

ST. THOMAS AQUINAS CATHOLIC SCHOOL ✚ 2012-2013 REGISTRATION

800 BROWN CHAPEL ROAD, SAINT CLOUD, FLORIDA 34769 • 407.957.1772 • WWW.STACSCHOOL.COM

FAMILY INFORMATION FORM • Only complete one per family. Type or print clearly in black or blue ink.

Student Info	Last Name	First Name	Grade Entering:
Child #1:			
Child #2:			
Child #3:			
Child #4:			

Home Street Address	City	State	Zip Code	Home Phone#
				() -

Home Address is mailing address? Yes No

Mailing Street Address (if different than Home Address)	City	State	Zip Code

Father's Information or Guardian			Email Address	Religion
<input type="checkbox"/> Mr.	First Name	Last Name		<input type="checkbox"/> Catholic
<input type="checkbox"/> Dr.				<input type="checkbox"/> Other

Is the Father permitted to pick up the child(ren)?
 Yes (Use contact info above.) No (If No, please provide legal documentation.)

Occupation	Employer	Work Phone#	Cell Phone#	Contact Preference
		() -	() -	<input type="checkbox"/> Home # <input type="checkbox"/> Work# <input type="checkbox"/> Cell# <input type="checkbox"/> Email

Mother's Information or Guardian			Email Address	Religion
<input type="checkbox"/> Mrs.	First Name	Last Name		<input type="checkbox"/> Catholic
<input type="checkbox"/> Ms.				<input type="checkbox"/> Other
<input type="checkbox"/> Dr.				

Is the Mother permitted to pick up the child(ren)?
 Yes (Use contact info above.) No (If No, please provide legal documentation.)

Occupation	Employer	Work Phone#	Cell Phone#	Contact Preference
		() -	() -	<input type="checkbox"/> Home # <input type="checkbox"/> Work# <input type="checkbox"/> Cell# <input type="checkbox"/> Email

EMERGENCY CONTACT INFORMATION

In case of illness or injury, please list the name and phone number of the parent/guardian to be contacted FIRST. If this adult cannot be contacted, we continue down the list in order.

First Name	Last Name	Relationship to student(s)	Primary Phone#	Secondary Phone#
			() -	() -

List any/all adults who are authorized to pick up your child(ren) from school, after care or sports. If an adult does not appear on this list, school personnel cannot release your child(ren) to that person.

First Name	Last Name	Relationship to student(s)	Primary Phone#	Secondary Phone#
			() -	() -
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			() -	() -

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STUDENT INFORMATION FORM • Complete one for each student. Type or print clearly in black or blue ink.

Registering for Grade (please select below):

<input type="checkbox"/> Pre-K3 (Full day)	<input type="checkbox"/> Pre-K4 (Full day)	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 6 th Grade
<input type="checkbox"/> Pre-K3 (Mornings only)	<input type="checkbox"/> Pre-K4 (Mornings only)	<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 4 th Grade	<input type="checkbox"/> 7 th Grade
<input type="checkbox"/> Pre-K3 (3 days: M,W,F)	<input type="checkbox"/> Pre-K4 (Afternoons only)	<input type="checkbox"/> 2 nd Grade	<input type="checkbox"/> 5 th Grade	<input type="checkbox"/> 8 th Grade

<input type="checkbox"/> Returning Student	<input type="checkbox"/> New Student	• Name of Previous School: _____
		• School's Address: _____

Last Name	First Name	Middle Name	Nick Name (if applicable)						
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>						
Date of Birth	Social Security Number	Gender	Student lives with:						
<input style="width: 95%;" type="text"/>	# <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Father <input type="checkbox"/> Other Guardian						
Ethnicity	Race	Religion	Parish/Church of Attendance						
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaii/ <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> _____	<input type="checkbox"/> Catholic <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Anglican	<input type="checkbox"/> Saint Thomas Aquinas Catholic Church <input type="checkbox"/> Other: _____						
If Catholic, Date of Baptism	Name of Parish	City	State						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	Month	Day	Year	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Month	Day	Year							
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>							
First Communion Date	Name of Parish	City	State						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	Month	Day	Year	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Month	Day	Year							
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>							

HEALTH INFORMATION

List health/medical conditions, allergies (food, environmental, etc.), and medications taken regularly by your child that the school should be aware of:

Does the student have asthma? No Yes (If Yes, does he/she require an inhaler or nebulizer to be kept at school? No Yes)

