



# New Student APPLICATION

## 2018-2019 School Year

**For Office Use Only**

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Received By: \_\_\_\_\_  
 Application Fee Paid: \_\_\_\_\_  
 Family Account #: \_\_\_\_\_  
 Tuition Assistance:  Yes  No  
 T&T  AAS  ACA  Other  
 Received:  
 Transcripts  
 Discipline Record  
 Birth Certificate  
 Social Security Card  
 Baptismal Record, if Catholic  
 Sibling Consideration  
 Name of Sibling: \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade Applying To:  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  
 5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Please complete the entire form. Please print legibly.  
 If you have any questions regarding this form, please contact  
 the office at (314) 353-2455

STUDENT INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address:			
City / State / ZIP		Home Phone	
Birth date ____/____/____	Social Security Number ____ - ____ - ____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Religion	Church Attending (if applicable)	Pastor	
Describe the family situation (please check all that apply): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <input type="checkbox"/> Father has custody* <input type="checkbox"/> Mother has custody* <input type="checkbox"/> Joint custody* <input type="checkbox"/> Guardian has custody* <i>*If applicable, please submit a copy of the court-mandated parenting plan with the application.</i>			
Student lives with (please check all that apply): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) Other: _____			
<i>The following information is optional (please check all that apply):</i> <input type="checkbox"/> African <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____			
Primary Language Spoken at Home:		Person(s) responsible for tuition:	
Public School District in which the family resides:		Public school student would attend in district:	

<b>SIBLING INFORMATION:</b>			
Name	Birth Date	Grade	School Attending (Indicate if applying to this school)
<b>FATHER'S INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
<b>MOTHER'S INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
<b>STEP-FATHER INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
<b>STEP-MOTHER INFORMATION:</b>			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Employer & Position			
<b>GRANDPARENT INFORMATION:</b>			
Maternal Grandparents	Address	City / State / ZIP	Phone
Paternal Grandparents	Address	City / State / ZIP	Phone

**MEDICAL INFORMATION (MUST BE COMPLETED FOR ALL STUDENTS IN A FAMILY):**

Student's Physician and Phone

Student's Dentist and Phone

Hospital where student should be taken if parent or physician is unavailable

Allergies and Other Medical Conditions (check all that apply)

- Allergies: \_\_\_\_\_
- Food Allergies: \_\_\_\_\_
- Asthma    Diabetes    Epilepsy    Heart Problems    Recurring Illness
- Other Medical Concern: \_\_\_\_\_
- Medications to be taken at school: \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIANS, TWO ARE REQUIRED):***By listing a person as an Emergency Contact, they are also allowed to pick up the child from school.*

Emergency Contact # 1 (required)

Relationship to Student

Phone(s)

Emergency Contact # 2 (required)

Relationship to Student

Phone(s)

Emergency Contact # 3 (optional)

Relationship to Student

Phone(s)

Emergency Contact # 4 (optional)

Relationship to Student

Phone(s)

**ADDITIONAL INFORMATION:**

Please describe any special educational needs that your child may have (attach additional sheet if necessary)

Does this student have an IEP?    Yes    No      If "yes," we will need a copy of the IEP for our records.

Please briefly indicate why you are seeking to transfer your child to this school:

**Statement of Confidentiality:**

It is the policy of this school that all information received regarding an applicant’s application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

**Non Discrimination Policy:**

St. Cecilia School and Academy will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit this completed application along with the non-refundable fee of \$50 per child  
(Make check/money order payable to “St. Cecilia School and Academy”)***

**Upon receipt and review of completed application materials,  
all applicants will be informed of their acceptance status.**

**Contact Us**

906 Eichelberger Street  
St. Louis, MO 63111  
Phone: 314.353.2455  
Fax: 314.353.2114  
<http://stc-stl.org/>

# Application Checklist For New Students

Please return the following completed documents to:

St. Cecilia School and Academy  
906 Eichelberger Avenue  
St. Louis, MO 63111

- Application Form with email included
- Payment-in-full of Application Fee
- Copy of child's State Birth Certificate
- Copy of child's Baptismal Certificate (if Catholic)
- Copy of child's Social Security Card
- Copy of child's Physical Examination Form
- Copy of child's Immunization Record
- Copy of child's recent Report Card
- Request for Student Records Form
- Educational Needs Form
- Authorization for Title I services
- Online application for scholarship – [www.ttef-stl.org](http://www.ttef-stl.org)
- Copy of the portion of divorce decree verifying custody arrangements (if applicable)

## **St. Cecilia School and Academy Tuition Policy**

Prior to final acceptance to St. Cecilia School and Academy for the 2018-2019 school year, all families currently attending St. Cecilia School and Academy need to have their 2017-2018 school year accounts (tuition, cafeteria, aftercare) paid in full.

New families need to have their 2018-2019 registration fees paid in full as well as a completed and approved application file.

### **Tuition Information**

The non-refundable Application Fee for the 2018-2019 is \$50.00 per child.

The tuition rates for the 2018-2019 school year are as follows:

	<b>Family Rate</b>
<b>One Child</b>	\$ 4,000
<b>Two Children</b>	\$ 4,500
<b>Three Children</b>	\$ 5,000
<b>Four or more Children</b>	\$ 5,500

### **Tuition Payments**

Monthly tuition payments are due on or before the 20<sup>th</sup> of each month.

Families can choose from the following options to pay their tuition:

1. Monthly tuition payments automatically withdrawn from the family bank account on the 20<sup>th</sup> of each month (ACH).

Families choosing this option will pay tuition over **10 months:**  
**July 2018 through April 2019**

2. Monthly tuition payments using a Credit Card on the 20<sup>th</sup> of each month.

Families choosing this option will pay tuition over **10 months:**  
**July 2018 through April 2019**

3. Monthly tuition payments through the school office or the rectory office on the 20<sup>th</sup> of each month.

Families choosing this option will pay tuition over **9 months:**  
**August 2018 through April 2019**

Payments can be made in the form of a Personal Check, Money Order, Credit Card, or Cash.

Tuition payments in the form of cash, credit card, money order, or personal checks may be made in the school office.

Families can choose to make one tuition payment to the school. Families choosing to pay tuition in full must do so by August 20, 2018.

Families will receive monthly tuition statements via US Mail indicating their tuition balance and current amount due. Statements will be mailed by the 10<sup>th</sup> of each month.

### **Past Due Tuition**

Families will experience a loss of enrollment status at 30 days past due on tuition payments. Children will not be permitted to attend school until the tuition account is current.

### **Withdrawing from School**

Families who transfer from St. Cecilia School and Academy before the conclusion of the school year are responsible for tuition payments for all full months attended (enrollment for at least five school days in a month will count as a full month).

Families who have paid in full at the start of the school year will be refunded for all full months not attended.

All other fees are neither refundable nor prorated.

### **Special Note:**

Parents/Guardians should be aware of the expense in operating a school and in providing their children with a quality, Catholic education.

Families need to accept the financial responsibility that education involves.

In situations where there are unforeseen financial difficulties in the family, it is the parents'/guardians' obligation to notify **Jeanette Katic at (314) 353-2455**.

A financial review committee will work with willing families in developing a fair and equitable solution in meeting their responsibilities to the school.

### **AFTERCARE**

The cost of aftercare for the 2017-2018 is \$200 per student for the school year.

# St. Cecilia School and Academy

## Request for Student Records

**STUDENT INFORMATION**

DATE OF REQUEST \_\_\_\_\_

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL	GRADE
_____/_____/_____	_____	_____	_____
DATE OF BIRTH	PLACE OF BIRTH - CITY		STATE
CURRENT ADDRESS - STREET NUMBER AND NAME	CITY	STATE	ZIP

**PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)**

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	
_____	_____	_____	
CURRENT ADDRESS - STREET NUMBER AND NAME	CITY	STATE	ZIP
HOME PHONE	_____		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	
_____	_____	_____	
CURRENT ADDRESS - STREET NUMBER AND NAME	CITY	STATE	ZIP
HOME PHONE	_____		

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE	SIGNATURE
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**THE RECORDS REQUESTED INCLUDE THE FOLLOWING:**

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

**RECORDS REQUESTED FROM:**

SCHOOL NAME	TELEPHONE		
_____	_____		
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____

**SEND RECORDS TO:**

ST. CECILIA CATHOLIC SCHOOL AND ACADEMY	314-353-2455	314-353-2114	
SCHOOL NAME	TELEPHONE	FAX	
906 EICHELBERGER AVENUE	ST. LOUIS	MO	63111
ADDRESS	CITY	STATE	ZIP

**THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.**



AUTHORIZATION TO EXCHANGE INFORMATION  
REGARDING TITLE I SERVICES

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

As parent(s)/legal guardian(s) of the student identified above, I(we) authorize that:

the school may provide copies of student records to the Title I agency for the purpose of determining eligibility for services; and if eligible,

the school may provide and the Title I teacher/agency may have access to my child's record of school performance; and,

the school and Title I teacher/agency may exchange other pertinent information required for planning or monitoring progress in school and the Title I program.

This authorization shall continue for the duration that my child is eligible for Title I services or until I/we notify the school that we withdraw this permission.

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Date

## EDUCATIONAL NEEDS FORM

**Thank you for your interest and support of Catholic education. We share your interest in helping your child experience success in his/her educational endeavors. In order for us to work cooperatively to establish the best learning environment to meet your child's needs, we ask that you take a few minutes to complete this form.**

**In order to meet your child's educational needs more completely, we need to know if your child has ever been evaluated by a physician, psychologist, St. Louis Public Schools, Special School District, the Department of Special Education or any private agency for learning difficulties or behavior disorders.**

**STUDENT NAME** \_\_\_\_\_

- No, my child has never been evaluated**
- Yes, my child has been evaluated**

**IF YOU HAVE MARKED YES PLEASE COMPLETE THE FOLLOWING:**

**Name of the evaluating agent or agency:** \_\_\_\_\_

**Date of most recent evaluation:** \_\_\_\_\_

**My child was diagnosed as follows:**

- Attention Deficit/ Hyperactivity Disorder**
- Learning Disabled**
- Educationally Handicapped**
- Language/Speech Impaired**
- Behavior Disorder**
- Other** \_\_\_\_\_

- My child receives tutoring, After School Services, or SNAP (please explain):**

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**Does your child have any special needs that should be addressed in order to make learning easier? (vision, hearing, medical or physical conditions):**

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**Parent/Guardian Signature:**

\_\_\_\_\_

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