



January 2023

Dear Families,

We are excited to welcome your family to a Diocese of Rochester Catholic School for the 2023-2024 school year! Whether you are returning or new to our system of Catholic Schools, we hope you are looking forward to another year of growing in faith, academics, and community.

In appreciation for the dedication of our current families, and to welcome more new families to our community, we are pleased to continue the Family Ambassador Program for the upcoming school year. Additional information can be found at www.dorschools.org/ambassador. In continuing the Ambassador Program, we recognize the role that our current families serve in promoting our outstanding Catholic schools and value that support.

Together, our 16 diocesan schools welcome students in a variety of high-quality programs for students in Pre-Kindergarten through Grade 8. For more information about school locations and financial aid, please visit our website at www.dorschools.org or contact the following schools directly:

Holy Cross School, Charlotte
Holy Family School, Elmira
Seton Catholic School, Brighton
St. Ambrose Academy, Rochester
St. Agnes School, Avon
St. Francis – St. Stephen School, Geneva
St. Joseph School, Penfield
St. Kateri School, Irondequoit

St. Lawrence School, Greece
St. Louis School, Pittsford
St. Mary's School, Canandaigua
St. Mary Our Mother School, Horseheads
St. Michael School, Penn Yan
St. Patrick's Preschool, Victor
St. Pius Tenth School, Chili
St. Rita School, Webster

The academic progress made in our Catholic Schools has been outstanding. In Spring 2022, our schools demonstrated 61% and 54% proficiency in ELA and Mathematics respectively on NYS Grades 3-8 exams. This outscored New York State by 14% in ELA and 15% in Math. Our skilled and certified faculty and principals continue to go above and beyond to offer students a transformative Catholic School education. We look forward to continuing our initiatives in teacher collaboration and personalized learning in the coming year, all while continuing to instill a Catholic worldview in our learners.

I firmly believe that a Catholic education is a gift that lasts a lifetime and wish to recognize our families who sacrifice to prioritize this gift for their children. We are grateful for your continued faithfulness and dedication.

May God bless you and your families,

James Tauzel
Superintendent of Schools



NEW STUDENT INFORMATION RECORD

This form is to be completed for each new student or sibling that have not attend this Catholic School before.

IMPORTANT: Each child attending a Diocese of Rochester Catholic School must have a completed form on file.

STUDENT INFORMATION (Please PRINT)

Date of Registration ___/___/___ Date of Entrance ___/___/___

Name of Child: _____ Grade Level Entering _____
First Middle Last

Birthdate: ___/___/___ Birthplace: _____ Gender: _____

Address: _____
Street City/Town State Zip

Public School District: _____

Ethnicity (Choose One)

- Asian African American Caucasian Hispanic American Indian Multi-Racial Pacific Islander Other

Choose one: Hispanic Non-Hispanic

LAST SCHOOL ATTENDED (Please PRINT)

School Name: _____ Last Grade: _____

Address _____
City/Town State Zip

RELIGIOUS INFORMATION (Please PRINT)

Student's Religion: _____ Parish _____

SACRAMENTS			
	DATE	CHURCH NAME	LOCATION
BAPTISM	/ /		
FIRST EUCHARIST	/ /		
FIRST PENANCE	/ /		
CONFIRMATION	/ /		

(Flip Over)





HOLY FAMILY CATHOLIC SCHOOL

Return to: Holy Family Elementary, 421 Fulton Street, Elmira NY 14904

2023-2024 Registration

Use this form if students currently attend Holy Family Catholic School
(as you wish your name to appear on official communication)

Please print:

M/M Dr. Mrs. Miss Ms. _____ (work phone) Mother/Guardian
(Circle one) Last Name Parent(s) First Name(s)

Telephone (home) _____
Cell Phone (if applicable) _____

Mailing Address _____ (work phone) Father/Guardian
Street City/Town Zip

(Mother/Guardian E-mail Address _____ (Father/Guardian) E-mail Address _____

I/We are **registered** members of _____ Roman Catholic Parish

Parish Active _____ Non-Active _____ Non Parishioner _____

Tuition Assistance Information requested: _____ Yes _____ No _____ Previous School Attended: _____

School District in which student resides: (Please circle) Elmira Elmira Heights Horseheads Other (Please list) _____

Registration Fee: Received on or before March 15, 2023.... \$50.00 for the first child Plus \$10.00 for each additional child
Received after March 15, 2022.... \$75.00 for first child Plus \$15.00 for each additional child

Student's Last Name	First	Nickname	Birthdate	Present Grade 2021-2022	2022 - 2023 Grade (K - 6 ONLY)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

SCHOOL VERIFICATION (for office use only)

Registration Fee Paid: Amount \$ _____ Date _____ Cash Receipt # _____ Check # _____ Student start date _____

Complete form and return to: Holy Family Elementary, 421 Fulton Street, Elmira NY 14904 - 607-732-3588



PARENT/GUARDIAN INFORMATION (Please PRINT.)

