



Saint Francis Catholic School

Dear Prospective Family,

Thank you for your interest in St. Francis Catholic School. Since 1996, the faculty and staff at SFCS have been dedicated to providing a quality Catholic education for students in Pre- Kindergarten through 8th Grade. Our faculty and parent community is committed to our mission of “Nurturing student’s spiritual and intellectual growth in an authentic Catholic community committed to academic excellence.” With this mission our students have benefited from a solid foundation of essential learning experiences both in and outside the classroom. Experiences we believe that will contribute to a lifetime of learning and a faith-filled future.

Our website highlights many of the wonderful programs offered at St. Francis Catholic School, but a visit to our school will truly showcase our academic programs and the strength of our community. Your tour of our school will reveal an environment where students are valued and cherished for their individual gifts and talents. We strive to assist each student in reaching his or her academic potential with the goal that every graduate of St. Francis Catholic School will become a person characterized by their faith, integrity, and scholarship. Additionally, our wonderful campus enables our faculty and students to maximize learning through state-of-the-art technologies and tools.

I am so pleased that you have inquired about St. Francis Catholic School for your child’s education. I look forward to meeting your child and family. Please feel free to contact me if I can answer any questions you may have about St. Francis Catholic School.

Sincerely in Christ,

Brian Pope
Principal, St. Francis Catholic School



ST. FRANCIS CATHOLIC SCHOOL

Application Procedure and Registration Information

APPLICATION PROCEDURE

- 🍏 **APPLICATION FOR ADMISSION** Applications should be completed in full and submitted to the school registrar.
- 🍏 **REGISTRATION FEE** A Registration Fee of \$100.00 per child is due when the application is submitted. This fee covers administrative costs, is non-refundable and does not, in the case of acceptance, apply toward tuition.
- 🍏 **RECORDS TRANSFER REQUEST FORM** A Records Transfer Request Form must be signed by a Parent/Guardian for any student applying for grades one through eight. This form will be faxed to the school that the student was previously enrolled in.
- 🍏 **PARISH VERIFICATION FORM** To be eligible for the “Parishioner Rate” the parent(s) of the student(s) must be active parishioners of St. Francis by the Sea and/or Holy Family Catholic Church. The active parishioner status will be verified with a completed Parish Verification Form at the time of initial acceptance.
- 🍏 **BIRTH CERTIFICATE**
- 🍏 **BAPTISM CERTIFICATE** If Catholic, a copy of your child’s Baptism Certificate is required. Please inform the School Registrar if your child was baptized at St. Francis by the Sea Catholic Church.
- 🍏 **IMMUNIZATION RECORD** The most current copy of your child’s South Carolina Immunization Certificate must be provided.
- 🍏 **VISIT/ TOUR** All prospective families are encouraged to tour the school and/or attend one of our admission activities.
- 🍏 **PERSONAL MEET & GREET WITH THE PRINCIPAL**
- 🍏 **ACADEMIC SCREENING** A brief screening play-session will be scheduled to students applying for the Pre-Kindergarten and Kindergarten program. An academic screening will be scheduled for students applying for 1st through 8th Grade.
- 🍏 **TUITION ASSISTANCE** Every child should have access to a Catholic education. Applications for tuition assistance are handled separately from applications for admission.
- 🍏 **DIVORCED OR SEPARATED PARENTS** Divorced or separated parents must provide a copy of the custody section of the divorce decree with the school office. The school must have a copy of any court order involving a school child in matters of custody and contact.

REGISTRATION POLICIES

NON – DISCRIMINATION The schools of the Diocese of Charleston do not discriminate on the basis of any race, color, sex, national origin, or disability in administration of educational policies, admission policies of local programs, athletics, and school administered programs.

AGE REQUIREMENTS All new and transfer students must meet the following age guidelines:

- 1) To be admitted to Pre-Kindergarten a child must be four years of age on or before September 1st of the current school year.
- 2) To be admitted to Kindergarten a child must be five years of age on or before September 1st of the current school year.
- 3) To be admitted to first grade a child must be six years of age on or before September 1st of the current school year.



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PRIORITY OF ACCEPTANCE Priority for acceptance in the school is as follows:

- 1) Children of families presently attending the school.
- 2) Children of parishioners from St. Francis by the Sea and Holy Family Catholic Parishes.
- 3) Children of families who are not parishioners of one of the above parishes.

2016 – 2017 TUITION RATES & FEES

Tuition Rate	Yearly	10 month plan (payments ending in May)	12 month plan (payments ending in June)
Parishioner Rate:	\$4,833.00/student	\$483.00/student	\$402.75/student
Base Tuition/ Non - Parishioner Rate:	\$7,455.00/student	\$745.50/student	\$621.25/student

Fees:	Amount	Due Date
Registration Fee:	\$100.00/student	Due at time of Re-Registration

To be eligible for the “Parishioner Rate” the parent(s) of the student(s) must be active parishioners of St. Francis by the Sea or Holy Family Catholic Church. The active parishioner status will be verified with both parishes each year.