Doctor's Name	Doctor's Phone#	Dentist's Name	Dentist's Phone#
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

REQUIREMENTS FOR SCHOOL ENROLLMENT

Grade Level	Immunization Requirements	
Pre-Kindergarten	<input type="checkbox"/> Student Health Examination <input type="checkbox"/> 1 MMR <input type="checkbox"/> 2 Varicella (or 1+ documented case of chickenpox)	<input type="checkbox"/> Hepatitis Series (2 or 3 depending on availability) <input type="checkbox"/> 1 HibDPT series must be started <input type="checkbox"/> Polio series must be started
Kindergarten	<input type="checkbox"/> Student Health Examination (within the year) <input type="checkbox"/> 2 MMR <input type="checkbox"/> 2 Varicella (or 1+ documented case of chickenpox)	<input type="checkbox"/> Hepatitis Series <input type="checkbox"/> DPT (total of 5) <input type="checkbox"/> Polio (total of 4)
Grades 1-6	<input type="checkbox"/> 2 MMR <input type="checkbox"/> DPT (total of 5) <input type="checkbox"/> Polio (total of 4)	<input type="checkbox"/> Hepatitis Series <input type="checkbox"/> Varicella (or documented case of chickenpox)
Grades 7-8	<input type="checkbox"/> 2 MMR <input type="checkbox"/> DPT (total of 5) <input type="checkbox"/> Polio (total of 4)	<input type="checkbox"/> Hepatitis Series <input type="checkbox"/> 1 Tetanus Booster (or medical exemption signed by a physician)
Additional Requirements		
New / Transfer Students	<input type="checkbox"/> Transcripts <input type="checkbox"/> Most Recent Report Card (Copy)	<input type="checkbox"/> Recent Standardized Test Scores (Copy) <input type="checkbox"/> Current IEP (Copy), if applicable
Tuition Payment Plan	Annual Fees	Scholarship/Tuition Assistance Programs
<input type="checkbox"/> Parishioner Rate Auth-Received: _____ <input type="checkbox"/> Weekly Payment Plan <input type="checkbox"/> Monthly Tuition Payment Plan <input type="checkbox"/> Semi-Annual Tuition Payment Plan <input type="checkbox"/> Annual Tuition Payment Plan	<input type="checkbox"/> Registration Fee Received: _____ <input type="checkbox"/> General Fee Received: _____ <input type="checkbox"/> Grad Fee: K _____ 8th _____ <input type="checkbox"/> Diocese Family Fee \$12 p/child: _____	<input type="checkbox"/> VPK-Form Received: _____ <input type="checkbox"/> McKay-Form Received: _____ <input type="checkbox"/> Step Up for Students-Form Received: _____ <input type="checkbox"/> Tuition Aid Awarded: _____

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REGISTRATION & APPLICATION FEES 2012-2013

Parishioners & Non-Parishioners	Fee Due Date	Pre-Kindergarten	Kindergarten	Grades 1 - 7	8th Grade
New Student Registration Fee (non refundable)	Submit Fee with Completed Registration Packet/Application	\$275 per child	\$250 per child	\$250 per child	\$250 per child
Currently Enrolled Student Registration Fee (non refundable)	March 1, 2012	\$250 per child	\$200 per child	\$200 per child	\$200 per child
General Fee (non refundable)	June 1, 2012	n/a	\$250 per child	\$250 per child	\$250 per child
Diocese of Orlando Administrative Fee	June 1, 2012	\$12 per child	\$12 per child	\$12 per child	\$12 per child
Graduation Fee	December 10, 2012	n/a	\$25 per child	n/a	\$40 per child

ELEMENTARY & MIDDLE SCHOOL TUITION RATES (Kindergarten - 8th Grade)

Parishioner Rate	Annual Payment	Annual Payment cash/check (-3%)	Annual Payment credit card (-1%)	Semi-Annual Payments	10 Monthly Payments	11 Monthly Payments	Weekly Payments
1 Student	\$4,995	\$4,845.15	\$4,945.05	\$2,497.50	\$499.50	\$454.10	\$104.07
2 Students (8% Discount)	\$9,190.80	\$8,915.08	\$9,098.90	\$4,595.40	\$919.08	\$835.53	\$191.48
3 Students (12% Discount)	\$13,186.80	\$12,791.20	\$13,054.93	\$6,593.40	\$1,318.68	\$1,198.8	\$274.73
4 Students (15% Discount)	\$16,983	\$16,473.51	\$16,813.17	\$8,491.5	\$1,698.3	\$1,543.90	\$353.82
Non-Parishioner Rate	Annual Payment	Annual Payment cash/check (-3%)	Annual Payment credit card (-1%)	Semi-Annual Payments	10 Monthly Payments	11 Monthly Payments	Weekly Payments
1 Student	\$6,245	\$6,057.65	\$6,182.55	\$3,122.50	\$624.50	\$567.73	\$130.11
2 Students (4% Discount)	\$11,990.40	\$11,630.69	\$11,870.50	\$5,995.20	\$1,199.04	\$1,090.04	\$249.80
3 Students (6% Discount)	\$17,610.90	\$17,082.57	\$17,434.79	\$8,805.45	\$1,761.09	\$1,601.00	\$366.90
4 Students (8% Discount)	\$22,981.60	\$22,292.15	\$22,751.78	\$11,490.8	\$2,298.16	\$2,089.24	\$478.78

PRE-KINDERGARTEN SCHOOL TUITION RATES (3 year olds & 4 year olds)

Non-VPK Students

Parishioner Rate	Annual Payment	Annual Payment cash/check (-3%)	Annual Payment credit card (-1%)	Semi-Annual Payments	10 Monthly Payments	11 Monthly Payments	Weekly Payments
Full Days (M-F)	\$4,995	\$4,845.15	\$4,945.05	\$2,497.50	\$499.50	\$454.09	\$104.07
3-Full Days (M,W,F)	\$3,995	\$3,875.15	\$3,955.05	\$1,997.50	\$399.50	\$363.18	\$83.23
Mornings Only (7:55 a.m.-12:00 p.m.)	\$3,395	\$3,293.15	\$3,361.05	\$1,697.50	\$339.50	\$308.64	\$70.73
Non-Parishioner Rate	Annual Payment	Annual Payment cash/check (-3%)	Annual Payment credit card (-1%)	Semi-Annual Payments	10 Monthly Payments	11 Monthly Payments	Weekly Payments
Full Days (M-F)	\$5,495	\$5,330.15	\$5,440.05	\$2,747.50	\$549.50	\$499.55	\$114.48
3-Full Days (M,W,F)	\$4,239	\$4,111.83	\$4,196.61	\$2,119.50	\$423.90	\$385.36	\$88.31
Mornings Only (7:55 a.m.-12:00 p.m.)	\$3,772	\$3,658.84	\$3,734.28	\$1,886.00	\$377.20	\$342.91	\$78.58

VPK Students

Parishioner Rate	Annual Payment	Annual Payment cash/check (-3%)	Annual Payment credit card (-1%)	Semi-Annual Payments	10 Monthly Payments	11 Monthly Payments	Weekly Payments
Full Days (M-F)	\$3,150	\$3,055.50	\$3,118.5	\$1,575.00	\$315.00	\$286.36	\$65.63
Non-Parishioner Rate	Annual Payment	Annual Payment cash/check (-3%)	Annual Payment credit card (-1%)	Semi-Annual Payments	10 Monthly Payments	11 Monthly Payments	Weekly Payments
Full Days (M-F)	\$3,450	\$3,346.50	\$3,415.50	\$1,725	\$345.00	\$313.64	\$71.88

St. Thomas Aquinas Catholic Schools uses FACTS Tuition Program. Any late payments on tuition will incur a \$30.00 late fee. A yearly service fee will be charged by FACTS \$10.00 for a semi-annual plan and \$38.00 for a weekly or monthly plan.

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CONDITIONS AND TERMS OF AGREEMENT • Only complete one per family. Type or print clearly in black or blue ink.

(Please read the following information thoroughly, complete this form, and submit it with the school registration packet. For additional details related to items below, please refer to the School Handbook, which is available online at www.stacschool.com.)