Child Lives With (Please Choose): Parents or Legal Guardian

Relationship to Student: _____

Parents are (Please Choose): Married Divorced Separated Single Remarried

FAMILY INFORMATION			
	FATHER	MOTHER (Maiden Name)	GUARDIAN
FULL NAME (INCLUDE Dr., Mr., Mrs., Ms., etc.)			
ADDRESS			
PHONE NUMBERS	Home: Cell: Work:	Home: Cell: Work:	Home: Cell: Work:
BIRTHPLACE			
YEAR OF BIRTH			
RELIGION			
CITIZENSHIP (COUNTRY)			
OCCUPATION			
OTHER LANGUAGES SPOKEN AT HOME			

OTHER CHILDREN LIVING IN YOUR HOME

CHILD'S LAST NAME	CHILD'S FIRST NAME	DATE OF BIRTH	SCHOOL ATTENDING	GRADE
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		



PARISH COMMITMENT FORM
For Families Actively Enrolled in a Catholic Parish
(NOT APPLICABLE TO PRESCHOOL)

This form represents the formal expression of the intent of parents and our area Catholic parishes to join in active partnership in the spiritual formation of their children. Parents, as the primary educators commit to the following:

1. Formal registration in an area Catholic parish
2. Regular church attendance
3. Spiritual, personal, and financial support of the parish

Catholic parishes, in turn, commit to the spiritual support of member families in the education and formation of their children, as well as support of Catholic Schools.

It is understood that the majority of parents with children in Catholic schools are already meeting and/or exceeding the above expectations. The completion of this form serves as an affirmation of that commitment and participation in parish life.

It is the parents' responsibility for take this form to their pastor of their Catholic Church, have it signed, and returned to the school within 30 days of the initial registration with the school.

Parents' Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Numbers
 Home: _____ Cell: _____ Work: _____

(NOT APPLICABLE TO PRESCHOOL)		
CHILD'S FULL NAME	SCHOOL	GRADE

Family Commitment

I/We understand that our role as the primary educator(s) of our child/ren calls us to be active in the life of our parish and school. This involves formal registration in the Catholic parish, regular attendance at mass and parish events, and financial support to the parish in addition to the payment of tuition and fees.

Parents'/Guardians' Name: -- PRINTED: _____ Date: _____
 Signatures: _____ Date: _____
 Signatures: _____ Date: _____

Church Commitment

This family is recognized as members of our faith community and will be supported in their desire for a Catholic school education.

Final approval and the signing this commitment form are left to the discretion of the Parish Priest.

Pastor or Delegate Name -- PRINTED: _____
 Pastor or Delegate Signature: _____ Date: _____
 Parish Family is registered at: _____



Elmira City School District



Administration Building
951 Hoffman Street
Elmira, NY 14905

(607) 735-3000
www.elmiracityschools.com

HEALTH INFORMATION

Name of Student _____ Date of Birth _____ Grade _____

Parents are urged to provide for their child's complete physical, dental, ear, and eye exams before school entrance. Parents are required to provide proof of immunizations by State Law.

DISEASE	YES/NO	DATE	DISEASE	YES/NO	DATE	DISEASE	YES/NO	DATE
Asthma			Bee Sting Allergy			Hernia		
Diabetes			Severe Food Allergy			Serious Injuries		
Seizure Disorder			Dizziness w/Exercise			Knee or Ankle Injury		
Heart Disease			Allergies/Hay Fever			Fracture or dislocation		
Fainting Spells			Rheumatic Fever			Concussion		
Nosebleeds			Scarlet Fever			Headaches		
High Cholesterol			Pneumonia			Physical Handicap		
Spleen Injury			Anemia			Ear Problems		
Neck or Back Injury			Problem Birth			Hearing Loss		
Bladder/Kidney Problems			Operations			Eye Problems		
Single Kidney			Hospitalizations			Vision Problems		
Single Testicle			High Lead Level			Uncorrectable Vision Loss		
Heart Problems/Murmur			High Blood Pressure			Glasses or Contact Lenses		

HEALTH HISTORY – Please explain any "YES" answers below. Use back of page if extra space is needed.

