



# ST. FRANCIS SCHOOL

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## SY2016-2017 ENROLLMENT PACKET

### This packet includes:

1. Schedule of Registration and Building Fees
2. Admissions Application
3. After School Program Registration and Fees
4. Medical/Athletic Physical Clearance Form (*see insert*)
5. Student Data Form (*see insert*)
6. School Year Calendar (if available) (*see insert*)

### Documents needed upon registration:

1. Completed Admissions Application Form
2. Child's Birth Certificate
3. Completed Physical Clearance Form signed by physician
4. Updated Shot Record
5. Baptismal Certificate (*if any*)
6. First Holy Communion (*3<sup>rd</sup> grade and up*)
7. Latest Report Card, Withdrawal Form (*if transferring from another school*)
8. Legal Documents (*if any*)
9. Completed Student Data Form

### For Office Use Only:

- Completed Admissions Application Form
- Child's Birth Certificate
- Completed Physical Clearance Form signed by physician
- Updated Shot Record
- Baptismal Certificate (*if any*)
- First Holy Communion (*3<sup>rd</sup> grade and up*)
- Latest Report Card, Withdrawal Form (*if transferring from another school*)
- Legal Documents (*if any*)
- Completed Student Data Form

Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

## SCHEDULE OF REGISTRATION AND BUILDING FEES

School Year 2016-2017

### *Early Registration/Instructional and Building Fees between April 1<sup>st</sup> to April 29, 2016*

Description	Cost
<b>Registration/Instructional Fees</b>	<b>\$300.00/per child</b>
<b>Building Fee</b>	<b>\$150.00/per child</b>
<i>Fees beginning May 2, 2016</i>	
<b>Registration/Instructional Fees</b>	<b>\$380.00/per child</b>
<b>Building Fee</b>	<b>\$200.00/per child</b>

### *Schedule of Tuition Fees*

Number of Children	10 Monthly Installment
1-Child	\$357.50 per installment or total cost of \$3,575.00
2-Children	\$643.50 per installment or total cost of \$6,435.00
3-Children	\$858.00 per installment or total cost of \$8,580.00
4-Children	\$1,001.00 per installment or total cost of \$10,010.00
5-Children	\$1,072.50 per installment or total cost of \$10,725.00

**\*\*With families of 6 or more students, please see the Business Office Manager for more information.**

Number of Children	11 Monthly Installment
1-Child	\$325.00 per installment or total cost of \$3,575.00
2-Children	\$585.00 per installment or total cost of \$6,435.00
3-Children	\$780.00 per installment or total cost of \$8,580.00
4-Children	\$910.00 per installment or total cost of \$10,010.00
5-Children	\$975.00 per installment or total cost of \$10,725.00

**\*\*With families of 6 or more students, please see the Business Office Manager for more information.**

Number of Children	12 Monthly Installment
1-Child	\$297.92 per installment or total cost of \$3,575.00
2-Children	\$536.25 per installment or total cost of \$6,435.00
3-Children	\$715.00 per installment or total cost of \$8,580.00
4-Children	\$834.17 per installment or total cost of \$10,010.00
5-Children	\$893.75 per installment or total cost of \$10,725.00

**\*\*With families of 6 or more students, please see the Business Office Manager for more information.**

## ADMISSION APPLICATION

The information provided on this form and submitted to St. Francis School (SFS) is handled confidentially to protect the privacy of the applicant. Only the school's admissions personnel and the administration have access to individual applicant records. The school's planning bodies have access only to aggregate data. Upon enrollment this form will be transferred to the student's cumulative file. Please call SFS for our complete student records handling policy.

Please type or print clearly.

### APPLICANT'S INFORMATION

Full Name:

Last:	First:	Middle:
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Current Grade:	Ethnicity:	Citizenship:
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Primary language spoken at home:

Date of Birth:	Gender:	Place of Birth:
Month/Day/Year	Male <input type="checkbox"/> Female <input type="checkbox"/>	City, State, Zip:

### RELIGION/DENOMINATION

Roman Catholic <input type="checkbox"/> Other <input type="checkbox"/> Specify Other: _____	Name of church applicant regularly attends:	Name of Pastor:
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____	1 <sup>st</sup> Holy Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Church: _____

### SCHOOLS ATTENDED (please list most recent first.)

<b>1) Name:</b>  City/State/Zip:	Grades Attended:  Phone No.:
<b>2) Name:</b>  City/State/Zip:	Grades Attended:  Phone No.:
<b>3) Name:</b>  City/State/Zip:	Grades Attended:  Phone No.:

### SPECIAL CIRCUMSTANCES

*Your responses to the questions in this section will assist the school in the placement of students and in planning for any special needs of our students. Accurate information will help us best meet the needs of all our students.*

Has the applicant received help for learning with disabilities?	Yes	No
Has the applicant been diagnosed with ADD or ADHD? <i>(If yes, please include a copy of the report.)</i>	Yes	No
Does the applicant have problems with reading or been diagnosed with dyslexia?	Yes	No
Has the applicant ever been retained a grade?	Yes	No
Has the applicant ever skipped a grade?	Yes	No
Has the applicant applied to or attended St. Francis School previously?	Yes	No
Has the applicant ever been subject to disciplinary actions such as suspension or dismissal?	Yes	No

If "yes" was answered to *any* of the above questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please provide attachment if more space is needed.)*

Please provide any additional information that would help SFS in working with your child.  
*(Additional information may include but is not limited to, honors or any special talents or skills your child may have; on the other hand, it may also include negative attributes such as behavioral problems, encounters with police, or substance abuse.)*

