San Vicente Catholic School
Accredited by the Western Catholic Educational Association and co-accredited by the Western Association of Schools and Colleges

196 Bejong Street,
Barrigada, Guam 96913

Tel: 735-4240-3
Fax: 734-8718
Web: www.svcsguam.com

CRITERIA FOR ADMISSION
SY 2017-2018

CRITERIA FOR ADMISSION

- A cumulative grade point average (GPA) of 70% or above
- Returning students must be cleared of all tuition fees prior to registration
- A copy of Legal court documents for students under the care of a third party other than the parents
- A child must be 4 years old by October 31st of the school year to be admitted to Pre-Kindergarten 4 and must be **fully** potty-trained.
- A child must be 5 years old by December 31st of the school year to be admitted to Kindergarten.

DOCUMENTS REQUIRED (*at the time of registration*)

New Student	*Returning Student*
• Completed Admissions Form • Signed Registration Commitment Contract • Physical Examination (Every year) and Immunization record (PPD/Skin Test within the year) • Student Emergency/Health Information Form • Report Card/SAT Scores/School Transcripts • Tuition Clearance from another private school for transferees • Baptismal Certificate (for Catholics) • Birth Certificate • Copy of I-20 form or Passport • Court Documents (If under legal guardianship)	• Completed Admissions Form • Signed Registration Commitment Contract • Student Emergency/Health Information Form • **Court Documents (If under legal guardianship)** • **Please ensure physical exam and current PPD test, updated shot records are completed upon registration**

FINANCIAL RESPONSIBILITIES

Tuition

Tuition Fees are non-refundable

Number of Children	Monthly Payment *	Semi - Annual Payment	Annual Payment
1	$357.00	$1,785.00	$3,570.00
2	$607.00	$3,035.00	$6,070.00
3	$857.00	$4,285.00	$8,570.00
4	$1,071.00	$5,355.00	$10,710.00
5	$1,312.50	$6,562.50	$13,125.00
6	$1,575.00	$7,875.00	$15,750.00

** Monthly Payments (10 months) – Payments are due on the 1st of each month. A 5% late fee will be assessed for payments made after the 7th day of the month.*

Registration and other Fees are non-refundable

These fees cover expenses for consumable workbooks and other instructional materials.

Early Bird Registration – per student (March 6, 2017 to May 5, 2017)	*$375.00*
Regular Registration Fee – per student *(May 8, 2017)*	$425.00
Parents/Teachers/Staff/Students Association (PTSSA) – per family	$10.00
*Auxiliary Fee – per student	$50.00
Building Fund – per family	$125.00
8th Grade Graduation Fee	$150.00

**The Auxiliary Fee pays for services which add to the quality of life at the school e.g. hospitality and extracurricular school activities.*

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REGISTRATION FORM
SY 2017-2018

*Note: Please type or **print** legibly in blue/black ink.*

Student Information

Student's Name: _____ Gender: M/F Grade: _____ Religion: _____
Birthday: _____ Ethnicity: _____ Citizenship: _____
Physical Address: _____ City, State, Zip Code: _____
Mailing Address: _____ City, State, Zip Code: _____

Parent/Guardian Information

1st Parent/Guardian

First Name: _____ *Email: _____
Last Name: _____ Occupation: _____
Relation: _____ Place of Employment: _____
*Home Phone: _____ Physical Address: _____
Work Phone: _____ City State Zip: _____
Cell Phone: _____ Marital Status: _____

2nd Parent/Guardian

First Name: _____ *Email: _____
Last Name: _____ Occupation: _____
Relation: _____ Place of Employment: _____
Home Phone: _____ Physical Address: _____
Work Phone: _____ City State Zip: _____
Cell Phone: _____ Marital Status: _____

Photo Release

I hereby authorize San Vicente Catholic School to use my child's picture for publication in the school's website, PDN, school's brochure, U'Matuna, etc.

☐ Yes ☐ No Parent/Guardian's Signature: _____

*parents must provide an email in order to access RenWeb and its features.

Additional Emergency Contacts

Please check the box(es) below if the emergency contacts listed are authorized to pick up your child in the event you are unable to do so.

Name *(Last, First)*: _____ Relation to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

☐ *Above individual **is authorized to pick up my child** in the event I, the parent/guardian, am unable to.*

Name *(Last, First)*: _____ Relation to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

☐ *Above individual **is authorized to pick up my child** in the event I, the parent/guardian, am unable to.*

Name *(Last, First)*: _____ Relation to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

☐ *Above individual **is authorized to pick up my child** in the event I, the parent/guardian, am unable to.*

Enrollment Agreement

I understand that I am responsible for all costs (tuition fees, cafeteria, library, student store, etc.) incurred while my child is enrolled at San Vicente Catholic School. I also understand that the Registration fee, auxiliary fee, building fund, instructional & consumable textbooks fees, and tuition fees are non-refundable.

