



# *Saint Anthony Catholic School*

## **Application Packet**

**2019-20**

New Student Applications  
Open Enrollment Due January 28 – February 1, 2019

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. Home Language Survey
6. Medication Authorization
7. After School Program – Information/ Registration
8. Parents Pledge of Faith and Support
9. Tuition Agreement





# 2019 – 2020 Application Process **Checklist**

## New Student / Family Application

The following items are required in order to initiate the application process. Documents can be uploaded with online application.

### **Due At Time of Application – Open Enrollment Jan 28 – Feb 1, 2019**

- Student Application Form** – (online or hard copy) Completed and signed; include all student / family information
- Non-refundable Application Fee of \$50.00** 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 1<sup>st</sup> of the enrollment year. *Include adoption records or proof of guardianship*
- Baptismal and 1<sup>st</sup> Communion Certificate (Copy)** -If applicable
- Home Language Survey** –Complete and sign top portion
- Standardized Test Results, Report Cards** - most recent school and prior year(s) results (K-8)
- “Request For Student Information” Form** - Complete and sign top portion and forward to current school (K-8).
- 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** & **Tuition Agreement**-Sign and submit along with **all other forms** in packet

Note: Saint Anthony Catholic School does not discriminate against students with disabilities. The school provides minor adjustments necessary to accommodate students with disabilities. A delay in disclosing a student’s disability and/or an accommodation request may delay or impede the school’s ability to make certain accommodations. Parents/guardians are therefore strongly encouraged to disclose student disabilities and requested accommodations prior to registration in school. See page 2 of application.

### **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 1<sup>st</sup>) will also be required for grades 5<sup>th</sup> – 8<sup>th</sup> 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 \$50.00** 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** will be requested as part of the enrollment 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

Dbase  Office Use Only FACTS   
 Family Billing # : \_\_\_\_\_  
 Siblings Apps Gr: \_\_\_\_\_  
 Screening: \_\_\_\_/\_\_\_\_ : \_\_\_\_  
 Start date: \_\_\_\_/\_\_\_\_ : \_\_\_\_



# Saint Anthony Catholic School

## New Student Application Form

School Year 2019 - 2020

Entering Grade: \_\_\_\_\_

Student Applications Due by **Feb 1, 2019**  
 New  Returning  Previously Applied

*\$50 Application Fee due with completed form*

### Student Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Nickname</b>	<b>Date Of Birth</b> ____/____/____ <small>(Month) (Day) (Year)</small>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home or Primary Phone</b> (____) ____ - ____
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<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b># Siblings:</b> _____ <input type="checkbox"/> None	<b>Family Parish and Church Membership</b>
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<b>Student Information</b> <b>Social Security #:</b> _____ - _____ - _____ <input type="checkbox"/> None <b>Religion:</b> <input type="checkbox"/> Catholic <b>Baptized:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes ____/____/____ <input type="checkbox"/> Other Religion: _____ <b>First Communion:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Confirmation:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> St. Anthony Catholic Church <b>Envelope #</b> _____ Registered Member Since _____ <input type="checkbox"/> Other Parish: _____ <input type="checkbox"/> None <b>Mass Attendance:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Frequent <input type="checkbox"/> Seldom
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<b>Current School:</b> (Name) _____ Grade: _____ (Addr): _____ Special Program(s): _____ <small>(see other side regarding accommodations)</small>	<b>Special Medical Needs</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Indicate On Back)
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<b>Emerg. Contact:</b> (other than parent) _____ Relationship: _____ <b>Primary Phone #</b> (____) ____ - ____ or (____) ____ - ____	<b>Student Ethnicity and Race</b> <b>Hispanic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Haitian:</b> <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 <b>Father /Guardian /Partner</b> <input type="checkbox"/> Stepfather Name: _____ <small>(Last) (First) (Middle)</small> Employer: _____ <input type="checkbox"/> Self (Business): _____ Occupation: _____ Title/Rank: _____ Work Phone# _____ Cell# _____ Email: _____ Religion: _____ <b>SACS Alumni:</b> <input type="checkbox"/> Yes → Yr: _____ Education: (Highest Grade/Degree) _____ <b>Marital Status:</b> <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 <b>Mother /Guardian /Partner</b> <input type="checkbox"/> Stepmother Name: _____ <small>(Last) (First) (Middle)</small> Employer: _____ <input type="checkbox"/> Self (Business): _____ Occupation: _____ Title/Rank: _____ Work Phone# _____ Cell# _____ Email: _____ Religion: _____ <b>SACS Alumni:</b> <input type="checkbox"/> Yes → Yr: _____ Education: (Highest Grade/Degree) _____ <b>Marital Status:</b> <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 shared custodial / separate-household parent information on reverse side.

