



ST. PATRICK'S SCHOOL

360 MAIN STREET • HUNTINGTON • N Y • 11743

631-385-3322 • www.stpathunt.org

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PARENTAL AGREEMENT - PLEASE READ CAREFULLY AND RETURN BY MARCH 27, 2026

I agree to the following commitments and policies as the parent of one or more St. Patrick's School students.

I accept my responsibility as a St. Patrick's School Parent and agree to assist with School-sponsored fundraising activities during the 2026-2027 academic year. I will participate in these efforts through volunteerism, attendance, and/or monetary support.

All tuition and fees, fines, and/or penalties must be paid (June 2027) in full before report cards are given out, grades are transferred, or registration is completed for the next academic year.

If the required Tuition deposit of **\$300 Nursery thru Pre-K or \$400 K-8** has not been paid by **March 27, 2026**, my child(ren)'s place on the September 2026 roster will not be held.

I agree to make all tuition payments in a timely manner. If tuition payments are not received by their respective due dates, a late fee will be incurred through FACTS. If all tuition payments are not current on July 31, 2026, my child(ren)'s names will not appear on the September 2026 roster.

REFUND POLICY

I understand that St. Patrick's School's tuition deposit & milk fees are non-refundable except as stated below.

Refund requests will be considered on an individual basis. All refund requests must be made in writing and addressed to Mrs. Riley tuition@stpathunt.org.

(Please flip over for signature and payment page)

Parental Agreement Signature Page

Please return this page to the main office by March 27, 2026 with your tuition deposit. Please fill in the bottom credit card information for your deposit or send in cash or check with this form.
THIS FORM IS FOR ALL STUDENTS (NEW, RETURNING, OR NOT RETURNING)

Parent(s) Name(s): _____

Address: _____

Telephone No.: _____

Email: _____

I have read and I understand all of the Parental Agreement, and I agree to honor and comply with all of the obligations and policies stated herein.

Parent(s) Signature(s) _____

Date: _____

***PLEASE CHECK APPROPRIATE BOX BELOW AND LIST STUDENT'S NAME AND GRADE FOR SEPTEMBER**

Re-Registered Existing Student(s)/New Registrant(s)

<u>Student Name</u>	<u>Grade as of Sept. 2026</u>
_____	_____
_____	_____
_____	_____
* New Student	_____

Will NOT Re-Register Existing Student(s)

<u>Student Name</u>	<u>Grade as of Sept. 2026</u>
_____	_____
_____	_____
_____	_____

Credit Card Number: _____

Expiration Date: _____

CVC Code: _____

House Number for Billing Address: _____

Billing Zip Code: _____