



Saint Andrew Catholic School

9990 NW 29th Street
Coral Springs, FL 33065

Phone (954)753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen B. Hughes, Principal

2024-2025 School Year New Students

REGISTRATION PROCESS:

- 1) School Tour; complete application packet.
- 2) Pay application and testing fee for each student.
- 3) Schedule a placement test. Return complete registration packet and required documentation and information.
- 4) Pay registration fee per student.
- 5) Notice of acceptance will be mailed after final review.
- 6) Schedule meeting with Monsignor Souckar (new families only), by calling his secretary Shelly Nicoll at (954) 905-6317.
- 7) After the meeting, return this blue form to the school office with Monsignor's and parents' signatures.
- 8) Individual Educational Plan: ___ YES ___ NO
- 9) Section 504 Plan: ___ YES ___ NO
- 10) Private School Service Plan: ___ YES ___ NO

Individual Educational Plan (IEP), 504 Plan or Private School Service Plan must be reviewed by the Exceptional Student Education Director prior to taking the placement test.

All State Scholarships must be submitted as soon as awarded and received by Parent/Guardians.

Also, please be advised that any financial aid request must be completed at the websites below.

www.stepupforstudents.org

www.aaascholarship.org

MEETING WITH MONSIGNOR MICHAEL SOUCKAR

Date of meeting: _____ Student(s) name: _____

Incoming grade(s) for 2024-2025: _____

Parent name: _____

Parent signature: _____

MONSIGNOR'S Signature:

SAINT ANDREW CATHOLIC SCHOOL
2024-2025 School Year

Registration Information

REGISTRATION FEE for returning students - due with application.	\$ 400.00
APPLICATION AND TESTING FEE for each new student - due with application.	\$ 500.00
Fees per student:	
Technology fee / Repair & replacement	\$ 300.00
Books and resources fee	\$ 200.00
Standardized Testing fee	\$ 100.00
Safety & Security fee	\$ 200.00
Activities fee	\$ 100.00
Fees listed above are non-refundable	
TUITION:	
Kindergarten - grade 7	\$ 8,800.00
Grade 8 (includes graduation fees)	\$ 9,000.00

TUITION PAYMENTS: are due monthly starting August through May. Information to set up automatic payments through SMART TUITION will be sent via email following registration. A breakdown will be sent home after financial aid and/or discounts have been applied.

SERVICE HOURS: As you register your children for the 2024-25 School Year, we remind you of your commitment to volunteer at least **twenty (20) family service hours during** the school year. **Eight (8) of these hours are to be served at the Family Carnival.** Please be sure to sign in your service hours at the school.

FINANCIAL AID: Parents are encouraged to determine if they qualify for **STEP UP FOR STUDENTS**, Florida Tax Credit Scholarship, Family Empowerment Scholarship for Educational Options (FES-EO) and Family Empowerment Scholarship for Unique Abilities (FES-UA) (Scholarship amount pending) at (www.stepupforstudents.org) or AAA Scholarship Foundation, Florida Private School Scholarships at (www.AAAScholarship.org).

PARISHIONER DISCOUNT: At the discretion of Monsignor Souckar, a parishioner discount (up to \$800 per family) is available to those parishioners who fulfill their Catholic duty of attending Sunday Mass, financially supporting the parish, and actively participate in the mission of the parish. Parents are required to write a letter including their signature to Monsignor Souckar requesting a parishioner discount even if they have received this discount in the past. Parents who seek this discount and are parishioners of another Catholic parish are to request the pastor of that parish to write a letter to Monsignor Souckar indicating that they fulfill these same obligations. (Please note that e-mails, phone messages, etc. do not substitute for the required letter, either from parents or pastors).

NOTICE OF NON-DISCRIMINATION

Saint Andrew Catholic School restates their open admission policy. No person, on the grounds of race, color, or national origin is excluded or otherwise subjected to discrimination in receiving services at any school operated by them. Nor do they discriminate in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment on the basis of race, color, disability, age, sex, or national origin.

Saint Andrew Catholic School exists primarily for Catholic students and to assist the Catholic Church in accomplishing its mission of evangelization. Saint Andrew Catholic School is not equipped to handle severe learning, behavioral or other handicap conditions.



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2024-2025 New Student Checklist

Student Name: _____ **Grade:** _____

- Application Fee and Testing Fee \$100.00 (Per student) due with application
- Registration Fee \$400.00 (Per student) due with application
- Completed Application for Admission
- Completed Tuition Agreement
- Birth Certificate (Please bring original, a copy will be made for file)
- Religion: _____
- Baptismal Certificate First Communion (If Applicable)
- Health Records (State of FL) School Entry Health Exam & Immunization
(DH3040/School Entry Health Form and HRS 680/ Immunization Form)
- KINDERGARTEN ONLY – Preschool transition form**
- School Records Request (grades one through eight)
- Report Cards and Standardized Test Results for the prior **2 years** (grades one through eight)
- Step Up/ Tax Credit Financial Aid acknowledgment form
- Step Up/Family Empowerment Scholarship acknowledgment form
- AAA Scholarship acknowledgment form

FOR OFFICE USE ONLY

- Admissions test: _____ Date of test: _____
- Meeting with Monsignor required for all new families prior to acceptance
Date of meeting: _____

Mission Statement

Saint Andrew Catholic School, as part of the parish community, prepares students in a spiritual, academic, and nurturing environment to become productive leaders rooted in the Catholic virtues of faith, hope, and love



Saint Andrew Catholic School
Student Application for Admissions
2024-2025

Applicant Information—Please **print** all information for each student Entering Grade _____

Student Last Name _____ First _____ Middle _____

Family Name _____

Address: _____ Phone _____

Date of Birth _____ Place of Birth _____

Attach a copy of Individual Educational Plan (IEP), 504 Plan and/or Private School Service Plan.