\_\_\_\_\_

\_\_\_\_\_

*(Please provide attachment if more space is needed.)*

### PARENT INFORMATION

#### 1<sup>st</sup> Parent/Legal Guardian

Name: (Last, First, M.I.) <i>(include prefix and suffix, if any.)</i>	Relation to applicant:
Home Phone:	Cell Phone:
Mailing Address: (Street/P.O.Box, City, State, Zip)	
Residential Address:	
Place of Employment:	Occupation/Position:
Work Phone:	Email:

#### 2<sup>nd</sup> Parent/Legal Guardian

Name: (Last, First, M.I.) <i>(include prefix and suffix, if any.)</i>	Relation to applicant:
Home Phone:	Cell Phone:
Mailing Address: (Street/P.O.Box, City, State, Zip) <i>(complete if different from 1<sup>st</sup> parent/legal guardian information)</i>	
Residential Address: <i>(complete if different from 1<sup>st</sup> parent/legal guardian information)</i>	
Place of Employment:	Occupation/Position:
Work Phone:	Email:

### CUSTODY INFORMATION *(Please attach legal documents.)*

Is either of the applicant's parents deceased?	Yes	No
Are there custody restrictions on either parent? <i>(If yes, please include a copy of legal documents.)</i>	Yes	No
Does the applicant have a legal guardian? <i>(If yes, please include a copy of legal documents.)</i>	Yes	No

If "yes" was answered to *any* of the above questions, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

With whom does the applicant live?  
 \_\_\_\_\_  
 Who is financially responsible for the applicant?  
 \_\_\_\_\_

#### NON-CUSTODIAL PARENT *(if applicable)*

Last Name:	First:	Middle:
Mailing Address: _____ _____		

### GRANDPARENTS

*Please provide the names and addresses of grandparents so we can keep them informed of things happening at SFS.*

Paternal Grandfather: (Last name, First, M.I.)		Contact Phone:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address: (Street/P.O. Box, City, State, Zip)	
Paternal Grandmother: (Last name, First, M.I.)		Contact Phone:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address: (Street/P.O. Box, City, State, Zip)	
Maternal Grandfather: (Last name, First, M.I.)		Contact Phone:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address: (Street/P.O. Box, City, State, Zip)	
Maternal Grandmother: (Last name, First, M.I.)		Contact Phone:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address: (Street/P.O. Box, City, State, Zip)	

### ADDITIONAL INFORMATION

**We are considering SFS because of information first received through: *(check one.)***

A Current Student  
  A Current Parent  
  A Current Teacher  
  Church  
  Telephone Book  
  Website  
 Newspaper Ad  
  Alumnus  
  Other: \_\_\_\_\_

**The factor(s) most influencing us to apply to SFS: *(check all that apply.)***

Location  
  Academic Standards  
  Displeasure with local schools  
  Christian Values  
  Safety  
 Honor Choir  
  Religion Class  
  Desire to attend a private school  
  Discipline  
  Other: \_\_\_\_\_

### SIGNATURES

I/We certify that no information relevant to my child's application has been withheld and agree to support and abide by SFS regulations and guidelines not only at the time of admission but also throughout subsequent years of attendance. I understand that acceptance of this application by SFS in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, and final decision will be made by the administration of SFS.

Signature of Father or Legal Guardian	Print Name	Date
Signature of Mother or Legal Guardian	Print Name	Date

## AFTER SCHOOL PROGRAM

### **Registration per Child: \$75.00**

Your child must be officially registered for the After-School Program with the Business Office. Non-registered students can be admitted into the program if parent/s may be in a situation that prohibits them from picking up their child(ren) at the time of dismissal or during an emergency. **A fee of \$15.00 per day per child will be assessed for such cases that student will be in the After-School Program.**

<b>Number of Children</b>	<b>Registered After-School Students (11-Installments)</b>
1-Child	\$125.00 per installment or total cost of \$1,375.00
2-Children	\$175.00 per installment or total cost of \$1,925.00
3-Children	\$235.00 per installment or total cost of \$2,585.00
4-Children	\$285.00 per installment or total cost of \$3,135.00
5-Children	\$325.00 per installment or total cost of \$3,575.00
6-Children	\$355.00 per installment or total cost of \$3,905.00

### **Other Fees**

<b>Description of Charges</b>	<b>Cost</b>
8 <sup>th</sup> Grade Graduation Fee	\$150.00
Late Tuition Fee	\$50.00 (See Note below)
Returned Check Fee	\$50.00 (See Note below)
Early or Late Quarter Exams	\$10.00 per subject
Lost Text/Workbook	Replacement cost of each textbook or workbook
Transcript Request	\$10.00
Adult Lunch/Special	\$7.00/\$9.00
Student Lunch/Special Lunch	\$3.00/\$5.00
Copy of Grade Report Card	\$10.00 per copy
SAT Testing Copy	\$10.00 per copy
<b>Sports fees and sports uniforms charged to All student participants will be handled by the Interscholastic Sports Program Coordinator</b>	Please see Interscholastic Sport Program Coordinator for fees.
Buy-Your-Change (Optional)	\$2.00

**NOTES:**

Returned Checks are very frequent during the school year and have placed the school in a financial burden. Therefore, the school will charge \$50.00 for any returned check or item by the bank for SY 2016-2017. Late Tuition Fee of \$50.00 will be added to your child's tuition account for each month the account is overdue, and **this fee is also due upon payment for that month in which the account is overdue.** First tuition payment is due on the **first day of school** with the remainder of installment payments due on or before the 15<sup>th</sup> of each month. If your child is graduating this school year (2016-2017), the remaining tuition balance plus all other financial obligations are due five (5) days prior to graduation date.