



ST. FRANCIS SCHOOL

P. O. Box 22199 GMF, Guam 96921

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SY2017-2018 ENROLLMENT PACKET

This packet includes:

1. Schedule of 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 Immunization Shot Record
5. Baptismal Certificate (*if any*)
6. First Holy Communion (*3rd 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 (*3rd 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: _____

2017-2018 FEE SCHEDULES

Registration/Instructional Fees <i>(non-refundable fee)</i>	\$380.00/per child
Building Fee	\$200.00/per child
Archdiocesan Catholic Schools Fee <i>This payment can be paid in one full payment, or in quarterly installment payments. The final quarterly installment payment must be completed by the end of the third (3rd) quarter of each school year.</i>	\$25.00/per child

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	\$679.20 per installment or total cost of \$6,792.00
3-Children	\$965.30 per installment or total cost of \$9,653.00
4-Children	\$1,215.50 per installment or total cost of \$12,155.00
5-Children	\$1,430.00 per installment or total cost of \$14,300.00
<i>Note: The one-child tuition fee rate will apply to any additional child registered with a family of five (5) children.</i>	

Please take notice of the following policies:

1. A five percent (5%) discount will be applied on a full-tuition payment made on or before the 1st day of classes for SY2017-2018.
2. Tuition payment must be paid on or before the 10th day of each month. A late fee of \$25.00 will be charged if tuition is paid after the 10th day of each month.
3. A fee of \$50.00 will be charged on any returned item by the bank.
4. To officially register your child for School Year 2017-2018, your child's tuition account or other accounts owed to the school must be paid not later than May 10, 2017. Student registration accepted prior to May 10, 2017 will be considered by the school unofficial until the remaining balance is paid-in-full. If the balance remains unpaid, the school shall have the right to not admit student pending completion of previous debt in good faith.
5. **Convenience Fee:** This is a bank fee that defrays the bank cost of credit/debit card processing. A convenience fee will be charged to each payment made. This fee will not apply to payments made by check or cash. *Please see fee schedule below.*

CONVENIENCE FEE SCHEDULE (Use of Visa, MasterCard, Amex, Discover)	
Amount of Payment	Convenience Fee Charge
\$0.01 to \$50.00	\$2.50
\$50.01 to \$100.00	\$3.25
\$100.01 to \$125.00	\$3.75
\$125.01 to \$150.00	\$4.50
Greater than \$150.00	2.75%

AFTER SCHOOL PROGRAM

Registration per Child: \$75.00

Your child must be a student of St. Francis School in order to register with the After School Program. Students of St. Francis School who are not officially registered with the After School Program may be admitted into the program due to unforeseen circumstances. **A fee of \$15.00 per day per child will be charged for such cases that the student/s will be in the After School Program.**

<i>Number of Children</i>	<i>10 monthly installment</i>	<i>Total Cost for After School Program</i>
1 – Child	\$137.50	\$1,375.00
2 – Children	\$192.50	\$1,925.00
3 – Children	\$258.50	\$2,585.00
4 – Children	\$313.50	\$3,135.00
5 – Children	\$357.50	\$3,575.00
6 – Children	\$390.50	\$3,905.00

Other Fees

<i>Description of Charges</i>	<i>Cost</i>
8 th Grade Graduation Fee	\$200.00
Late Tuition Fee	\$25.00
Returned Item Fee (checks or item returned by bank)	\$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 or Student Document Request	\$10.00 per request
Adult Lunch	\$7.00
Special Adult Lunch	\$10.00
Student Lunch (regular)	\$3.00
Student Lunch (special)	\$5.00
Copy of Grade Report Card	\$10.00 per copy
Standardized Assessment Copy	\$10.00 per copy
Sports fees and sports uniforms charged to all student participants. This will be handled by the Interscholastic Sports Program Coordinator.	Please see Interscholastic Sport Program Coordinator for fees.
Buy-Your-Change (Optional)	\$2.00

NOTES:

Returned checks or returned items 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 checks or returned items. Late Tuition Fee of \$25.00 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 10th of each month. If your child is graduating this school year (2017-2018), the remaining tuition balance plus all other financial obligations are due by the 10th of May 2018.

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 type or print clearly.

STUDENT INFORMATION

Student 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 st 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.)*

1) Name:	Grades Attended:
City/State/Zip:	Phone No.:
2) Name:	Grades Attended:
City/State/Zip:	Phone No.:
3) Name:	Grades Attended:
City/State/Zip:	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 student received help for learning with disabilities?	Yes	No
Has the student been diagnosed with ADD or ADHD? <i>(If yes, please include a copy of the report.)</i>	Yes	No
Does the student have problems with reading or has been diagnosed with dyslexia?	Yes	No
Has the student ever been retained a grade?	Yes	No
Has the student ever skipped a grade?	Yes	No
Has the student applied to or attended St. Francis School previously?	Yes	No
Has the student 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 challenging attributes such as behavioral issues, encounters with law enforcement, or substance abuse.)

(Please provide attachment if more space is needed.)

PARENT INFORMATION

1st Parent/Legal Guardian

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

2nd Parent/Legal Guardian

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

NON-CUSTODIAL PARENT *(if applicable)*

Last Name:	First:	M.I.
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Student Name: _____ Registering Grade: _____

Please fill-out for each registering student.

VILLAGE	(X)	GENDER	(X)	RELIGION	(X)
AAFB		Male		Roman Catholic	
Agana		Female		Protestant	
Agana Heights		ETHNICITY	(X)	Other <i>(specify):</i>	
Agat		Black			
Asan-Ma'ina		Chamorro		RESIDENCY	(X)
Barrigada		Chinese		Resident of Guam	
Chalan Pago		Chuukese		Military Dependent	
Dededo		Filipino		I-20 Student	
Inarajan		Hispanic		PARENTAL	(X)
Mangilao		Japanese		Two-Parent Family	
Maite		Korean		Single-Parent Family	
Merizo		Kosraean		Guardianship Family	
NCTAMS		Marshallese			
Naval Station		Multi-Racial			
Ordot		Palauan			
Piti		Pohnpeian			
Santa Rita		White			
Sinajana		Yapese			
Talofofo		Other – Asian			
Tamuning		Other – <i>(specify):</i>			
Toto					
Tumon					
Umatac					
Yigo					
Yona					
Other - <i>(specify):</i>					



MEDICAL / ATHLETIC CLEARANCE FORM FOR SCHOOL ADMISSION Note: Please submit on or before 1st day of classes.

STUDENT NAME _____ DATE _____
 DATE OF BIRTH _____ AGE _____ ETHNICITY _____
 GRADE ENTERING _____ SCHOOL YEAR _____
 HOME ADDRESS _____
 HOME PHONE _____ E-MAIL _____ PHYSICIAN'S NAME _____
 FATHER'S NAME _____ CELLPHONE _____ PHYSICIAN'S PHONE NO. _____
 MOTHER'S NAME _____ CELLPHONE _____ HOSPITAL/CLINIC _____
 BEST NUMBER TO CALL FOR EMERGENCY _____

PART 1: PHYSICAL EXAMINATION

HEIGHT _____	WEIGHT _____	T _____	P _____	R _____
BLOOD PRESSURE _____	VISION: RT _____	LT _____	HEARING: RT _____	LT _____
CHECK EACH LINE	Normal	Abnormal	Not Examined	Describe suspicious or abnormal findings
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin, Hair, Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes: External (pupils-cornea)				_____
optic fundus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Muscle balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears: External				_____
auditory acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tympanogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pure Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose, Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharynx, Larynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck, Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculo-Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scoliosis Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PART 2: IMMUNIZATION RECORD: PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORD.

Please check one: In Good Health Specific Problem(s) Noted Child with a disability- Please Specify: _____

This child is physically fit to participate in physical education and/or athletic events and related activities. Yes No

Name of Physician (PRINT) _____ Signature _____ Date _____

Clinic _____ Email address _____

PPD date given: _____ PPD date read: _____ Result: _____

Parental /Guardian Consent

I hereby give permission for the physician to examine my child so that he/she may obtain medical clearance to participate in athletic activities. Therefore, neither the examining physician nor the school is to be held liable for any abnormalities not detected in this examination. Permission is also granted to my child (NAME) _____ to participate in the athletic activities approved by the Physician as initialed below for school year: _____.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____



MEDICAL INFORMATION:

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

MEDICAL HISTORY: Please check "No" or "Yes" appropriately.

NO

YES

- ALLERGIES: FOOD, MEDICATION, ETC IF YES, WHEN? _____
- HEART PROBLEMS OR HEART DISEAS IF YES, WHEN? _____
- CHEST PAINS IF YES, WHEN? _____
- ASTHMA IF YES, WHEN? _____
- SHORTNESS OF BREATH IF YES, WHEN? _____
- HEAD INJURIES IF YES, WHEN? _____
- FRACTURES IF YES, WHEN? _____
- WEAK JOINTS OR BACK PROBLEMS
- TAKING MEDICATION IF YES, WHAT KIND? _____
- SURGERY IF YES, WHAT TYPE? _____
- BLOOD DISORDER
- HERNIA
- RHEUMATIC FEVER
- DIABETES
- HEARING PROBLEMS IF YES, WHEN? _____
- VISION PROBLEMS: GLASSES/CONTACTS NEEDED
- CONVULSIONS/SEIZURES OR BREATHING SPELLS IF YES, WHEN? _____
- OTHER SERIOUS INJURY OR ILLNESS? IF YES, PLEASE EXPLAIN BELOW

REMARKS:

To the best of my knowledge, the information on this page is accurate and complete.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____