Please note: It is the parent's responsibility to provide all academic and discipline records as well as any special needs files, for the student prior to acceptance. Failure to do so may result in the student being denied acceptance. If it is discovered, after the student has been admitted that records were withheld, the student may be asked to withdraw.

FOR STATISTICAL PURPOSES:

CHECK ALL THAT APPLY:

Race: White _____ Multi Racial _____ Black _____ White-Hispanic _____ Black-Hispanic _____

Ethnicity: African-American _____ Asian _____ American Indian _____ Haitian _____ Non-Hispanic _____

Languages spoken at home: _____

RELIGIOUS AFFILIATION:

Catholic _____ Non-Catholic _____ if non-Catholic, please specify _____

Baptism: Yes _____ No _____

Name of Church _____

City, State, Country _____

Date (exact or approximate) _____

First Communion: Yes _____ No _____

Name of Church _____

City, State, Country _____

Date (exact or approximate) _____

Please explain if your child has any serious health concerns or allergies:

Previous School Attended-School Name: _____

Address _____ Phone _____

Please explain the reasons if your child has been suspended, dismissed from, or not allowed to return to any school. Please explain any disciplinary actions taken with your child. _____

Parent/Guardian information

Student Lives with: Both Parents Mother Father Guardian:

Mother's/Guardian Name: Mrs. Ms.

Father's/Guardian Name:

Mother's Address:

City, State Zip:

Home Phone Number:

Cell Number:

Work Number:

Email:

Employer:

Position/Occupation

Living: Yes No

Catholic: Yes No

School Alumni: Yes No

If yes, Grad Year:

Father's Address:

City, State Zip

Home Phone Number:

Cell Number:

Work Number:

Email:

Employer:

Position/Occupation

Living: Yes No

Catholic: Yes No

School Alumni: Yes No

If yes, Grad Year:

OTHER INFORMATION

Emergency Contact:

Relationship:

Phone Number:

Cell Number:

Physician's Name:

Physician's Phone Number:

Medical conditions/Medications:

Family member(s) currently attending this school (list grade level/relationship):

Other Family member(s) who have graduated from this school (list name, relationship & grad year):

Name:

Name:

Name:

Relationship:

Relationship:

Relationship:

Graduation Year:

Graduation Year:

Graduation Year:

Names of person(s) with permission to pick-up student during school hours:

Father / Guardian Signature _____ Date _____

Print Name _____

Mother / Guardian Signature _____ Date _____

Print Name _____

Saint Andrew Catholic School requires a minimum of twenty (20) hours of volunteer services per family. Eight (8) of these hours are to be for service at the Family Carnival scheduled by the School.

In case of divorce or separation, please complete the following:

Applicant lives with: Father _____ Mother _____ Other _____

Legal Custody: Joint _____ Father _____ Mother _____ Other _____

Correspondence should be sent to: _____

If remarried, name of stepfather _____

If remarried, name of stepmother _____

A copy of the Court Order should be on file in the school office if custodial rights are restricted.



SAINT ANDREW CATHOLIC SCHOOL

TUITION AGREEMENT 2024-2025

Student(s) Name: _____ Grade: _____ Returning: _____ New: _____

Student(s) Name: _____ Grade: _____ Returning: _____ New: _____

Student(s) Name: _____ Grade: _____ Returning: _____ New: _____

Address: _____ Apt. _____ City: _____ Zip code: _____

Parent Name: _____ Ph. /Cell#: _____ - _____ - _____ Email _____

Parent Name: _____ Ph. /Cell#: _____ - _____ - _____ Email _____

Please read carefully and select your tuition payment option.

Payment Plan Options: (All options subject to collection of funds)

Option 1 One-Time Payment in Full

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

Option 2 Installment Payment Plan through Smart Tuition.

(Smart Tuition Auto Pay: Funds Transfer from a designated Bank Account, Debit or Credit Card)

Please select the number of installments.

- Semiannual (due August and January)
 Monthly (Ten monthly installments from August through May)

Please Select Payment Date:

- 1st of each month
 15th of each month

Institution expectations and parent/guardian agreement:

I acknowledge that I have read, understand and agree to 2024-2025 school year terms and conditions of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by Saint Andrew Catholic School for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$50.00 will be assessed to my account. A \$50.00 fee will apply for any failed electronic transaction or dishonored check.

