



# Saint Francis Catholic School

"28 Years of Growing Together in Faith and Knowledge"

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 8<sup>th</sup> 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 and essential learning experiences both in and outside the classroom. Experiences we believe will contribute to a lifetime of learning and a faith-filled future.

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.

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,

Andrea Smith, M.Ed, LPC, NCC  
Principal

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**St. Francis Catholic School**  
45 Beach City Road  
Hilton Head Island, SC 29926  
Phone: 843.681.6501  
Fax: 843.689.3725



# ST. FRANCIS CATHOLIC SCHOOL

## APPLICATION FOR ADMISSION

### 2025 - 2026

### 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)

Cell 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 married  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 \_\_\_\_\_



# ST. FRANCIS CATHOLIC SCHOOL

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### 2025 - 2026

### NAME OF PERSON RESPONSIBLE FOR TUITION/ FEES

Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

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

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

- To set rules, times, and limits so that your child:
  - Gets to bed early 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 see that the student pays for any damage to school books or property due to carelessness or neglect on the part of the student;
- To notify the school with a written note when the student has been absent or tardy;



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- 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 Mass and teach the Catholic faith by word and example;
- To support and cooperate with the discipline policy of the school;
- To treat teachers with respect and courtesy in discussing student problems.
- To not post negative comments about students, teachers, or the administration on social media.

### Active Parishioner Status

Active Parish Membership is determined by four criteria:

- (1) Being properly registered in St. Francis by the Sea Parish or Holy Family Roman Catholic Church for at least six months. If moving from another parish a letter from that parish needs to be provided by the pastor confirming active membership.
- (2) Faithful attendance at Mass on Sundays and Holy Days. This is determined by use of the parish issued envelope for weekly offering. Every school family that receives the parishioner tuition rate must use their parish envelope to confirm mass attendance. If a family has set up an electronic giving account with the parish then the parish envelope must still be used in mass during the offering.
- (3) Student applying is up-to-date on his or her sacramental preparation or actively working towards it. The Religious Education Office that is assisting the student in his or her preparation may need to be contacted for verification.
- (4) Being active in at least one parish or school program, ministry, or organization.

Active Parish Membership is determined at the time of initial registration and may be determined on an annual basis with re-registration. Active Parish Membership will be confirmed by the pastor's signature on the Parish Verification Form. A copy of the Parish Verification Form is distributed with the registration and with re-enrollment. The Pastor is the final authority when determining Active Parishioner Status.



**ST. FRANCIS CATHOLIC SCHOOL**  
APPLICATION FOR ADMISSION  
2025 - 2026

**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 application and non-refundable \$100.00 Application Fee are received. The following fees are due within two weeks of the date on the official acceptance letter:

- Registration Fee - \$100 per child
- Tuition Deposit - \$400 per child
- FSA Fee - \$100 per family

Total Due: \$600.00

(Middle School students will incur a \$100.00 Technology Fee billed in August.)

All fees are non-refundable at the point of payment.

(2) Students are admitted for one year at a time, and re-enrollment 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 \_\_\_\_\_

**Parent/ Guardian Checklist: All documentation must accompany the Application Form before it can be processed.**

- |  |                                      |
|--|--------------------------------------|
| _____ Application for Admission completed                          | _____ Birth Certificate provided     |
| _____ Baptismal Certificate provided (if applicable)               | _____ Student Records Request signed |
| _____ SC Immunization record provided                              | _____ Application Fee collected      |
| _____ Parish Verification Form signed by pastor (Parishioner only) |                                      |

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.

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

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

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

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

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# St. Francis Catholic School

## 2025 - 2026 Family Verification Form

Form is for the school year named above, and status will be reviewed annually

Family Name: \_\_\_\_\_ Parishioner #: \_\_\_\_\_

Check one:

We are not a Catholic Family \_\_\_\_\_

Do not complete the remainder of this form

We are a Catholic Family, and \_\_\_\_\_

at least (1) parent over the age of 18 is Catholic.

### Parish Information

We are parishioners of the following parish for at least 3 months:  St. Francis by the Sea  
Gregory the Great

Holy Family  St.

Letter from SGG pastor required for admission to St. Francis Catholic School

How often do you attend Mass on Sundays:  Regularly  Seldom  Never

Yes  No

My child is current for all their sacramental preparation, or is currently working toward it:  Yes  No  
Are you currently serving in a ministry at your parish:

If yes, name of ministry(ies):

### School Requirements for Catholic Parishioner Rate

Please list any services you have done in the past year to assist the school:

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Please list what you promise to do to assist the school during the 2025-2026 academic year:

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# Saint Francis Catholic School

## RECORDS REQUEST – 1<sup>st</sup> Grade-8<sup>th</sup> Grade

TO: \_\_\_\_\_

FAX: \_\_\_\_\_

FROM: St. Francis Catholic School

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

### Student Information

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Last Name	First Name	Current Grade
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Please forward copies of the following records:

Transcript of courses, subjects and grades: \_\_\_\_

Most current report card/ grades at withdrawal: \_\_\_\_

Immunization and Health Records: \_\_\_\_

Standardized Test Scores: \_\_\_\_

Discipline Record: \_\_\_\_

Learning Support Documentation (if applicable): \_\_\_\_

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I request that you release all information you have of academic, social, medical, psychological, vision, speech, hearing, or orthopedic nature on the student named above. I request the information be kept confidential and used for professional reasons only.

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Parent/ Guardian Signature

Date

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## CHECKLIST FOR PROSPECTIVE STUDENT

Please check that the following items have been submitted for your application to be complete.

- \_\_\_ Application for Admission Completed
- \_\_\_ Birth Certificate Provided
- \_\_\_ Baptismal Certificate Provided (if applicable)
- \_\_\_ SC Immunization Record
- \_\_\_ General Health Record
- \_\_\_ Parish Verification Form
- \_\_\_ Student Record Request (signed)
- \_\_\_ Custody Papers (if applicable)
- \_\_\_ Application Fee of \$100.00 (non-refundable)

Please note the following are due within 14 days of acceptance:

- Registration Fee - \$100.00 per child
- Tuition Deposit - \$400.00 per child
- Family School Association Fee (FSA) - \$100.00 per family

All fees are non-refundable at point of payment. The tuition deposit will be deducted from August billing.

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