Family Doctor: _____ Address: _____ PH# _____

Has there ever been a sudden death of a family member under 50 years of age? Yes _____ No _____

Cause: _____

Has your child ever been evaluated at any clinic such as heart, speech, hearing, mental health, etc.?

Yes: ___ No: ___ Clinic Name and Address: _____

Is your child taking any medications? Yes: ___ No: ___ Please list medications: _____

Will your child be taking any medications at school? Yes: ___ No: ___ If yes, please speak to school nurse.

Is your child allergic to medication? Yes: ___ No: ___ If yes, please name. _____

Parents Signature: _____ Date: _____

Step By Step Program at Holy Family School



PreK 4

PreK4 students begin the day by completing fun and engaging hands-on morning work at **8:00 A.M.-8:15 A.M.** Prayer time takes place each morning and students recite the Pledge of Allegiance, sing nursery rhymes, and learn about the calendar and weather. At **8:35 A.M.-8:55 A.M.** PreK4 students learn about the letter of the week and number of the day while getting a chance to interact with the Promethean Board. Music and Movement is next—a favorite time of day for many four-year-olds! At **9 A.M.** it is time for snack!

PreK4 students hear a story on the carpet before working more in-depth on the letter of the week, its sound, practicing letter recognition, tracing letters, and writing their names. Math is from **10:00-10:30 A.M.** PreK4 students learn math through a variety of manipulatives aligned with common core math standards.

After math is recess! PreK4 students will socialize and play outdoors on the playground. After playing, full-day students will stay for lunch, while half-day students are dismissed. Step by Step Preschool offers PreK4 students **Music, Art, Physical Education, Library, and Technology.** Other subject areas taught include: Religion, Social Studies, and Science.

Social-Emotional Development

- Follow simple directions
- Express feelings appropriately
- Positive interactions with peers
- Learn to take turns, share, and help clean up
- Join in group activities and use manners
- Complete a task

Language Development

- Communicate needs
- Speak and write full name, address and birthday
- Speak clearly
- Listen to stories, retell stories, look at books, and sing songs
- Practice comparing and contrasting
- Learn phonemes



Large Motor Skills

- Participate in physical activities
- Walk correctly on stairs, run, hop, throw a ball, catch a ball



PreK 3

A typical day in PreK 3 includes circle time, story time, music instruction, art and academic centers, play time, and snack. It is a great introduction to the school setting and an opportunity for children to learn how to interact with teachers and peers. PreK3 students will begin the day by coloring which will develop their fine motor skills. Students learn about the calendar and weather each morning at circle time. PreK3 students in Step by Step Preschool will participate in prayer with their classmates and recite the Pledge of Allegiance every morning before English Language Arts and Math. Music and Movement is an integral part of our mornings in PreK3. Story time is an inviting and welcoming time in the classroom. At 11:00 A.M., half day students are dismissed and full day students stay for lunch. A full-day PreK3 student at Step by Step Preschool will be offered specials such as **Music, Art, Physical Education, Library, and Technology**. Other subjects taught will include Science, Religion, and Social Studies!



Development:

- Gross Motor:** Healthy exercise including running, jumping and climbing
- Fine Motor:** Develops small muscle and eye-hand coordination with the use of puzzles, crayons and beads.
- Language:** Listening and speaking to help in letter, number and color recognition
- Art:** Reinforces fine motor skills by expressing creativity using a variety of art mediums both in the classroom and in the special area class
- Music:** Different styles of music and dance are introduced.

Goals:

- Successful and rewarding experience in school atmosphere
- Reduce adjustment anxieties
- Diversity and flexibility
- Love of learning
- Social interaction with other children the same age

Small Motor Skills

- Use crayons, paints, string beads, complete puzzles, write name
- Complete art projects, cut with scissors

Cognitive Development

- Know colors, count to specific number, identify basic shapes
- Understand simple concepts (in, out, up, etc.)