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 exams.
- Block the online grade view for both the student and parent.
- Not issue report cards, Standardized Test Scores, and any other school records, diplomas and/or transcripts.
- Place the student/s on immediate Financial Suspension until the account is up to date.



SAINT ANDREW CATHOLIC SCHOOL

TUITION AGREEMENT 2024-2025

- Dis-enroll the student from the school.
- Place the next year's Registration on hold.

Families wishing to withdraw child(ren) 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. Students that receive Family Empowerment Scholarship, Tax Credit Scholarship or AAA Scholarship are required to complete ten (10) consecutive days of attendance per pay period. If a student withdraws before the first 10 days of any of the scholarship payment periods, the parent / guardian will be financially responsible for those days.

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.

x _____ Print Parent Name _____

Parent Signature

Date _____

x _____ Print Parent Name _____

Parent Signature

Date _____

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PRESCHOOL TO KINDERGARTEN TRANSITION INFORMATION

Name of Student: _____ Date of Birth: _____

Gender: _____ Boy or _____ Girl Primary Language spoken at home: _____

Preschool Program Attended: _____

Preschool Teacher Name _____ School Phone #: _____

Length of time attended current school: _____ Less than a year _____ 1 year _____ 2 years _____ 3 years

I hereby authorize Saint Andrew Catholic School to make inquiries and to obtain my child's academic/ disciplinary/ attendance/ health records from any school in which my child has attended. This information is also used by school administrators to balance class groupings.

Parent's Name (please print)

Parent's Signature

DATE

BELOW TO BE FILLED OUT BY PRE SCHOOL ONLY- AND RETURNED TO SAINT ANDREW CATHOLIC SCHOOL

Length of time attended current school: _____ Less than a year _____ 1 year _____ 2 years _____ 3 years

Attendance: Days Present _____ Days Absent _____ Days Tardy _____

Special services that student receives/received (circle all that apply):

Speech/language _____ OT/PT _____ Counseling _____ Other _____

Has the student been referred for consideration of special education services: _____ YES _____ NO

Please note any classroom accommodations made for this student, whether formal or informal:

Health concerns: _____

Safety concerns: _____

Behavior Maintenance: _____ Low _____ Medium _____ High

A strength of this student is: _____

An area needing more development is: _____

The student's family has:

- _____ Attended monthly meetings
- _____ Participated in school activities
- _____ Sent materials to classroom

- _____ Volunteered in classroom
- _____ Communicated regularly by phone or notes
- _____ Other _____

See other side

When involved in classroom learning, this student is: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> easily engaged in activities | <input type="checkbox"/> slow to engage in activities | |
| <input type="checkbox"/> usually confident | <input type="checkbox"/> attentive | <input type="checkbox"/> easily frustrated |
| <input type="checkbox"/> playful | <input type="checkbox"/> serious | <input type="checkbox"/> persistent |
| <input type="checkbox"/> focused | <input type="checkbox"/> easily distracted | <input type="checkbox"/> quick to respond |

The student works best:

- | | | |
|---|--|---|
| <input type="checkbox"/> alone | <input type="checkbox"/> with a partner | <input type="checkbox"/> in a small group |
| <input type="checkbox"/> in a large group | <input type="checkbox"/> 1-on-1 with teacher | <input type="checkbox"/> any |

Social/Emotional	Area of Strength	Age Appropriate	Requires Development	Area of Concern	Comments
Exhibits courtesy and respect					
Shows empathy towards peers					
Works and plays cooperatively					
Demonstrates self control					
Shares without prompting					
Interacts with other children					
Expresses needs appropriately					
Adjusts to transitions and changes					
Accepts responsibility for behavior					
Separates from parents					
Is able to be redirected by teacher					

Academic Skills	Area of Strength	Age Appropriate	Requires Development	Area of Concern	Comments
Ability to focus in group situations					
Follow two-step directions					
Letter recognition ___/26 uppercase					
Letter recognition ___/26 lowercase					
Letter sound recognition ___/26					
Identifies _____ colors (#)					
Retells some ideas from stories					
Uses symbols to convey meaning					
Speech is intelligible					
1:1 number correspondence to: ___					
Recognizes shapes					
Recognizes numerals 0 - _____					

Classroom Functioning	Area of Strength	Age Appropriate	Required Development	Area of Concern	Comments
Follows classroom routines					
Independently remains on task					
Toilets independently					
Gross motor control					
Fine motor control					
Beginning control of writing tools					

Please list additional information that would be helpful to meet the needs of this student:

Thank you, and please send via fax, mail, or e-mail. This information will remain confidential.

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 9990 NW 29th Street
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Fax: (954) 753 - 1933
Email: Registrar@sacccs.org



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CREDIT CARD AUTHORIZATION 2024-2025

STUDENT NAME(S): _____ Grade: _____

RE: **Registration + Testing Fee (New Students)**

Please deduct payment of \$ **500.00** for the 2024-2025 School Year Registration from my credit card listed below:

_____ VISA _____ MasterCard _____ AMEX

C.C Number # _____

Expiration date _____ CVV# _____

Name as it appears on card _____

Billing address: _____

Signature of card holder _____

Telephone number of card holder: _____

DATE _____

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