



Seton Catholic School

206 New York Road ■ Plattsburgh, NY 12903 ■ 518.561.4031 ■ www.setonknights.org

New PreK Student Enrollment Application 2026-2027 Academic Year

****Application Deadline is June 14, 2026****

Important Application Information

- Seton Catholic recommends applying as early as possible because admission is not guaranteed.
- Only upon receipt of a complete application, and all required documentation, will an admissions decision be made.
- Completed applications will be processed on a first-come, first-served basis.
- Applications received after a class is full will be waitlisted.

Application Checklist

- Completed registration form.
- Signed tuition contract with signed parish verification form if applicable.
- \$200 non-refundable deposit per student or, \$500 per family with 3 or more students. For students admitted to Seton Catholic, the deposit will be applied to tuition.
- Parish verification form (if seeking parish rate, call your parish to complete and send us the form)
- Copy of Birth certificate
- Completed student health history update form.
- Immunization record – must follow current NYS requirements
- Current physical health exam certificate signed by a licensed physician
- For PreK and Kindergarten applicants new to Seton Catholic: PreK or Kindergarten screening successfully completed with our Student Support Office
- For students in grades K-12 only: Completed records request form

How to Submit Your Application & Deposit

Option #1: Complete hardcopy applications, make checks payable to Seton Catholic (in the memo line, write “Deposit, [Student Name(s)]”) and deliver in person or mail to:

Seton Catholic School
Attn: Senior Director for Strategic Growth
206 New York Rd, Plattsburgh, NY 12903

Option #2: Email completed digital applications to admissions@setonknights.org and pay deposits online at <https://www.setonknights.org/tuition-deposit>.

Student Registration Form (complete one sheet for each student)

First name Middle name Last name

Gender Date of Birth (MM/DD/YY) Birthplace

Street address

Mailing address, if different than the street address

Grade in September 2026 Previous school Current school district

Ethnic group: list all that apply – Alaskan Native, American-Indian, Asian/Pacific Islander, Black, Hispanic, White

Religious affiliation Current parish, if applicable List all Sacraments your child has received

Primary language at home If not a US citizen, what is your citizenship?

Student Educational Services

Does your child have an Individualized Education Plan (IEP)?	Y	N	
Does your child have an Individualized Family Service Plan (IFSP)?	Y	N	
Does your child have a 504 plan?	Y	N	
Has your child ever repeated a grade?	Y	N	Grade(s): _____
Has your child ever been suspended/expelled?	Y	N	
Has your child ever received any school disciplinary action?	Y	N	
Does or has your child ever received early intervention services?	Y	N	Services: _____
Does your child have a documented disability?	Y	N	

Please provide documentation related to the above affirmative questions

Has your child received any of the services in the past school year? Check all that apply

- Remedial math
- Remedial reading
- ESL
- Physical therapy
- Occupational therapy
- Speech services
- School counseling
- Counseling from an outside agency

Parent/Guardian Information

Parent/Guardian's name: _____

Parent/Guardian's salutation (Mr., Ms., Dr., Sgt., etc.): _____

Relationship to student: _____

Address, if different than student's: _____

Parent's home phone: _____ Parent's work phone: _____

Parent's cell phone: _____ Parent's email: _____

Parent/Guardian's religion: _____ Parent/Guardian's DOB: _____

Are you a graduate of Seton? Y N If yes, what year did you graduate? _____

Parent/Guardian's name: _____

Parent/Guardian's salutation (Mr., Ms., Dr., Sgt., etc.): _____

Relationship to student: _____

Address, if different than student's: _____

Parent's home phone: _____ Parent's work phone: _____

Parent's cell phone: _____ Parent's email: _____

Parent/Guardian's religion: _____ Parent/Guardian's DOB: _____

Are you a graduate of Seton? Y N If yes, what year did you graduate? _____

Family Members Who Attended Seton Catholic

(use a separate sheet if needed)

Name: _____ Relationship: _____ Class of: _____

Name: _____ Relationship: _____ Class of: _____

Name: _____ Relationship: _____ Class of: _____

Name: _____ Relationship: _____ Class of: _____

Emergency Contact Information (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Others Living in Household (use a separate sheet if needed)

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Name: _____ Relationship: _____ Grade/School: _____

Student Contact Information

Nickname, if applicable: _____

Cell phone number, if applicable: _____

Email address: _____

Parent Questions (please complete one sheet for each student)

Why do you seek a Seton Catholic education for your child?