Spiritual Development

- Pray with classmates and learn to recite daily prayers
- Learn about God's love and God's creation

Self-Help Skills

- Use bathroom independently, change own clothes, use a tissue
- Use a fork, spoon and eat neatly, and responsible for own belongings, dress self for outside



Elmira City School District Transportation Request Form

Deadline for acceptance of request form is April 1st.

Request for Transportation _____ School Year _____

Students Last Name _____ Students First Name _____ M.I. _____

Student Nick Name _____

Date of Birth _____ Grade _____

Home Address _____

Daycare/Sitter Address _____

School of Residence _____

School of Attendance _____

Parent/Guardian Information

Name(s) _____

Relationship to Student _____

Home Address _____

Home Phone _____

Cell Phone _____

Emergency Contact Name(s) _____

Emergency Contact Relationship to student _____

Emergency Contact Phone _____

Parent/Guardian Signature _____ Date _____

HOLY FAMILY ELEMENTARY SCHOOL
AFTER SCHOOL PROGRAM

The After School Program is available to grades Pre-K-6 students on Monday through Friday when school is in session. The program is not offered on holidays and snow days.

The children will participate in outside playtime (when weather permits), games, homework assistance, quiet time for stories and games, and special events (such as a holiday party).

After regular school hours, your child's name will be recorded on a 'sign-in' sheet. The parent or designated person who picks the child up will sign the child out from school. No child will be released from school to anyone not listed on the child's application without permission from a parent/guardian. A witnessed phone call will be acceptable in *emergencies* only! If your child is not attending when expected, please call the school office and leave a message for the staff. We sincerely appreciate your fullest cooperation. **We will have to deny access of the program to your child if he/she is picked up after 5:15 PM on two (2) occasions.**

Families will be billed monthly by the business office at the rate of **\$7.00 an hour per child**. Failure to pay this bill may result in your family being denied access to this program.

In extreme financial situations, please contact the business manager, if a special arrangement is deemed necessary. **Children will be asked to bring their own snacks for the After School Program.**

If you desire to enroll your son/daughter in our After School Program, please fill out and return the enclosed After School application on the first day of school. We look forward to having your child participate in this program.

HOLY FAMILY ELEMENTARY SCHOOL
AFTER SCHOOL PROGRAM APPLICATION

Child's Name _____ Age _____

Child's Grade _____ Teacher _____

Parent's Name _____

Home Phone #: _____ Cell Phone #: _____

Place of employment and phone number

Mother: _____ Work Phone #: _____

Father: _____ Work Phone #: _____

Please list name, address and phone number of people other than you to contact in case of emergency.

1. _____

2. _____

Allergies: _____

(Please note: After School personnel are not permitted to administer medicine. If your child needs medical assistance, you will be called to the school.)

Please list any other person that may pick up your child.

1. _____

2. _____

I am interested in having my child attend the after school activity program on the following days:

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

I need childcare until (ends 5:15): _____.

Parent/Guardian Signature _____



Holy Family Catholic School

Return to: Holy Family Elementary, 421 Fulton Street, Elmira NY 14904

Pre-Kindergarten Registration 2023-2024

Child's Name _____

Please Print: Parent/Guardian (as you wish your name to appear on official communication)

M/M Mr. Mrs. Miss Ms. _____
 (Circle One) Last Name First Name MI

Mailing Address _____
 Street City/Town Zip

Telephone (Home) _____ (Work) _____

Cell _____

E-mail Address _____ E-mail Address: _____

Receive School E-mails: Yes No Student Birth date _____

Please Check:
 American Indian/ Black (non Asian/ White (non
 Alaskan Native Hispanic) Pacific Hispanic)

Student's Religion _____ Family registered in _____ Parish/Church

Please indicate session desired: Please circle desired days (PreK3 only)- Choose either full or half day session.