Active Parish Membership is determined by four criteria:

- (1) Being properly registered in the parish.
- (2) Faithful attendance at Mass on Sundays and Holy Days.
- (3) Use of the envelopes or electronic giving system in regular support of the parish.
- (4) Being active in at least one parish program, ministry, or organization.

PAYMENT OPTIONS

Tuition payments, except for the \$100.00 Registration Fee, are made through FACTS Management Company. You must sign up with FACTS to select your payment plan. To select your payment plan please use the following link:

<https://online.factsmgt.com/signin/3SBY3> . Re-enrollment for your Payment Plan through FACTS begins February 1st. You must select your payment plan for the 2016-2017 school year by May, 1 2016 to ensure the plan you would like to select is available.



ST. FRANCIS CATHOLIC SCHOOL

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Date _____

(PLEASE PRINT. Leave no blank spaces. For questions that do not apply, write "N/A.")

Applicant's legal name _____
(Last) (First) (Middle) (Preferred Name)

Applicant's residence _____
(Street and Number) (City) (State) (Zip Code)

Home phone _____ - _____ - _____ Email _____
(Provide the email that will be used for official school communication here)

Applying for school year 20 _____ Grade _____ Repeating a grade? ___ Yes ___ No

Birth date ____ / ____ / ____ Sex ____ (M/F) Birthplace _____
(City, state, country)

Ethnic Group (Check one)

- American Indian/ Native Alaskan
- Native Hawaiian/ Pacific Islander
- Asian
- White
- Black
- Multi – racial
- Hispanic
- All others

Primary language spoken in the home _____ Religion _____

FOR CATHOLIC APPLICANTS ONLY

Catholic parish where registered _____ Parish Envelope Number _____

<u>Sacramental Information</u>	<u>Date</u>	<u>Church (name, city, state)</u>
Baptism	____ / ____ / ____	_____
Reconciliation	____ / ____ / ____	_____
First Communion	____ / ____ / ____	_____
Confirmation	____ / ____ / ____	_____

<u>Name of Previous School</u>	<u>School Year</u>	<u>Grades</u>	<u>Location</u>	<u>Telephone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?
 Yes No If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., learning disabilities, attention deficit (hyperactivity) disorder, emotional disabilities, etc.], English as a second language, or medical condition?
 Yes No If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to participate fully in the academic and/or other programs provided at our school. If applicable, please provide sufficient evidence to allow us to access your child's situation. We may request additional information from you and from an appropriate health professional.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.



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FAMILY INFORMATION

Student lives with Mother Father Both Other

Please check all that apply Parents divorced Parents separated Mother deceased
 Father deceased Father has custody Mother has custody Joint custody Applicant is adopted
 Other (please explain) _____

MOTHER/ GUARDIAN

Mother's Name _____
(Last) (First) (Middle) Title (Mr., Mrs., Ms., Dr., etc.)

Address (If different from applicant's residence) _____

Telephone: Home _____ Work _____ Cell _____

Place of birth _____ Email _____

Religion _____ Catholic School Alumna? Yes No

Education completed _____ Occupation _____

Employer _____ Employer's Address _____

FATHER/ GUARDIAN

Father's Name _____
(Last) (First) (Middle) Title (Mr., Mrs., Ms., Dr., etc.)

Address (If different from applicant's residence) _____

Telephone: Home _____ Work _____ Cell _____

Place of birth _____ Email _____

Religion _____ Catholic School Alumnus? Yes No

Education completed _____ Occupation _____

Employer _____ Employer's Address _____

SIBLINGS

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

NAME OF PERSON RESPONSIBLE FOR TUITION/ FEES

Name _____ Phone _____ - _____ - _____
(Last) (First) (Middle)

Address _____
(Street and Number) (City) (State) (Zip Code)



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APPLICATION FOR ADMISSION

Email address _____

OTHER INFORMATION

How did you hear about St. Francis Catholic School? (If personal reference, please indicate.)

Please list any St. Francis Catholic School families you know.

Please list any relatives who currently attend or previously attended St. Francis Catholic School:

Name _____ Relation _____

Name _____ Relation _____

Why are you considering moving your child from his or her current school?

Why might St. Francis Catholic School be the right school for your child? Please include aspects of a school you believe are most important and your reasons for choosing St. Francis Catholic School.

In what ways have you been involved in or supported your child's present school?

Parents as Partners

We, at SFCS, consider it a privilege to work with parents in the education of children because we believe parents are the primary educators of their children. Therefore, it is your right and your duty to become the primary role models for the development of your child's life--physically, mentally, spiritually, emotionally, and psychologically. Your choice of St. Francis Catholic School involves a commitment and exhibits a concern for helping your child to recognize God as the greatest good in his/her life.

