



ST. MICHAEL THE ARCHANGEL HIGH SCHOOL

6301 Campus Drive • Fredericksburg, VA 22407

540-548-8748

smhsadmin@saintmichaelhs.org

www.saintmichaelhs.org

## REGISTRATION FORM

Academic Year 2023-2024

Name of Student(s): \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
 \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
 \_\_\_\_\_ Entering Grade: \_\_\_\_\_

I, \_\_\_\_\_, hereby enroll my child(ren) as named above in Saint Michael  
 the Archangel Catholic High School.

### Terms and Conditions

- Down Payment** – A **non-refundable** down payment in the amount of \$50 per student is due upon execution of the enrollment contract to Saint Michael the Archangel High School. Failure to submit payment with the contract will delay finalization of students' enrollment. The registration fee will be applied against the annual tuition.

### Tuition Schedule

	Catholic Full-Time	Non-Catholic Full-Time
One Student	\$10,747	\$13,222
Two Students	\$17,969	\$22,251
Three Students	\$24,200	\$31,153
Four Students	\$30,461	\$38,100

P/T Catholic	P/T Non-Catholic
\$1,760	\$2,447

Foreign Exchange Students
\$16,500

Saint Michael the Archangel High School offers three tuition payment options. Students are NOT registered/enrolled unless/until registration with FACTs has been verified or the payment in full option below is selected. **Please choose one of the following:**

- Payment of full tuition by July 1. Families who choose this option will receive a 3% discount on the full tuition rate.
- Ten (10) automatic monthly payments drafted via the FACTs Tuition Management program. Deductions will begin in August for families who choose this option. Families may choose their monthly deduction to begin on either the 5<sup>th</sup> or 20<sup>th</sup> of the month.\*
- Twelve (12) automatic monthly payments drafted via the FACTs Tuition Management program. Deductions will begin in August for families who choose this option. Families may choose their monthly deduction to begin on either the 5<sup>th</sup> or 20<sup>th</sup> of the month.\*

**I understand that if I have NOT enrolled with FACTs Tuition Management by April 19<sup>th</sup>, my child will not be enrolled and will likely lose his/her space in the school. I am also aware that FACTs will access a \$30 fee if a automatic monthly deduction cannot be made.**

\* Separate registration is required for participation in the FACTS program, visit <https://online.factsmgmt.com/signin/4FTL1> to register.

**Transcripts** – Transcripts, grade reports and parent access to Gradelink will be withheld for families until accounts are current and/or all unpaid tuition and fees are received.

**Student Conduct** – The student and his/her family agree to comply with and be subject to all of Saint Michael the Archangel High School’s rules and policies including but not limited to those set forth in the Student/Parent Handbook.

**Additional Fees/Obligations:**

- Books
- Uniforms
- Bingo requirements are outlined in The Student/Parent Handbook.
- Service Hours: The following service hours must be completed and documentation submitted by April 30<sup>th</sup> each year.
  - Freshmen – 20hrs. (10hrs. service to school/10hrs. service to community)
  - Sophomores – 30hrs. (15hrs. service to school/15hrs. service to community)
  - Juniors – 45hrs. (20hrs. service to school/25hrs. service to community)
  - Seniors – 55hrs. (15hrs. service to school/40hrs. service to community)
- AP Students: \$97.00 per AP Exam
- Sports Participants: \$85 per Sport

**TUITION and PAYMENTS: Person(s) who will be responsible for Tuition payments:**

Name (print) : \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

I hereby agree to the terms and agreements of payments: \_\_\_\_\_  
(Signature)

Name (print) : \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

I hereby agree to the terms and agreements of payments: \_\_\_\_\_  
(Signature)

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**STUDENT CONDUCT/PARENT RESPONSIBILITY**

I hereby agree to ensure that my child and I follow all rules and policies of Saint Michael the Archangel High School. I further agree to uphold the standards of proper behavior and moral conduct that will support the mission of the school.

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Relationship to Student                      Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Relationship to Student                      Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Amount Received: \$ \_\_\_\_\_                      Received by: \_\_\_\_\_