Are there **legal/court restrictions** that affect access to this student or his/her records?  Yes  No

**Parent in Separate Household or Shared Custodial Parent Info**

Do Not Publish

**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: \_\_\_\_\_ Religion:  Catholic  No -specify \_\_\_\_\_

Marital Status: (Circle One) Single / Mar / Div / Sep / Wid

**SAS Alumni:** Yes → Yr: \_\_\_\_\_ Education: (Highest Grade/Degree) \_\_\_\_\_

Are there **Legal/court restrictions** that affect access to this student or his/her records? No Yes (provide copy)

**Special Medical Needs**

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

**Allergies:** No Yes \_\_\_\_\_ **EpiPen:** 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

Saint Anthony Catholic School does not discriminate against students with disabilities. The school provides minor adjustments necessary to accommodate students with disabilities. A delay in disclosing a student’s disability and/or an accommodation request may delay or impede the school’s ability to make certain accommodations. Parents/guardians are therefore strongly encouraged to disclose student disabilities and requested accommodations prior to registration in school. Such disclosures should be made to Registrar at (954)525-8851.

The Archdiocese of Miami is authorized under federal law to enroll non-immigrant alien students and issue I-20 certificates for students to obtain F-1 status. If you need assistance, please let the school know at registration. It is our responsibility to remind all families that the Immigration Naturalization Services will not permit a student to attend classes who is in the country on a Tourist (B-1 or B-2) Visa. Ordinarily, a family wishing for their child to come to this country to study applies for a student Visa (F-1) before they are allowed to attend classes in a school in the United States. A school is not allowed to enroll a child who is in the country on a Tourist Visa (B-1 or B-2).

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.

Signature Required  \_\_\_\_\_  
**Registering Parent Signature** **Date**

**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



# Saint Anthony Catholic School

## Request for Student Information

Name of Student:

Current Grade

*Last*

*First*

*Middle*

I give permission to :

*Current 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.*

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 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 <b>eligible</b> 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

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





**Archdiocese of Miami**  
**Office of Catholic Schools**

**HOME LANGUAGE SURVEY**

To Be Completed By Parent or Guardian

Student I.D. No. \_\_\_\_\_

Student Name \_\_\_\_\_

Last

First

Middle

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ Parent Language \_\_\_\_\_ Student Language \_\_\_\_\_  
Month Day Year

Date Entered U.S. School : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is a language other than English used in the home?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did the student have a first language other than English?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student most frequently speak a language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

School \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR**

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_  
Apellido Nombre Inicial

Fecha de Nacimiento \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grado \_\_\_\_\_ Lengua Paterna \_\_\_\_\_ Idioma del Estudiante \_\_\_\_\_  
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mes Día Año

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- |  |                             |                             |
|--|-----------------------------|-----------------------------|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés?              | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés?            | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |

Escuela \_\_\_\_\_ Fecha \_\_\_\_\_ Firma del Padre/Madre \_\_\_\_\_

**SONDAJ SOU KI LANG TIMOUN NAN PALE**

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La \_\_\_\_\_

Non Elèv la \_\_\_\_\_  
Non fanmi Non

Dat Fèt li \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Klas \_\_\_\_\_ Lang paran Yo \_\_\_\_\_ Lang Elèv La \_\_\_\_\_  
Mwa Jou Ane

