is required by all families outside of Saint Mary Magdalen Church parish

To: Fellow Pastors

From: Father Louis Richard

RE: Out-of-Parish Fee Commitment

Vermilion Catholic High School assesses an out-of-parish fee to those students who are not registered parishioners of Saint Mary Magdalen Church Parish. We encourage your assistance with this. It is at your discretion as to whether you will assist your parishioners with all or part of this fee for students in your parish. The following family has indicated that they are parishioners of your church parish. Please complete the following information regarding this family.

TO BE COMPLETED BY THE FAMILY:

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Student's Name: _____

Grade Level: _____

Student's Name: _____

Grade Level: _____

Student's Name: _____

Grade Level: _____

Address: _____

Phone: _____

Home

Cell

Work

TO BE COMPLETED BY THE PASTOR:

Church Parish: _____ City: _____

In reference to the family listed above, I will commit to covering

_____ All of the \$250.00 Out-of-Parish Fee

_____ A portion of the Out-of-Parish Fee

_____ None of the Out-of-Parish Fee

Amount that will be covered \$ _____

PASTOR'S SIGNATURE: _____

Parish Seal

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FOR OFFICE USE ONLY:

Date Rec'd _____

C/Check # _____

Amount