I (we) give permission for my child(ren) to be photographed by school personnel, volunteers, or visitors. I (we) understand that the photographs may be used for publicity purposes for the school on the school's website and/or in publications that refer to our school.	<input type="checkbox"/> Yes, I (we) agree. <input type="checkbox"/> No, I (we) do not agree.
Fingerprinting is required by the Diocese of Orlando for anyone who wishes to volunteer or attend field trips. Volunteers must also view the Safe Environment Video. This can be scheduled through the school office. The cost is \$60 per applicant and must be renewed every 5 years.	Father/Guardian fingerprinted by the Diocese of Orlando? <input type="checkbox"/> Yes <input type="checkbox"/> No Mother/Guardian fingerprinted by the Diocese of Orlando? <input type="checkbox"/> Yes <input type="checkbox"/> No
I (we) am a registered parishioner of Saint Thomas Aquinas Catholic Church (STA), attest to regular mass attendance, use the weekly envelope system to financially support the parish community, and commit to the recommended minimum contribution of \$10 per week (\$520 annually) to qualify for the parishioner rate tuition at Saint Thomas Aquinas Catholic School. I (we) understand that the parishioner rate determination will be made by the Parish Office by verifying financial support over the past 12 months. I (we) also agree to continue making regular contributions over the next 12 months.	<input type="checkbox"/> Yes, I (we) am a registered STA parishioner, and agree to the requirements for the parishioner rate tuition. (Envelope#: _____) <input type="checkbox"/> No, I (we) am not a registered STA parishioner, and/or I (we) do not agree to the requirements to qualify for the parishioner rate tuition.
I (we) give permission for our name(s), address, email(s) and phone number(s) to be included in the Saint Thomas Aquinas Catholic School Parent / Teacher Organization (PTO) Directory.	<input type="checkbox"/> Yes, I (we) agree. <input type="checkbox"/> No, I (we) do not agree.
In the event that my child(ren) become(s) seriously ill or is injured during school hours and all reasonable attempts to contact parents/guardians fail, I (we) give my consent for the administration of any treatment deemed necessary by my child's doctor whose information is provided on the Student Information Form. In the event that my preferred doctor, or any other licensed physician assigned to cover for him/her in an emergency, cannot be reached, I (we) also authorize the transfer of my child to _____ Hospital, (or the closest hospital if no preference is indicated) in care of emergency. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concur on the necessity for such surgery (prior to performing surgery). 911 Emergency Services will be called should the child seem/appear in need of immediate treatment.	
I (we) agree to work 20 service hours per family per school year, and regularly update the volunteer service hour record in the school's office throughout the school year. I (we) will commit to volunteering at the St. Thomas Aquinas Parish Fall Festival that will take place on November 8-11, 2012 for a minimum of five hours for each child registered at St. Thomas Aquinas Catholic School. I (we) understand that if I (we) am unable to fulfill this obligation, cash payment of \$10 for every hour not completed by May 14th of the school year (not to exceed a maximum of \$200) will be made to Saint Thomas Aquinas Catholic School.	
I (we) will participate in school fundraising activities that include, but are not limited to, selling and/or purchasing a minimum of ten \$10 raffle tickets. Additionally, I (we) will donate a minimum of \$25, or donate an item valued at a minimum of \$25, to be utilized/sold at the Annual Saint Thomas Aquinas Catholic School Auction for the purposes of school fundraising.	
I (we) will obey the rules and regulations of Saint Thomas Aquinas Catholic School. I (we) the undersigned, agree to comply with all policies per student handbook and directives from the Principal's Office while attending Saint Thomas Aquinas Catholic School. I (we) recognize the right of the school to exclude at any time a student whose conduct or academic standing renders undesirable his/her presence at Saint Thomas Aquinas Catholic School. In addition, I (we) hereby agree to abide by the policies, philosophy, rules and regulations of Saint Thomas Aquinas Catholic School and will see that my child(ren) also abide by them.	
I (we) understand and accept the criteria for admission of my child(ren) to Saint Thomas Aquinas Catholic School as specified in the Student Handbook. I (we) agree to pay the tuition costs and fees for the current school year as outlined in the registration packet. I (we) understand that once submitted, registration fees and general fees are non-refundable, unless the student is not accepted for school enrollment. New students are subject to a 90 day probationary period for both academics and behavior. All new applicants are subject to testing or grade placement and will be interviewed by an administrator prior to acceptance. In case of joint tuition payment by two parties, the person who signs this form is the party responsible for ensuring that tuition payments are made in a timely manner according to the terms outlined in the tuition payment plan that I (we) selected. I (we) understand that all financial obligations must be met in order for student record(s) to be released or to reregister the student(s).	

Parent/Legal Guardian

Date

Print Name	Signature	Relationship to student(s)	Month	Day	Year
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Parent/Legal Guardian

Date

Print Name	Signature	Relationship to student(s)	Month	Day	Year
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