As the parent/guardian, I agree to give my support to the Administration of San Vicente Catholic School and abide by the terms and conditions set by the school to ensure the success of my child's Catholic education. If, at any time, I can no longer support the Administration, I will promptly withdraw my child and agree to pay any applicable fees.

I have read and fully understand the above statements and by affixing my signature, I am aware that I am bound to these conditions.

_____	_____	_____
Parent's/Guardian's Name	Signature	Date
_____	_____	_____
Parent's/Guardian's Name	Signature	Date

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REGISTRATION COMMITMENT CONTRACT
SY2017-2018

Name of Student(s) *List currently enrolled students*	Grade Level SY2017-2018
1.	
2.	
3.	
4.	
5.	

Name of Parent/ Guardian: _____

Upon acceptance of the registration by San Vicente Catholic School, the undersigned, agrees to pay the required fees specified in the *Enrollment Agreement* for the 2017-2018 School Year. I/We understand that tuition fees and registration fees along with the PTSSA fee, auxiliary fee, and building fund fees are non-refundable.

I/We understand that the aforementioned fees do not include incidental expenses, which may include but are not limited to supplies, uniforms, and school spirit items. I/We further understand that I/We may cancel this contract in writing without penalty (except forfeiture of all fees) at any time. The registration fee, building fee, PTSSA fee, and auxiliary fee must be paid **upon registration** _____ ***Initial***

By accepting and endorsing this contract, I/We agree to meet all financial obligations incurred throughout the school year. Monthly tuition is due on the first (1st) of each month but no later than the 7th calendar day grace period. Reminder notices will be made by phone or mail. Tuition is considered delinquent if payment is not received after one month. ***(Please see handbook page 4: Tuition-B 1 to 4).*** A 5% late fee will be assessed and added to the tuiton.

I/We agree with the school's policy of not permitting my child(ren) to attend classes, take examinations, participate in co-curricular functions, or have cumulative records and report cards released until my account is up to date and all past due balances are paid. _____ ***Initial***

I/We hereby grant permission to publish photographs of our child (ren) and consent to authorize the use of the photographs for all legitimate school-related purposes. _____ ***Initial***

I/We understand that the school will not accept checks from individuals who have had one occurrence of a check returned unpaid by a bank for any reason. A *returned check fee of $50.00* will be charged. _____ ***Initial***

I/We agree to pay, to the extent permitted by law, the school's expenses of enforcement and collection of tuition, fees, and related expenses, including, without limitation, attorney's fees and costs. _____ ***Initial***

Parent/Guardian's Signature: _____ **Date:** _____

Acknowledged By: _____ **Date:** 04/26/2017

Mrs. Nelba Aquino (SVCS Principal)

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Medical / Athletic Clearance Form for *San Vicente Catholic School*

Note: *Please submit on or before 1st day of school.*

Student Name _____ Date _____

Date of Birth _____ Age _____ Ethnicity _____

Grade Entering _____ School Year _____

Home address _____

Home phone _____ E-mail _____ Physician's Name _____

Father's name _____ Cell Phone _____ Physician's Phone no. _____

Mother's name _____ Cell Phone _____ Hospital / Clinic _____

Best number to call for emergency _____

Part 1: Physical Examination

Height _____ Weight _____ T _____ P _____ R _____

Blood pressure _____ Vision: RT _____ LT _____ Hearing: RT _____ LT _____

Check each line	Normal	Abnormal	Not examined	Describe suspicious or abnormal findings
general appearance	☐	☐	☐	
Skin, hair, nails	☐	☐	☐	
Eyes: external (pupils-cornea)				
Optic fundus	☐	☐	☐	
Muscle balance	☐	☐	☐	
Ears: external				
Auditory acuity	☐	☐	☐	
Tympanic membrane	☐	☐	☐	
Tympanogram	☐	☐	☐	
Pure tone	☐	☐	☐	
Nose, mouth	☐	☐	☐	
Pharynx, larynx	☐	☐	☐	
Speech	☐	☐	☐	
Teeth, gums	☐	☐	☐	
Neck, lymph nodes	☐	☐	☐	
Thyroid	☐	☐	☐	
Cardiovascular	☐	☐	☐	
Respiratory	☐	☐	☐	
Gastrointestinal	☐	☐	☐	
Genito-urinary	☐	☐	☐	
Musculo-skeletal	☐	☐	☐	
Scoliosis screening				

Part 2: Immunization Record: Please attach a copy of updated immunization record.