How did your family hear about Seton Catholic?

Student Questions – Grades 6-12 Only

Please list your current interests and activities (art, music, athletics, technology, etc.)

Please list any activities in which you may be interested in participating at Seton Catholic?

Fostering community spirit is one of the most important goals of Seton Catholic. How do you think you can contribute to our school?

Referral Program

Were you referred to Seton Catholic by a current Seton family or student?

- Yes
 No

If yes, please write the first and last name of the current Seton Catholic family or student who referred you to Seton Catholic.

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Tuition Contract & Rates 2026-2027 Academic Year

****Due: June 14, 2026****

Grade-Level	Non-Parish Rate (per student)	Catholic Parish Rate (per student)
Pre-K 5 Day Program Tuition	\$8,550	\$8,550
Elementary (K-5)	\$6,135	\$5,200
with 20% Multi-Child Discount	\$4,908	\$4,160
Middle School (6-8)	\$7,250	\$6,310
with 20% Multi-Child Discount	\$5,800	\$5,048
High School (9-12)	\$8,730	\$7,550
with 20% Multi-Child Discount	\$6,984	\$6,040

- Pre-K students are not eligible for the multi-child discount, tuition assistance, or Parish Rate.
- Family discounts are calculated with the **oldest** student at full price, 2nd & 3rd discounted 20%, and 4th discounted 50%.
- Tuition does not include after school care.
- Catholic Parish Rate requires a completed Parish Verification Form signed by a supporting parish's pastor in order to receive parish rate.
- Tuition assistance is available on an as-needed basis through FACTS Grant & Aid for grades K-12.
- Students arriving after the start of the school year will be charged a prorated amount based on the month of arrival.

Choose Payment Option

Payment in Full Single payment due on or before July 15th. Payments can be made directly to Seton Catholic. If payment is not received by the school on or before this date, monthly payments **MUST** be made through FACTS.

Monthly Payments Automatic checking or savings account withdrawal made on the 5th or 20th of each month through FACTS Management (<https://online.factsmgmt.com/signin/3GM28>). The annual FACTS fee for this service is automatically deducted from your bank account within 14 days of the date your agreement is posted to FACTS. Payments begin in August.

Withdrawal Obligation

Withdrawal Date	Annual Tuition Obligation
September	80% of tuition forgiven; family obligation 20%
October	70% of tuition forgiven; family obligation 30%
November	60% of tuition forgiven; family obligation 40%
December	50% of tuition forgiven; family obligation 50%
January	40% of tuition forgiven; family obligation 60%
February	30% of tuition forgiven; family obligation 70%
March	20% of tuition forgiven; family obligation 80%
April	10% of tuition forgiven; family obligation 90%
May	No adjustment; family obligation 100%
June	No adjustment; family obligation 100%



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Student(s)

Student's First Name	Last Name	Grade in '26-'27 Academic Year
Student's First Name	Last Name	Grade in '26-'27 Academic Year
Student's First Name	Last Name	Grade in '26-'27 Academic Year
Student's First Name	Last Name	Grade in '26-'27 Academic Year

Signature

By signing this contract, I/we agree to make tuition payments for the 2026-2027 school year and agree to abide by this policy in accordance with all school policies regarding tuition. I/we understand that any delinquent account may be turned over to a collection agency in which case I/we will be subject to their additional collection fees. I/we agree to abide by all policies and procedures for my child and my family as set forth by Seton Catholic.

Paying Party Name (Printed)	Paying Party Name (Signature)	Date
Parent/Guardian of Student(s) (Printed)	Parent/Guardian of Student(s) (Signature)	Date

Deposit

Deposits are required for re-enrollment, are applied to the total tuition due, and are non-refundable. Deposits are \$200 per student - or - \$500 for a family with 3 or more students.

Total Deposit Amount: _____ **Paid Date:** _____

How to Submit

Option #1: Email this completed form to admissions@setonknights.org and pay online at <https://www.setonknights.org/tuition-deposit>.

Option #2: Make a check payable to Seton Catholic (in the memo line, write “Deposit, [Student Name(s)]”) and deliver in person or mail with this completed form to 206 New York Rd, Plattsburgh, NY 12903, Attn: Senior Director for Strategic Growth.

Do you have questions regarding enrollment or financial assistance options?
Please call 518.561.4031 x2004 or email admissions@setonknights.org.



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Studentsⁱ**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.