As partners in the educational process at SFCS, we ask parents:

To set rules, times, and limits so that your child:

- Gets to bed at an appropriate time on school nights;
- Arrives at school on time and is picked up on time at the end of the day;
- Is dressed according to the school dress code;
- Completes assignments on time; and
- Has ordered hot lunch or nutritional sack lunch every day.

To actively participate in school activities such as Parent-Teacher Conferences;

To fulfill the annual 10 hour volunteer requirement for any school related activity;

To notify the school with a written note when the student has been absent or tardy;

To notify the school office of any changes of address or important phone numbers;

To meet all financial obligations to the school;

To inform the school of any special situation regarding the student's well-being, safety, and health;

To complete and return to school any requested information promptly;

To read school notes and newsletters and to show interest in the student's total education;

To support the religious and educational goals of the school;

To attend Sunday Mass, if Catholic, and teach the Catholic faith by word and example;

To support and cooperate with the discipline policy of the school;



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APPLICATION FOR ADMISSION

To treat teachers with respect and courtesy in discussing student problems.

Active Parishioner Status

In order to qualify for the Parishioner Tuition Rate and/or Financial Aid the parents of any candidate must be proven to be an Active Parishioner of either St. Francis by the Sea Catholic Church or Holy Family Catholic Church. Active Parish Membership is determined by four criteria:

- (1) Being properly registered in the parish.
- (2) Faithful attendance at Mass on Sundays and Holy Days.
- (3) Use of the envelopes or electronic giving system in regular support of the parish.
- (4) Being active in at least one parish program, ministry, or organization.

Active Parish Membership is determined by completion of the Parish Verification Form included in the Application for Admission Packet and prior to initial acceptance to St. Francis Catholic School. Active Parish Membership is also determined each year when the re-registration for returning students is completed.

CONDITIONS AND TERMS AGREEMENT

I understand and agree to the following conditions of admission:

- (1) This formal application for admission will not be considered complete until the non-refundable Registration Fee of \$100.00 per child is paid in full. The Registration Fee is due when the application is submitted to the school.
- (2) Students are admitted for one year at a time, and re-registration is conducted annually. If my child is accepted, I agree to comply with the rules and policies of the school.

Signed _____ Date _____

PUBLICATION AGREEMENT

🍏 I give permission for photographs of my child to appear in school and community publications, area newspapers and magazines, and on the school website.

Signed _____ Date _____

FOR OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Application for Admission completed | <input type="checkbox"/> Birth Certificate provided |
| <input type="checkbox"/> Baptismal Certificate provided (Catholic only) | <input type="checkbox"/> Student Records Request signed |
| <input type="checkbox"/> SC Immunization record provided | <input type="checkbox"/> Registration Fee collected |
| <input type="checkbox"/> Parish Verification Form signed by pastor (Parishioner only) | |



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Official date of all required documentation completed and turned in. This date will be used as the official date of eligibility in the event of a waiting list. _____

Name of Applicant: _____ Date: _____

St. Francis Catholic School – General Health Record

- 1) Please describe any problems you encountered during pregnancy or birth of your child (including premature birth) and prolonged length of hospital stay.

- 2) Please list any health conditions your child has, such as allergies (drug allergies, environmental or insect), asthma, diabetes, seizures, etc.

- 3) Please list medications your child requires on a regular basis or on an emergency basis (i.e.: epinephrine for bee sting).

- 4) Please describe any surgical procedures your child has undergone, including ear tubes (please specify which ear).

- 5) Please list any childhood diseases or illnesses your child has had (i.e.: chickenpox, measles, mumps, pneumonia, etc.)

St. Francis Catholic School

Parish Verification Form ~ New Applicant
2016 - 2017

We, the _____ family wish to enroll
our child(ren) _____ at
St. Francis Catholic School.

We are residents of the Hilton Head area and have been since (mo/year) _____.

We have been parishioners of _____ Catholic Church
since (mo/year) _____.

1. We regularly attend Mass on Sundays and Holy Days of Obligation and participate in parish activities. yes no
2. Our parishioner envelope number is _____
3. We regularly use the Parish envelope system or automatic debit to contribute to the parish. yes no
This requirement helps us verify your participation in our parish community.
4. Please list any services you have done in the past year to assist the school and/or
Parish

5. Please list what you promise to do to assist the school and/or Parish in the coming year

Parent(s) Signature(s)

Date

Pastor or Parish Administrator

Date

**NEW SCHOOL FAMILIES ARE NOT ELIGIBLE FOR THE PARISHIONER TUITION RATES UNLESS
THEY TAKE THIS FORM TO THEIR PARISH OFFICE FOR THEIR PASTOR'S OR PARISH
ADMINSTRATOR'S SIGNATURE**