

Academic History

Present School/Day Care _____ Principal _____ Phone _____

Address _____
Street _____ City _____ State _____

Former School/Day Care _____ Principal _____ Phone _____

Address _____
Street _____ City _____ State _____

Is the applicant changing schools? Yes No Voluntarily Involuntarily

If involuntarily, please explain

Has the applicant ever skipped or repeated a grade? Yes No

If yes, please explain

Has the applicant ever consulted with a professional for testing or guidance? Yes No

If yes, was this testing for

Speech/Language Development ADD/ADHD Counseling Learning Difference

Other, please specify _____

If yes, attach a copy of all test reports.

Describe any special circumstances that have affected the applicant's prior performance in school.

Does your child have an active IEP (Individual Education Plan)? Yes No

Child/Children live with Father Mother Both Other _____

Does other parent have legal access Yes No N/A

Parish in which family is registered _____

Student's ethnic background _____

Language Spoken (Check Answer)

In the Home: English Only Spanish Only Both/Other

Child Speaks: English Only Spanish Only Both/Other

Child Understands: English Only Spanish Only Both/Other

Medical Information

Allergies: Please check any which apply to your child:

Penicillin Asthma/Hay Fever Insects Food Other _____

What physical problems should the school be aware of? _____

What precautions should the school take in regard to this condition?

Emergency Information

Alternate Emergency Name _____ Phone _____

Family Doctor Name _____ Phone _____

Family Dentist Name _____ Phone _____

Preferred Hospital _____ Phone _____

If you and the physician of your choice as indicated above, cannot be reached in an emergency and, if in the judgment of school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician? Yes No

As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me. Yes No

I understand that my obligation as a parent includes attendance at parent meetings, parent-teacher conferences, participation in fund-raising and volunteer and cooperation with school rules and regulations. I certify the information given on this application is factual and true. I understand that falsifying information contained in this application may be cause for immediate dismissal.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____

St. Anthony Catholic School does not discriminate on the basis of race, color, national or ethnic origin in its admissions policies or access to its educational and extra-curricular program and activities.

Probationary Period after Admission

Once admitted to St. Anthony Catholic School, a probationary period of (9) weeks exists during which time a decision is made whether or not to continue enrollment. The decision is based on the student meeting the following:

- Academic Requirements •Attendance Requirements •Homework Requirements
- Code of Conduct Requirements •Social, Emotional, and Physical criteria of the Montessori Program
- Parents are informed by the Principal of the need to enroll the child elsewhere if these criteria are not met.

MANDATORY FUNDRAISERS

The St. Anthony Catholic School Community commits itself annually to raise additional funds to help the School meet its expenses.

*The **Mandatory \$300.00 Fall Festival Raffle Ticket** commitment and the cost of two tickets (\$150.00) for the Annual-Gala Commitment are essential as the tuition in the financial support of the school. It is our hope that all families will approach this fundraising commitment in the spirit of cooperation and will work together through various fundraisers for the continued growth and success of our school.*

I understand the terms of this commitment and agree to raise the \$300.00 for the Church an School raffle fundraiser and the cost of two tickets (\$150.00) for Spring Event for St. Anthony Catholic School.

Please indicate acknowledgment with your initials below

Fall Festival Raffle Tickets () \$300.00 Nov. Fall Festival Raffle due by Nov. 1, 2017 (buy or sell sixty @\$5.00 ea)
Annual Gala () \$150.00 date TBA

TUITION COMMITMENT

Tuition and Fees 2017-2018 (Per Student)

Registration (non-refundable)	\$250.00 (due at time of registration)
Books, Technology, Testing and Licensing Fees	\$150.00 (due July 1, 2017, billed at the time of registration)
Tuition (Montessori) Pk3- K	\$4,850.00
Tuition (1st thru 8th grades)	\$4,950.00

- Parent Commitment Obligation: Two (2) major fundraisers (Fall Festival Raffle and Annual Gala)
- **Registration fees are per child and are non-refundable and transferable. There is a \$50.00 late registration fee for retuning families registering after February 28, 2017.**
- Tuition is payable over a period of ten (11) months July thru May. Tuition is payable on the 1st of each month.

