



# 2024 – 2025 Application Process Checklist

## New Student / Family Application

The following items are required in order to initiate the application process. Documents can be uploaded with online application.

### Due At Time of Application – Open Enrollment October – January 2024

- Student Application Form** – (online or hard copy) Completed and signed; include all student / family information
- Non-refundable Application Fee of \$50.00** per child payable to St Anthony School; do not pre-pay any other fees
- Birth Certificate (Photo Copy)** - Authentic copy from state office of vital records/ statistics. Note: PreK3, PreK4, & K applicants must be three(3), four(4), or five(5) years old by Sept 1<sup>st</sup> of the enrollment year. *Include adoption records or proof of guardianship*
- Baptismal and 1<sup>st</sup> Communion Certificate (Photo Copy)** -If applicable
- Home Language Survey** –Complete and sign top portion
- Standardized Test Results, Report Cards** - most recent and prior year(s) results (K-8)
- “Request For Student Information” & “Student Recommendation”** forms to be given to current school (PK-8) to complete and return to Saint Anthony School.
- Letters of Recommendation:**
  - Your **Pastor/ Minister** – letter confirming support (*only if you are not a parishioner of Saint Anthony Catholic Church*)
  - Child’s **previous / current school’s** professional staff (Principal, Counselor, or recent Teacher) see forms in packet
  - Personal letters of recommendation are **optional**
- “Pledge of Faith & Support” Form & Tuition Agreement**-Sign and submit along with **all other forms** in packet

Note: Saint Anthony Catholic School does not discriminate against students with disabilities. The school provides minor adjustments necessary to accommodate students with disabilities. A delay in disclosing a student’s disability and/or an accommodation request may delay or impede the school’s ability to make certain accommodations. Parents/guardians are therefore strongly encouraged to disclose student disabilities and requested accommodations prior to registration in school. See page 2 of application.

### Due At Time Of Acceptance

- Immunization & Health Exam Records** (Immunization Form DH #680 and School Entry Health Form DH# 3040) Students with summer birthdays may submit health forms after receiving their annual checkup/shots. No Student will be able to attend classes until records are submitted. **No “Religious Exemption”** from immunization will be accepted. An Athletic Physical Exam (completed after June 1<sup>st</sup>) will also be required for grades 5<sup>th</sup> – 8<sup>th</sup> if they wish to tryout or participate in an athletic sport.
- Registration Fees and Required Payments** (See Tuition Fees Schedule).

#### Special Notes

- Any applicant that was **not** accepted for prior year’s enrollment **must** submit a new application and **Application Fee of \$50.00** per child to maintain active status on the Registration Waiting List.
- We cannot guarantee that spaces will be available for **all siblings** to start in the same school year.
- An **interview and screening** will be requested as part of the enrollment process.
- Pre-K3 & Pre-K4 students must be potty trained.
- The school is authorized under Federal law to enroll nonimmigrant alien students. (8 C.F.R &214.3(j))

#### Consideration for Admission Based on Availability

- Practicing parishioners at Saint Anthony with siblings already enrolled at the school
- Practicing parishioners at Saint Anthony Catholic Church
- Students coming from other Catholic Schools with a letter from their Pastor and Principal
- Practicing Catholics Out-of-Parish with a letter from their Pastor or Principal
- Non-practicing Catholics who now wish to become active practicing Catholics
- Non-Catholics



**Archdiocese of Miami**  
**Office of Catholic Schools**

**HOME LANGUAGE SURVEY**

To Be Completed By Parent or Guardian

Student I.D. No. \_\_\_\_\_

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

Last

First

Middle

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ Parent Language \_\_\_\_\_ Student Language \_\_\_\_\_  
Month Day Year

Date Entered U.S. School : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is a language other than English used in the home?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did the student have a first language other than English?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student most frequently speak a language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

School \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR**

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_  
Apellido Nombre Inicial

Fecha de Nacimiento \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grado \_\_\_\_\_ Lengua Paterna \_\_\_\_\_ Idioma del Estudiante \_\_\_\_\_  
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mes Día Año

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- |  |                             |                             |
|--|-----------------------------|-----------------------------|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés?              | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés?            | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |

Escuela \_\_\_\_\_ Fecha \_\_\_\_\_ Firma del Padre/Madre \_\_\_\_\_

**SONDAJ SOU KI LANG TIMOUN NAN PALE**

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La \_\_\_\_\_

Non Elèv la \_\_\_\_\_  
Non fanmi Non

Dat Fèt li \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Klas \_\_\_\_\_ Lang paran Yo \_\_\_\_\_ Lang Elèv La \_\_\_\_\_  
Mwa Jou Ane

Dat ou Antre U.S. Lekòl: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mwa Jou Ane

Si repons lan se "Wi" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li?      | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè?      | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |

Lekòl \_\_\_\_\_ Dat \_\_\_\_\_ Silyal Paran \_\_\_\_\_



# Saint Anthony Catholic School

## Request for Student Information

Name of Student:

Current Grade

*Last*

*First*

*Middle*

I give permission to :

*Current School Name*

*Street Address*

*City*

*State*

*Zip*

for release of school information concerning my child to Saint Anthony Catholic School.

*Parent Signature*

*Date*

To the Principal, Counselor or Teacher:

The above named student has applied for admission to Saint Anthony Catholic School. Kindly complete this form, attach a copy of the student's most recent progress report and **standardized test results**, and mail to the attention of the School Registrar.

*The information presented on this form will be used in support of documentation provided in the student's application.*

Student Is Progressing At Current Grade Level		Kindly evaluate and place additional comments / explanations on the reverse side.	
Social Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work habits are at grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your school make any special accommodations for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student missed more than 10 days of school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student <b>eligible</b> to enter your school next term?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I recommend this candidate for admission:  with confidence  with reservation  I do not recommend

**Standardized Test Results:**  Attached  No testing available **Current IEP?**  Yes  No

Kindly indicate on the **reverse side** any areas of concern or information that you feel would be helpful in our evaluation of the applicant:

*Signature*

*Title*

*Date*

*Print Name*

*Daytime Phone*



# Saint Anthony Catholic School

820 NE 3<sup>rd</sup> Street, Fort Lauderdale, FL 33301  
Phone: 954-467-7747 Fax: 954-901-2601



## Student Recommendation Form

To Be Completed by Current School

Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_ is a prospective student applying for admission to Saint Anthony Catholic School. Please complete and return this form at your earliest convenience.

General Information	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
Attendance						
Behavior / Discipline						
Critical Thinking Skills						
Homework / Study Habits						
Honesty / Integrity						
Maturity Level						
Organizational Skills						
Parental Support						
Peer Relationship						

Please rate the student in the following academic areas:

Language Arts	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
Grammar						
Oral Reading						
Quality of Written Work						
Reading Comprehension						

Math	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
Computation						
Logical Thinking Skills						
Math Concepts						
Overall Math Ability						

Science	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
General Science Ability						

How long have you known this student and in what capacity? \_\_\_\_\_

Is this student receiving special instruction, services, or tutoring? \_\_\_\_\_

Does this student have an IEP or Psychological Evaluation on file? (explain) \_\_\_\_\_

Does this student perform  at  above or  below his/ her grade level?

Please add any comments that would be beneficial to the student and assist us in making the most appropriate placement.

*Attach a separate sheet if necessary.*

School Name \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

Position or Title \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please mail or fax this form to our Admissions Office  
Thank you for taking the time to complete this recommendation*



# Saint Anthony Catholic School



## Parents Pledge of Faith and Support

Year 2024 - 2025

I/We the undersigned parent/guardian(s) do hereby pledge my/our support and cooperation to Saint Anthony Catholic Church and School as outlined herewith.

• **Parishioner Pledge of Faith:**

1. As primary example for my/our child(ren), I/we agree to practice my/our Faith and encourage attendance at Mass and the reception of the Eucharist on Sundays and Holy Days.
2. I/we agree to take an active, meaningful part in my/our child’s spiritual growth through daily prayer and other spiritual activities and continue to practice the Christian virtues in our home.
3. I/we understand, as parents/guardians that we are expected to attend the sacramental group meetings in preparation for my/our child’s First Reconciliation, First Communion, and Confirmation.

• **Tuition Commitment and Support:**

1. I/we fully understand the instructions regarding the rates, payment terms/options, and due dates of tuition and mandatory fees as indicated and administered through the FACTS partnership. If I/we withdraw my/our child after classes have begun, the entire quarterly balance will be immediately due and payable. I/we further understand that report cards and cumulative records of my/our child will not be released to any other school until financial obligations have been fulfilled.
2. I/we fully comprehend that parishioners of Saint Anthony Catholic Church and neighboring parishes (without schools) who participate in the faith life of the parish by giving fully of their time, talent and treasure and by the regularly attending Sunday Mass and Holy Days of Obligation will continue to be eligible for a **discretionary tuition reduction** consistent with mass attendance, contributions, and service.
3. I/we understand that Tuition alone does not pay for the total cost of educating a student. I/we agree to support our school through the **Annual Giving Campaign** to the best of my/our ability.
4. **Parent Service Hours:** I/we agree to participate and serve the requested hours through School approved activities and programs, including the Home & School Association fundraising events as outlined in the family handbook.

• **Media Release:** I/we give Saint Anthony School authority to use photographs of my/our child(ren) for Saint Anthony School promotional purposes including but not limited to brochures, video, newspapers, web pages, and photographs.

• **Emergency Medical Release:** I/we as parent(s)/guardian(s) give permission in case we are unable to be reached, for my/our child(ren) to be treated by an emergency medical team and transported to the nearest hospital if necessary.

• **School Counselor Release:** I/we as parent(s)/guardian(s) give permission for the consulting school counselor, with the authorization of the School Principal, to review my/our child’s(ren) records, observe my/our child(ren) in the classroom and consult with his/her teacher for academic needs assessment and planning.

I/we agree with the above and further agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook and to uphold the policies of the Administration, Faculty and Staff, to abide by the School’s philosophy and guidelines, and to be respectful of the School’s procedures. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school’s rules and policies. The administration reserves the right to terminate a student’s enrollment at any time.

\_\_\_\_\_  
Print Student(s) Last Name

\_\_\_\_\_  
Signature of Parent (1)

\_\_\_\_\_  
Print Student(s) First Name(s)

\_\_\_\_\_  
Signature of Parent (2)

\_\_\_\_\_  
Entering Grade(s)

\_\_\_\_\_  
Date



# Saint Anthony Catholic School

820 NE Third Street, Fort Lauderdale, FL 33301



## TUITION AGREEMENT 2024-2025

Please read carefully and select your tuition payment option. Monthly Installments will be scheduled unless otherwise indicated. The school will automatically roll over the FACTS payment plan for subsequent years. Kindly contact the Admissions Office to request consideration for a special payment option to better meet your needs.

### Payment Plan Options:

Option 1 One-Time Payment in Full

To be paid by August 31, 2024 by either cash, check or money order directly to the school

Option 2 Installment Payment Plan through FACTS Management. Please select the number of installments.

Semiannual (due August and January)

Monthly

○ (10 installments - July through April)

○ (12 monthly installments July through June)

All installment payments must be processed and paid through FACTS Management Company by either:

1. Electronic Funds Transfer from a designated checking or savings account; or
2. Credit Card (convenience fees will apply)

I acknowledge that I have read, understand and agree to the 2024-2025 tuition and fee schedules and payment obligations detailed in my tuition statement. In exchange for the admission of my child(ren) in Saint Anthony Catholic School, I hereby agree to pay, as scheduled, the net tuition due.

I further understand that I am responsible for the full balance of tuition and any related fees regardless of any scholarship awards that may be available. Should such scholarship awards not cover the entire balance due or otherwise not become available or used to cover the full tuition expense, I understand and acknowledge that I remain responsible for the full amount of tuition and fees.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Not allow the student to take mid-term/final exams.
- Block the online grade view for both the student and parent.
- Not issue report cards, diplomas and/or transcripts.
- Disenroll the student from the school.

Families wishing to withdraw its child from the school in the middle of a quarter are required to pay tuition and fees through the end of the quarter. Grades will not be released until the tuition and fees have been paid in full.

Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

Print Student(s) Last Name	
Print Student(s) First Name(s)	
Entering Grade(s)	_____/_____/_____ Date

Print Parent(1) Name	
<i>Parent(1)Signature</i>	
Print Parent(2) Name	
<i>Parent(2)Signature</i>	