

**2026-2027
K-8 Enrollment Agreement**



Please Print

Parent(s) Name(s) _____

Student Information

First and Last Name	Date of Birth	Grade 2026-2027
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Enrollment for the upcoming school year will be complete only after the following requirements have been met.

- A non-refundable registration fee of \$185.00 per student has been paid.
Please submit \$185.00 with this form.
- Scholarship application has been completed and returned to the school office with all required documentation for either Ed-Choice or Cleveland Scholarships.

Parent/Guardian Information

Father ___ Custodial ___ Non-Custodial
Name _____
Address _____

E-mail _____
Phone _____

Mother ___ Custodial ___ Non-Custodial
Name _____
Address _____

E-mail _____
Phone _____

*****Please mark preferred phone**

2026-2027 K-8 Tuition and Fees

Tuition: \$7,415.00

Enrollment Fee: \$ 185.00

Total: \$7,600.00

Please choose all that apply:

_____ Applying for Ed-Choice Scholarship _____ Expansion ** _____ Traditional***

** Please note all Expansion applicants **must** submit Income Verification to ODE

*** Those applying for Traditional **can** submit Income Verification to ODE if they want to be considered for low-income status

_____ Applying for Cleveland Scholarship**

** Those applying for Cleveland Scholarship **can** submit Income Verification to ODE if they want to be considered for low-income status

_____ My child receives the Jon Peterson scholarship

_____ I would like to be considered for additional aid through _____ Diocesan Tuition Assistance, _____ Angel Scholarship Fund, or _____ Corpus Christi Academy Assistance. (Must return the green Household Demographic and verification Form)

**Deadlines for requesting aid: Diocesan Tuition Assistance: March 1st and June 1st
Angel Scholarship Fund: April 1st
CCA Assistance: June 1st and August 1st**

Families are expected to pay any difference in tuition directly to Corpus Christi Academy **before the start of the school year or set up a payment plan through the FACTS Tuition Management System by August 1st**. FACTS payment plans will run from August 2025 to April 2026. For later enrollments; families are expected to have all paperwork and payment plans completed within 30 days of enrollment.

Please choose and option

_____ Payment in full to CCA _____ FACTS Payment Plan

I am enrolling as _____ Catholic _____ Non-Catholic

I am a registered parishioner of _____ St. Clare _____ Sacred Heart of Jesus _____ Holy Rosary
_____ other parish name: _____

By signing below, I agree to pay Corpus Christi Academy the tuition and all fees for the attendance of my children as established by the school for the 2026-2027 school year. The person signing below is responsible for tuition payments.

Parent(s) name(s) _____

Signature _____ Date _____