Tuition Policy

- Tuition is due on the 1st day of each month. The first tuition payment is due July 1, 2017.
A \$50.00 late fee will be assessed after the 10th of each month.
- The school office will be open all summer from 9:00 a.m.—3:00 p.m. beginning the second week of June.
- Payments may be made in cash, money order, check, American Express, MasterCard, Visa, Discover or Pre-authorized credit card charge.
- Postdated checks will not be accepted.
- A refund for tuition paid will e used to students who cancel their registration according to the following schedule (not including registration or other fees):

Prior to July 1st	100%
July 2nd-July 13th	50%
On or after July 14th	No Refund
- Any fees paid for scheduled educational outings are Non-Refundable unless a student is withdrawn at the school's request
- Discounts
 1. A 5% discount if account is paid in full by September 1, 2017.
 2. An additional 5% for families having more than one child registered.

ST. ANTHONY CATHOLIC SCHOOL

TUITION AND FEES AGREEMENT FOR SCHOOL YEAR 2017-2018

Student Name(s): (1) _____ Grade: _____

Student Name(s): (2) _____ Grade: _____

Student Name(s): (3) _____ Grade: _____

Student Name(s): (4) _____ Grade: _____

Father's Name (Print) _____

Cell Ph# _____ E-mail: _____

Mother's Name (Print) _____

Cell Ph# _____ E-mail: _____

Billing Address: _____ City _____ State _____ Zip _____

TUITION AND FEES AGREEMENT FOR SCHOOL YEAR 2017-2018

Registration Fee (non-refundable) \$250.00

Book, Technology , Testing and Licensing Fees \$150.00

Tuition (Montessori) \$4,850.00

Tuition (1st thru 8th) \$4,950.00

Select One: Tuition Payable over 11 Months _____ (Payment schedule July 1 thru May 1)

Pre-paid Tuition—5% Discount _____ (Tuition Paid in Full by September 1st)

Registration Fee Afterschool Care (per family) \$100.00

Tuition Afterschool Care (per family) \$2,100.00 (Payments August thru May)

I agree to pay tuition and all other fees in a timely manner and according to the St. Anthony Catholic School monthly tuition payment schedule of equal payments as designated above by me/us. Tuition is billed starting July 1, 2017 and is collected once a month with the final payment due May 1, 2018 .

Tuition payments are due on the 1st of the month. A late fee of \$50 is charged to unpaid balances after the 10th of the month.

Students whose tuition accounts are 20 days past due are subject to suspension until the account is paid up to date.

Parent(s)/Guardian Signature(s)

Date

Parent(s)/Guardian Signature(s)

Date

TUITION AND FEES (CON'T)

PAYMENT

Payment Schedule:

Upon registration, the full, non-refundable registration fee must be paid. All forms, including immunization records, must be submitted at this time.

Payment Type:

Payments may be made by cash, money order, check, American Express, MasterCard, Visa, Discover or Pre-authorized credit card charge (**a \$5.00 convenience fee will be applied**). Post dated checks will not be accepted.

Insufficient Funds:

A \$50 fee will be assessed in each case when a check is returned by the bank for insufficient funds or a charge back occurs with a credit card.

DELINQUENT ACCOUNTS

Suspension:

Students whose account is delinquent will be suspended until the account is paid up to date. After the third delinquency , student may be subject to withdrawal from St. Anthony School Catholic School.

Credit Card Payments:

After the second (2nd) account delinquency, **a credit card authorization must be on file**. After the third delinquency , student may be subject to withdrawal from St. Anthony School Catholic School.

Report Cards:

Report cards will not be issued to students whose accounts are delinquent.

Withdrawal:

In the event that a student with a delinquent account withdraws from school, no grades, transcripts, or other records will be released until all financial obligations have been satisfied.

I (we) have read the above terms and conditions.

Parent(s)/Guardian Initials

Date

Parent(s)/Guardian Initial

Date

FOR OFFICE USE ONLY

Date of entry _____ Age _____ Grade _____

School last attended _____ Fees Paid _____

_____ Registration _____

Address _____ Books/Materials _____

_____ Technology _____

_____ Fall Commitment _____

Spring Commitment _____

Tuition _____

_____ Copy of Baptismal Certificate

Other _____

_____ Copy of Birth Certificate

Total Paid _____

_____ Copy of Social Security

Method Paid:

_____ Copy of Immunization Records

Check _____

_____ Handbook Form

Cash _____

_____ Technology & Communications Form

Credit Card _____

_____ Emergency Pick Up List

Date _____

_____ Media Release

_____ Report Card (most recent)

_____ Standardized Test Scores

_____ Testing Required

_____ Other _____

Administration

Approval _____ Submitted by _____ Date _____

Notes:
