



Saint Anthony Catholic School

Application Packet

2017-18

New Student Applications
Due Jan 30th – February 10th, 2017

In this Application Packet you should find:

1. General Information/ Tuition
2. Application Process Checklist
3. Student Application (2 sides)
4. Request for Student Information
5. Medication Authorization
6. After School Program – Information/ Registration
7. Parents Pledge of Faith and Support



2017 – 2018 Application Process Checklist

New Student / Family Application

The following items are required in order to initiate the application process for Saint Anthony Catholic School grades Pre-K3 through 8th Grade.

Due At Time of Application - Due Jan 30 – Feb 10, 2017

- Student Application Form** –Completed and signed; include all student / family information
- Non-refundable Application Fee of \$45.00** per child payable to St Anthony School; do not pre-pay any other fees
- Birth Certificate (Copy)** - Authentic copy - Office of Vital Statistics. Note: PreK3, PreK4, & K applicants must be three(3), four(4), or five(5) years old by Sept 1st of the enrollment year. If applicable include adoption records or proof of guardianship
- Baptismal and 1st Communion Certificate (Copy)** -If applicable
- Standardized Test Results, Report Cards, and IEP / ESE Documents** - most recent school and prior year(s) results
- “Request For Student Information” Form** - Complete and sign top portion and forward to current school (PK-8) or submit with application
- Letters of Recommendation:**
 - Your **Pastor or Minister** (*only if you are not a parishioner of Saint Anthony Catholic Church*)
 - Child’s **previous / current school’s** professional staff (Principal, Counselor, or recent Teacher)
 - Personal letters of recommendation are **optional**
- “Pledge of Faith & Support” Form** -Sign and submit along with **all other forms** in packet

Due At Time Of Acceptance

- Immunization & Health Exam Records** (Immunization Form DH #680 **and** School Entry Health Form DH# 3040) Students with summer birthdays may submit health forms after receiving their annual checkup/shots. No Student will be able to attend classes until records are submitted. **No “Religious Exemption”** from immunization will be accepted. An Athletic Physical Exam (completed after June 1st) will also be required for grades 5th – 8th if they wish to tryout or participate in an athletic sport.
- Registration Fees and Required Payments** (See Tuition Fees Schedule).

Special Notes

- Any applicant that was ***not*** accepted for prior year’s enrollment **must** submit a new application and **Application Fee of \$45.00** per child to maintain active status on the **Registration Waiting List**.
- We cannot guarantee that spaces will be available for ***all*** **siblings** to start in the same school year.
- An **interview and screening** may be requested as part of the selection process.
- Pre-K3 & Pre-K4 students must be potty trained.
- The school is authorized under Federal law to enroll nonimmigrant alien students. (8 C.F.R &214.3(j))

Consideration for Admission Based on Availability

- Practicing parishioners at Saint Anthony with siblings already enrolled at the school
- Practicing parishioners at Saint Anthony Catholic Church
- Students coming from other Catholic Schools with a letter from their Pastor and Principal
- Practicing Catholics Out-of-Parish with a letter from their Pastor or Principal
- Non-practicing Catholics who now wish to become active practicing Catholics
- Non-Catholics

OptC Office Use Only FACTS
 Family Billing # : _____
 Siblings Gr Apps: _____
 Interview: ____/____/____:
 Screening: ____/____/____:



Saint Anthony Catholic School

New Student Application Form

School Year 2017 - 2018

Entering Grade: _____

\$45 Application Fee due with completed form

Student Applications Due by **Feb 10, 2017**
 New Returning Previously Applied

Student Information

Last Name	First Name	Middle	Nickname	Date Of Birth ____/____/____ <small>(Month) (Day) (Year)</small>
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Address	City	State	Zip Code	Home Phone (____) _____ - _____
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female # Siblings: _____ <input type="checkbox"/> None	Family Parish and Church Membership
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Student Information Social Security #: _____ - _____ - _____ <input type="checkbox"/> None Religion: <input type="checkbox"/> Catholic Baptized: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other Religion: _____ First Communion: <input type="checkbox"/> No <input type="checkbox"/> Yes Confirmation: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> St. Anthony Catholic Church Envelope # _____ Registered Member Since _____ <input type="checkbox"/> Other Parish: _____ <input type="checkbox"/> None	Mass Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> Frequent <input type="checkbox"/> Seldom
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Current School: (Name) _____ Grade: _____ (Addr): _____ Special accommodations or tutoring: _____ IEP / ESE <input type="checkbox"/> No <input type="checkbox"/> Yes (Identify) _____	Special Medical Needs <input type="checkbox"/> No <input type="checkbox"/> Yes (Indicate On Back)
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Emerg. Contact: (other than parent) _____ Relationship: _____ Phone # (____) _____ - _____ Cell / Beeper # _____	Student Ethnicity and Race Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Haitian: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial (two or more races)
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Custodial Parent / Guardian Information (student resides with)

<input type="checkbox"/> Deceased Father / Guardian <input type="checkbox"/> Stepfather Name: _____ <small>(Last) First (Initial)</small> Employer: _____ <input type="checkbox"/> Self (Business): _____ Occupation: _____ Title/Rank: _____ Work Phone# _____ Cell# _____ Email: _____ Religion: _____ SACS Alumni: <input type="checkbox"/> Yes → Yr: _____ Education: (Highest Grade/Degree) _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased Mother / Guardian <input type="checkbox"/> Stepmother Name: _____ <small>(Last) First (Initial)</small> Employer: _____ <input type="checkbox"/> Self (Business): _____ Occupation: _____ Title/Rank: _____ Work Phone# _____ Cell# _____ Email: _____ Religion: _____ SACS Alumni: <input type="checkbox"/> Yes → Yr: _____ Education: (Highest Grade/Degree) _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried
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Family Label: (Mailings) Mr. & Mrs. Mr. Ms. Mrs. Other: _____

Student Lives With: Both Parents Father Mother Shared Guardian: _____

*Please provide **non-custodial / separate-household parent** information on reverse side.

Parent Information (Non-Custodial or Residing Outside of the Home) Do Not Publish in Directory

Name: _____ Mr. Ms. Mrs. Other: _____
 _____ (Last) _____ (First) _____ (Initial)

Address: _____ City: _____ State: _____ Zip: _____ Home Ph#: _____

Employer: _____ Self (Type of Business): _____

Occupation: _____ Title/Rank: _____ Work Phone# _____ Cell# _____

Email: _____

Marital Status: Single Widowed Married Separated Divorced Remarried

Religion: _____ **SAS Alumni:** Yes → Yr: _____ **Education:** (Highest Grade/Degree) _____

Saint Anthony Family Directory Information

Please print ***exactly*** how you wish your name(s) to appear in the School Directory (ie. Smith, Jim & Patty) **Do Not List:** Phone # Address Email

Name: _____ & _____
 _____ (Last) _____ (First) _____ (Spouse First Name) _____ (Child's Name as you wish it to appear)

Address: _____ City: _____ State: _____ Zip: _____ Home Ph.: _____ - _____

Parent E-Mail Address: (*this email address will be used for school electronic communications*) _____

Special Medical Needs

Please attach or ***explain*** any special medical needs or physical limitations / precautions that the school should consider.

Allergies: No Yes _____

Physical Limitation/Precautions: (i.e. Phys. Ed., outdoor activities) No Yes _____ See Attached

Prescribed Medication: No Yes (if yes attach Authorization For Medication Form)

Other Medical Exceptions: _____ See Attached

Nonimmigrant Alien Students: The school is authorized under Federal law to enroll nonimmigrant alien students. (8 C.F.R &214.3(j))

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CONSENT TO ENROLLMENT

Unless advised to the contrary, Saint Anthony Catholic School will presume that a parent who enrolls his/her child as a student is the student's custodial parent, and that the enrolling parent has the right to enroll the child at Saint Anthony School and/or the consent of the other parent to do so.

Please Note: Applications must be presented with **all other requirements** in order to be considered. An application is ***not a guarantee of acceptance*** into Saint Anthony Catholic School.

*****Office Use Only*****

- Birth Ctf Bapt Ctf
- Report Card 1st Communion Ctf
- Stand Tests Recomm. Ltr.
- Health Exam Immunization Form
- Req Stud Info Screening date: ___/___



_____ *Parent Signature*

_____ *Date*



Saint Anthony Catholic School

Request for Student Information

Name of Student:

Current Grade

Last

First

Middle

I give permission to :

School Name

Street Address

City

State

Zip

for release of school information concerning my child to Saint Anthony Catholic School.

Parent Signature

Date

To the Principal, Counselor or Teacher:

The above named student has applied for admission to Saint Anthony Catholic School. Kindly complete this form, attach a copy of the student's most recent progress report and **standardized test results**, and mail to the attention of the School Registrar.

The information provided on this form will only be used in the admission process. This data will be used to compare the above named student with other qualified candidates.

Student Is Progressing At Current Grade Level		Kindly evaluate and place additional comments / explanations on the reverse side.	
Social Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work habits are at grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your school make any special accommodations for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student missed more than 10 days of school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student eligible to enter your school next term?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I recommend this candidate for admission: with confidence with reservation I do not recommend

Standardized Test Results: Attached No testing available **Current IEP?** Yes No

Kindly indicate on the **reverse side** any areas of concern or information that you feel would be helpful in our evaluation of the applicant:

Signature

Title

Date

Print Name

Daytime Phone

820 Northeast Third Street
Fort Lauderdale, FL 33301
954.467.7747 Fax: 954.901.2601



Saint Anthony Catholic School

Authorization for Medication

To: Saint Anthony Parents & Guardians

Subject: Students With Special Medical Needs Only

Administering of medicine to a child outside the doctor's office or health institution is *a parental responsibility* and should not be delegated to school personnel except under unusual circumstances. Parents should ask their physicians if it is possible to prescribe medication so that it can be administered at home. The school will never administer/dispense medicines (including "over the counter" drugs) without specific authorization by both a licensed physician and the parent. Students are *not permitted* to carry or dispense drugs / medication **without written** parental / physician authorization and instructions. Below is the "**Authorization For Medication**" form for those **students with special medical needs**. This form must be completed and signed by you as parents or guardians, **and** by your child's physician.

Authorization for Medication

Name of Student:

Grade

Last

First

To Be Completed By Physician

Diagnosis:

Medication, Dosage, Specific Times & Directions for Administration:

(Please write each medication, dosage, frequency and time separately)

Note: Medication must be supplied in the original prescription container.

Printed Name or Stamp of Physician

Physician's Signature

Physician's Phone Number

Parental / Guardian Permission

I grant the principal or his/her designee to assist in the administration of each prescribed medication / procedure to be provided during the school day, including when my child is away from school property on official school business. When a prescribed medication is necessary, the medicine will be sent to School in a **pharmacy-labeled bottle** specifying the drug, the amount to be given, and the time to be taken.

Signature of Parent / Guardian

Date

Expires: (1 yr.)



Saint Anthony Catholic School

After School Program

Guidelines 2017 - 2018

- ❖ Children not picked up from school by 3 p.m. will be sent to the After School Program and applicable fee/s will be applied. .
- ❖ Children **must** be picked up signed out of our care from the the After-School room.
- ❖ In the event of an emergency or **unexpected late pick-up**, the parent or guardian **must call** the After-School phone below to notify the Director.
- ❖ **A Snack & Drink will be given** (approx. 4:30 p.m.) to full day aftercare students. Children are welcome to bring their own snacks if they wish.
- ❖ There will be a **late pick-up charge** for each minute past pick-up time. Habitual late pick-up will not be tolerated, and you may be asked to make other arrangements for after school care.
- ❖ Children must have **written permission** from a parent or guardian to go home with friends or another adult. ID must be presented before the student is released for pick-up. Last minute calls are not acceptable.
- ❖ If you **do not** wish for your child to do **homework** in the After-School Program, you must notify us in writing.
- ❖ .After School charges are billed monthly and will be added to your FACTS Tuition account. Your child will not be allowed to remain in the After School Program if your account is delinquent

Fees

**2016-17 Fee Schedule
Subject to Change**

<u>Annual Registration Fee</u>	\$50.00 Per Family		
<u>Daily Full Day (until 5:30 p.m.)</u>	\$12.00* (1 child)	\$10.00* (2+ Children)	
<u>Half Day Rate (until 4:00 p.m.)</u>	\$ 5.00 (per child)		
<u>Weekly Rates (5 days)**</u>	1 child - \$50	2 children - \$70	3+ children - \$90
Additional charge per child per <u>Early Dismissal Day</u>	\$ 5.00	<u>Late Pick-up Fee</u>	\$5.00 for every minute late

We are pleased to have your child / children with us. We look forward to working with you and meeting your needs.

After School Phone
 954-258-0083
 aftercare@stanthonyftl.org

Saint Anthony Catholic School

After School Program

Registration Form

Child's Name: _____ Grade: _____
Last First

Child's Name: _____ Grade: _____
Last First

Child's Name: _____ Grade: _____
Last First

Address: _____

Home Phone # _____

\$50.00 Registration Fee *Will be charged to your FACTS Tuition Account.*

Parents / Guardian Names:

Work Phone #: _____

Work Phone #: _____

I hereby give _____ authorization to pickup my child from the Aftercare Program.
name of authorized adult

Emergency Contact _____ **Relationship** _____
Phone #: _____

Physician's Name: _____ Phone #: _____

My Child/ren _____
is/are covered under the School's Insurance Policy. Yes No

My child/ren is/are covered by _____ **Insurance**
Policy # _____

I will not hold Saint Anthony School liable for any injury, which may occur in the After School Program. I agree to pick-up my child/ren **by 5:30 p.m.**

Parent/Guardian Signature

Date

Please write any additional comments on a separate sheet of paper



IMPORTANT IMMUNIZATION RECORD INFORMATION
SAINT ANTHONY CATHOLIC SCHOOL
2017-2018

Each student entering Saint Anthony Catholic School must have an up-to-date Department of Health 680 form and a school entry physical form. Both forms must be originals. The physical form must be signed and dated by the physician. These forms are due upon admittance and need to be updated in the beginning of **Pre-K, Kindergarten and 7th grade**. They must be turned into the School Office before the first week of school. Students without updated immunization forms will not be allowed to attend school. “Religious Exemption From Immunization” forms will not be accepted.