Please check one: ☐ In Good Health ☐ Specific Problem(s) Noted ☐ Child with a disability – Please Specify: _____

This child is physically fit to participate in physical education and/or athletic events and related activities. ☐ yes ☐ no

Name of Physician (print) _____ Signature _____ Date _____

Clinic _____ Email address _____

PPD date given: _____ PPD date read: _____ Result: _____

Parental /Guardian Consent

I hereby give permission for the physician to examine my child so that he/she may obtain medical clearance to participate in athletic activities. Therefore, neither the examining physician nor the school is to be held liable for any abnormalities not detected in this examination. Permission is also granted to my child (name) _____ to participate in the athletic activities approved by the physician as initialed below for school year: _____.

Parent/Guardian Signature _____ Date _____

Medical Information:

To be completed by Parent or Legal Guardian

Last name:_____ First name:_____ Middle name:_____

Medical History: Please check "No" or "Yes" appropriately.		No	Yes
Allergies: Food, medication, etc	if yes, when? _____	☐	☐
Heart problems or heart disease	if yes, when? _____	☐	☐
Chest pains	if yes, when? _____	☐	☐
Asthma	if yes, when? _____	☐	☐
Shortness of breath	if yes, when? _____	☐	☐
Head injuries	if yes, when? _____	☐	☐
Fractures	if yes, when? _____	☐	☐
Weak joints or back problems		☐	☐
Taking medication	if yes, when? _____	☐	☐
Surgery	if yes, what type? _____	☐	☐
Blood disorder		☐	☐
Hernia		☐	☐
Rheumatic fever		☐	☐
Diabetes		☐	☐
Hearing problems	if yes, when? _____	☐	☐
Vision problems: Glasses/contacts needed		☐	☐
Convulsions/seizures or breathing spells	if yes, when? _____	☐	☐
Other serious injury or illness?	If yes, please explain below.	☐	☐

Remarks:

_____

_____

_____

_____

To the best of my knowledge, the information on this page is accurate and complete.

Signature of Parent or Guardian _____ Date _____

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STUDENT EMERGENCY & HEALTH INFORMATION

SY2017-2018

Name (Last, First, Middle)		Gender	D.O.B.	Mother Ethnicity	Grade / Room
Physical Address				Home Phone	
[ ] Mother's [ ] Guardian's Name		[ ] Father's [ ] Guardian's Name			
Place of Work	Work Phone	Place of Work		Work Phone	
Home Phone #	Other Contact #	Home Phone #		Other Contact #	
Who should be contacted first?					

Significant Health History

Problems	Year	Yes	No	Comment	Problems	Year	Yes	No	Comment
Asthma					Seizures				
Chicken Pox					Speech Problems				
Diabetes					Skin Problems				
Ear Infections					Vision Problems				
Emotional Problems					Wears Glasses/ Contacts				
Fractures					Tuberculosis				
Hearing Loss					Rheumatic Fever				
Head Injuries					Hospitalizations				
Heart Problems					Other Problems				

Allergies: [ ] Food [ ] Drugs [ ] Other Name of Allergies: _____ Reactions: _____
Is your child taking any medication daily? [ ] Yes [ ] No Name of Medication: _____
Reason/ Diagnosis for Medication: _____
Date your child received his/her last DPT/ DT/ Td: _____ Height: _____ Weight: _____
Name of Physician: _____ Health Insurance: _____
In case of emergency, I give permission to the local ambulance to transport my child to:
[ ] GMH [ ] Naval Hospital [ ] Other (specify): _____

Emergency Consent

In case of emergency, and the school cannot contact the mother, father, or guardian, please name two other individuals you authorize the school to call.

	Last Name/ First Name	Relationship to Child	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____

I understand if any information on this form should change, I must notify the school.

Parent's / Guardian's Signature: _____ Date: _____

Student File – Nurse's Copy

Authorization to Release Child

I hereby give permission for San Vicente Catholic School, to release my child to any of the following individuals, in the event that I am unable to pick my child up. I understand the school will not release my child to anyone, unless they are listed below or submit a written permission signed by the parent or guardian.

	Last Name / First Name	Relationship to Child	Contact Number
1.			
2.			
3.			
4.			
5.			

Date	Time In	Complaint	Treatment	SIR/ IR /HIR	Parent Called	Nurse Initial	Time Out

Abbreviations:

RTC= Return to Class SH= Sent Home T= Temperature HLS= Head Lice Screen

SIR= Student Injury Report IR= Illness Report HIR= Head Injury Report

Student File – Nurse's Copy