Circle desired days: M T W T F PreK 3 <input type="checkbox"/> HALF day sessions 7:50am-11am	Circle desired days: M T W T F PreK 3 <input type="checkbox"/> FULL day sessions 7:50am-2:00pm
PreK 4 <input type="checkbox"/> HALF day sessions 7:50am-11am	PreK 4 <input type="checkbox"/> FULL day sessions 7:50am-2:00pm

The following information must be included with this registration:

- Birth Certificate
- Immunization Record
- Registration Fee –On or before March 15, 2023 \$50.00 for first child and \$10.00 for each additional child
 After March 15, 2023 \$75.00 for first child and \$15.00 for each additional child

SCHOOL VERIFICATION (for office use only)

Registration Fee paid: Amount \$ _____ Date _____ Cash Receipt # _____ Check # _____ Student start date _____

Please complete form and return to **Holy Family Elementary, 421 Fulton Street, Elmira NY 14904**
607-732-3588



HOLY FAMILY CATHOLIC SCHOOL
ELMIRA, NEW YORK
2023-2024 TUITION SCALE

Parish Families

Family Size	Annual Tuition	Monthly Payment
One student	\$4,350.00	\$435.00
Two students	\$8,000.00	\$800.00
Three or more students	\$9,800.00	\$980.00

Non-Parishioners

Family Size	Annual Tuition	Monthly Payment
One student	\$5,900.00	\$590.00
Two or more students	\$9,900.00	\$990.00
Three or more students	\$10,200.00	\$1,020.00

Pre-K Program

	<u>Annual Tuition</u>	<u>Monthly Payment</u>
Five day program AM	\$2,400.00	\$240.00
Five day program- FULL DAY	\$4,800.00	\$480.00

Financial Aid Financial Aid is available to all registered families (parishioner and non-parishioner) starting in Kindergarten.

Holy Family School
 Principal
 607-732-3588

Business Office
 Mary Hickey
 607-733-3484 ext. 111

Share Services Center
 Jill Reimann, FACTS
 607-936-4689



Holy Family Catholic School is pleased to offer you a convenient, online method to enroll in your payment plan and apply for financial aid.

All families must register with FACTS for billing and payment purposes (even if making a lump sum tuition payment).

What you need to do:

Log on to: <https://online.factsmgt.com/signin/3MN5P>

Returning families: your account has been rolled over to the new school year. Please review your account to ensure your preferences, email addresses are accurate for the 2023-24 school year.

New families: please register with FACTS by setting up an account at the website above.

Financial Aid applications are also submitted through FACTS.

Please note: Financial Aid applications must be completed **every year**. Even if you applied last year, you are required to complete an application for 2023-2024.

**If you need assistance please call:
Jill Reimann at Shared Services,
607-936-4689, Ext. 211**



BUILDING A BRIGHTER FUTURE SCHOLARSHIP

dorschools.org/scholarship

Eligibility

The ***Building A Brighter Future Scholarship*** provides a tuition assistance scholarship opportunity for eligible students, K-8th grade, across our 15 Diocesan schools for the 2023-2024 academic year. The scholarship supports the Department of Catholic Schools' mission to educate, inspire, and develop children into future leaders of the Church and community.

An online application process will assist in determining eligibility based on the National Standards for Free and Reduced-Priced Lunch. The Department of Catholic Schools will assist **new** families with selecting and enrolling in a school location throughout the application process.

To qualify, you must meet the income standards for Free or Reduced-Price Lunch below:

Income Eligibility Guidelines for Scholarship Program

Household Size	Annual Gross Income
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266

**For each additional family member, add \$8,732*

Applications will be submitted online through the ***FACTS Tuition Management*** website. Please download the "**How to Apply**" application instructions guide at dorschools.org/scholarship

All materials will be reviewed by the Department of Catholic Schools in the order they are received. Additional documentation may be requested. After review, the Superintendent will notify the Principals of the selected Catholic schools and inform the families of awards

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

This Scholarship Fund was established under the Will of Reverend John A. Reddington. Under the terms of the Will, **scholarship grants are to be based upon financial need to students in good standing.**

Instructions for application for a Elementary, Middle, or High School scholarships
(2023-2024 School Year)

Student's parent/guardian completes the 4 page application and forwards it to:

Molly Rodriguez / Dario Saccente
Canandaigua National Bank & Trust/CNB Wealth Management
1150 Pittsford-Victor Road Suite A
Pittsford, New York 14534

Attach to the application supporting documentation for income (copy of prior year US Federal Income Tax Form 1040, 1040A or 1040EZ or a current Budget Worksheet provided the County Department of Social Services), and expenses, and form FAFSA (for graduating High School Seniors).

The pending recipient must provide CNB Wealth Management proof of school enrollment before payment is made, to be attached to application. Upon receipt of proof, payment will be made directly to the attending school.