Dat ou Antre U.S. Lekòl: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mwa Jou Ane

Si repons lan se "Wi" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li?      | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè?      | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |

Lekòl \_\_\_\_\_ Dat \_\_\_\_\_ Silyal Paran \_\_\_\_\_



# 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 2019 - 2020

- ❖ 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 and signed out of our care from 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

**2018-19 Fee Schedule  
Subject to Change**

<b><u>Annual Registration Fee</u></b>	\$50.00 Per Family		
<b><u>Daily Full Day (until 5:30 p.m.)</u></b>	\$12.00* (1 child)	\$10.00* (2+ Children)	
<b><u>Half Day Rate (until 4:00 p.m.)</u></b>	\$ 5.00 (per child)		
<b><u>Weekly Rates (5 days)**</u></b>	<b>1 child - \$50</b>	<b>2 children - \$70</b>	<b>3+ children - \$90</b>
Additional charge per child per <b><u>Early Dismissal Day</u></b>	\$ 5.00	<b><u>Late Pick-up Fee</u></b>	\$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**  
 786-647-0251  
[aftercare@stanthonyftl.org](mailto:aftercare@stanthonyftl.org)  
[m.cunningham@stanthonyftl.org](mailto:m.cunningham@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 in the fall.*

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



# Saint Anthony Catholic School

## Parents Pledge of Faith and Support

Year 2019 - 2020

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 FACTS partnership. If I/we withdraw my/our child after classes have begun, the entire quarterly balance 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 Anthony Catholic Church and neighboring parishes 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 the above and further agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook 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. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

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Print Last Name

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Signature of Parent (1)

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Print Child's / Children's Name

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Signature of Parent (2)

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Entering Grade(s)

---

Date

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

Fully Accredited By The Florida Catholic Conference



# Saint Anthony Catholic School

820 NE Third Street, Fort Lauderdale, FL 33301

Phone 954-467-7747 / Fax 954-901-2601

www.studentsachievemore.com

## TUITION AGREEMENT 2019-2020

Please read carefully and select your tuition payment option. Monthly Installments will be scheduled unless otherwise indicated. The school will automatically roll over the FACTS payment plan for subsequent years. Kindly contact the Business Office to request consideration for a special payment option to better meet your needs.

### Payment Plan Options:

Option 1 One-Time Payment in Full

- To be paid in full prior to the first week of school through FACTS Management or directly to the school by either cash, check or money order

Option 2 Installment Payment Plan through FACTS Management. Please select the number of installments.

- Monthly (11 installments - June through April)
- Quarterly (June, Sept, Dec, Mar)
- Semiannual (due June and December)

All installment payments must be processed and paid through FACTS Management Company by either:

1. Automatic Electronic Funds Transfer from a designated checking or savings account; or
2. Credit Card (convenience fees will apply); or
3. FACTS Monthly Invoice – Mail check directly to FACTS or use online access to make payments

I acknowledge that I have read, understand and agree to the 2019-2020 tuition and fee schedules and payment obligations detailed in my tuition statement. In exchange for the admission of my child(ren) in Saint Anthony Catholic School, I hereby agree to pay, as scheduled, the net tuition due.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Not allow the student to take mid-term/final exams.
- Block the online grade view for both the student and parent.
- Not issue report cards, diplomas and/or transcripts.
- Disenroll the student from the school.

Families wishing to withdraw their child from the school in the middle of a quarter are required to pay tuition and fees through the end of the quarter. Grades will not be released until the tuition and fees have been paid in full.

Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

Print Student(s) Last Name
Print Student(s) First Name(s)
_____ Entering Grade(s)

Print Parent(1) Name
Signature of Parent(1)
Print Parent(2) Name
Signature of Parent(2)

\_\_\_\_\_ Date