(These forms are not the same forms that are required for sports participation. The Archdiocese of Miami Sports Participation forms may be found on our website under Athletics.)

Requirements

<u>PK</u>	<u>Kindergarten – 6th Grade</u>
4 DTP	5 DTP
3 Polio	4 Polio
1 Hib	
1 MMR	2 MMR
Hep. B series (3 shots)	Hep. B series (3 shots)
Varicella	Varicella (2 doses)**

*** If fourth dose of polio vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for entry into kindergarten.*

ATTENTION PARENTS OF 6TH GRADE STUDENTS



7TH GRADE REQUIREMENTS

In addition to compliance with all other required immunizations, all children entering, attending, or transferring into 7th or 8th grade in Florida schools must complete the following:

**** One dose of tetanus-diphtheria-pertussis (Tdap) vaccine.**

THIS IS A STATE LAW. Documentation of the Tdap is required **BEFORE** your child starts 7th grade. Students will not be able to attend classes if they have not received the required immunization. Pertussis is a very contagious respiratory disease that can be severe and last for months. The immunity received from either early childhood immunization or pertussis disease wears off over time, leaving older students and adults susceptible again to pertussis. Immunization with Tdap can protect students, schools and communities against pertussis.



Saint Anthony Catholic School

Parents Pledge of Faith and Support

Year 2017 - 2018

I/We the undersigned parent/guardian(s) do hereby pledge my/our support and cooperation to Saint Anthony Catholic Church and School as outlined herewith.

- **Parishioner Pledge of Faith:**

1. As primary example for my/our child(ren), I/we agree to practice my/our Faith and encourage attendance at Mass and the reception of the Eucharist on Sundays and Holy Days.
2. I/we agree to take an active, meaningful part in my/our child's spiritual growth through daily prayer and other spiritual activities and continue to practice the Christian virtues in our home.
3. I/we understand, as parents/guardians that we are expected to attend the sacramental group meetings in preparation for my/our child's First Reconciliation, First Communion, and Confirmation.

- **Tuition Commitment and Support:**

1. I/we fully understand the instructions regarding the rates, payment terms/options, and due dates of tuition and mandatory fees as indicated and administered through the partnership with FACTS. If I/we withdraw my/our child after classes have begun, the entire tuition balance for the remaining school year will be immediately due and payable. I/we further understand that report cards and cumulative records of my/our child will not be released to any other school until financial obligations have been fulfilled.
2. I/we fully comprehend that parishioners of Saint Antony Catholic Church who participate in the faith life of the parish by giving fully of their time, talent and treasure and by the regularly attending Sunday Mass and Holy Days of Obligation will continue to be eligible for a **discretionary tuition reduction**.
3. I/we understand that Tuition alone does not pay for the total cost of educating a student. I/we agree to support our school through the **Annual Giving Campaign** to the best of my/our ability.
4. **Parent Service Hours:** I/we agree to participate and serve the requested hours through School approved activities and programs, including the Home & School Association fundraising events as outlined in the family handbook.

- **Media Release:** I/we give Saint Anthony School authority to use photographs of my/our child(ren) for Saint Anthony School promotional purposes including but not limited to brochures, video, newspapers, web pages, and photographs.

- **Emergency Medical Release:** I/we as parent(s)/guardian(s) give permission in case we are unable to be reached, for my/our child(ren) to be treated by an emergency medical team and transported to the nearest hospital if necessary.

- **Guidance Counselor Release:** I/we as parent(s)/guardian(s) give permission for the consulting school guidance counselor, with the authorization of the School Principal, to review my/our child's(ren) records, observe my/our child(ren) in the classroom and consult with his/her teacher for academic needs assessment and planning.

I/we agree with all the above with exceptions noted and to uphold the policies of the Administration, Faculty and Staff, to abide by the School's philosophy and guidelines, and to be respectful of the School's procedures.

Print Last Name

Signature of Parent

Print Child's / Children's Name

Signature of Parent

Entering Grade(s)

Date