Guidance counselor or dean completes the recommendation/comment form for graduating high school seniors or college students and forwards it directly to:

Molly Rodriguez / Dario Saccente
Canandaigua National Bank & Trust/CNB Wealth Management
1150 Pittsford-Victor Road Suite A
Pittsford, New York 14534

Deadline for POSTMARK/receipt of all forms is April 30, 2023 and incomplete applications will not be considered - NO EXCEPTIONS.

The scholarship committee will only consider those applications for families with a maximum yearly income of \$60K or less.

There is no limit on the number of times a student may apply for a scholarship as long as the financial need still exists and the student remains in good standing.

Notification of scholarships awarded will be made to the school and/or student by the end of June or July.

Checks for ½ of the total scholarship award will be mailed directly to each school on **August 15, 2023**, prior to the beginning of the first term, along with copies of the award letters indicating the scholarship winners. Checks for the remaining ½ balance of the scholarship award will be mailed directly to each school on **February 15, 2024**.

Application
REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Student Applying for Assistance

Last Name	First Name	Middle Initial	School Year	School	Incoming Grade
Address:		City	State/Zip	Social Security #	Date of Birth

Any relationship to Father John A Reddington? No Yes If yes, please specify relationship _____

Family Information

Father / **Male Guardian Information**

Last	First	Occupation
Address: # & Street		Home Phone ()
City/State		Work Phone ()
Zip		
Place of Work		
Marital Status (give full name of spouse if remarried)		
Relationship to Student		

Mother / **Female Guardian Information**

Last	First	Occupation
Address: # & Street		Home Phone ()
City/State		Work Phone ()
Zip		
Place of Work		
Marital Status (give full name of spouse if remarried)		
Relationship to Student		

Dependents for Income Tax Purposes

Name	Age	School Attending in Fall

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Other dependents and their ages cont'd (attach additional sheet if needed)

Tuition and Expense Information

Tuition for upcoming school year	\$
Less scholarships & other assistance	\$
Books (estimate)	\$
Room & Board	\$
Travel Expense (estimate)	\$
Total	\$

Financial Information
 Attach copy of prior year US Federal Income Tax Form 1040, 1040A or 1040EZ or a current Budget Worksheet provided the County Department of Social Services

Family Gross Income for Prior Year (before deductions or taxes)	
Earned income for father/male guardian	\$
Earned income for mother/female guardian	\$
Earned income for applicant	\$
Other Non-Taxable Income	
Worker's Comp	
Unemployment Benefits	
Disability Benefits	
Social Security	\$

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Financial Information Cont'd

Other Non-Taxable Income cont'd	
Child Support	\$
Alimony	
Welfare ADV	\$
Rent Subsidy	\$
Etc.	
Other Sources of Tuition Assistance	
Scholarships	\$
Gifts	\$
Total Income	\$
Other Liquid Assets	
Bank Accounts	\$
Stocks	\$
Bonds	\$
Etc	\$
Total Other Assets	\$

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Family Medical/Dental Expenses Not Covered By Insurance
Please supply supporting documentation

List and describe	Do you anticipate the same level of expenses for the up coming year Yes or No If no please give estimate

Special or Unusual Circumstances for Consideration
List and describe

I declare that the information on this form is, to the best of my knowledge, correct and complete. I agree, if necessary, to send additional information to support statements on the form.

Male Head of Household Signature

Female Head of Household Signature

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Dear Guidance Counselor:

_____ (student) has applied for the John A. Reddington Scholarship,
administered by CNB Wealth Management. Please supply your
recommendation/comments for this Scholarship directly too:

Molly Rodriguez / Dario Saccente
CNB Wealth Management
1150 Pittsford Victor Rd Suite A
Pittsford, NY 14534

Recommendation/Comments:

Is this individual working at or toward his/her potential?

Signed: Guidance Counselor

School

Date



THE FAMILY AMBASSADOR PROGRAM Referral Form

Date of Referral: _____

Referring Parent/Guardian Name: _____
(Print Current Family Name)

(Signature)

Referring Parent/Guardian School: _____
(Print Current School Name)

Referred Family Name: _____ who is registering
(Print Referred Family Name)

at _____ in _____ grade.
(School Name) (Grade PreK-8)

(Signature of the Principal)

(Date)

Referring Family:
 W-9 Received

Newly Enrolled Family:
 W-9 Received

