



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)

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 _____



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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-registration. The Pastor is the final authority when determining Active Parishioner Status.

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 \$50.00 Application Fee is received. A Registration Fee of \$100.00 per child and the \$60.00 FSA Fee is due within two weeks of the date on the official acceptance letter confirming enrollment. All fees are non-refundable.
- (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 _____



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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.

- | | |
|---|---|
| <input type="checkbox"/> Application for Admission completed | <input type="checkbox"/> Birth Certificate provided |
| <input type="checkbox"/> Baptismal Certificate provided (if applicable) | <input type="checkbox"/> Student Records Request signed |
| <input type="checkbox"/> SC Immunization record provided | <input type="checkbox"/> Application Fee collected |
| <input type="checkbox"/> 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.

- 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

Please print clearly

Dear Pastor,

We, the _____ family wish to enroll/re-enroll our child(ren), _____, at St. Francis Catholic School for the 2023 – 2024 school year.

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. My child is current for all their sacramental preparation or is currently working towards it. Yes No
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

Parish Office Only:

I acknowledge that the _____ family:

- Are practicing Catholics and members of _____ Catholic Church. This family is eligible for the parishioner tuition rate.
- Registered at _____ Catholic Church on _____. Unfortunately, we cannot confirm active participation in the life of the church through our records. Therefore, this decision is conditional and further review is necessary as to whether this family will be considered for the parishioner tuition rate.
- Is not a registered member of _____ Catholic Church. At this time, the family cannot receive the parishioner tuition rate.

Pastor's Signature

Date



Saint Francis Catholic School

RECORD TRANSFER REQUEST

TO: _____

FAX: _____

FROM: St. Francis Catholic School

DATE: _____

RE: _____

Student Information

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: _____

Special Placement and Reports: _____

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.

Parent/ Guardian Signature

Date

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



Saint Francis Catholic School

CHECKLIST FOR PROSPECTIVE FAMILY

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 provided
- General Health Record completed
- Parish Verification Form
- Student Record Request signed
- Custody papers (if applicable)
- Application Fee of \$50.00 provided (non-refundable)

Please note the following are due upon acceptance:

- Registration Fee – due within 14 days of acceptance (\$100.00 per child/non-refundable)
- Family School Association (FSA) Fee – due within 14 days of acceptance (\$60.00 per family)

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