



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 : (671) 735-4240/42/45 Fax: (671) 734-8718
Email: admin1@svcsguam.com



SY 2021-2022 ENROLLMENT PACKET

This packet includes:

1. Initial Fee Schedule, Tuition Fees, After School Program Fees, and other fees
2. Admissions Application (Registration Form)
3. Student Emergency Authorization Card (see insert)
4. Medical/Athletic Physical Clearance Form (see insert)
5. Student Data Form (see insert)
6. Parental Involvement Survey (see insert)
7. Home Language Survey (Data collected will be used for federal programs that may be available to the school).

Documents needed upon registration:

1. Valid ID of parent or guardian registering student
2. Completed Admissions Application Packet
3. Child's Birth Certificate
4. Completed Physical Clearance Form signed by Physician
5. Updated Immunization Shot Record
6. Completed Student Emergency Authorization Card
7. Baptismal Certificate (if any)
8. First Holy Communion Certificate (3rd grade and up, if student has received the First Holy Communion Sacrament).
9. Latest Report Card and Withdrawal Form (if transferring from another school)
10. Legal Documents (if any)
11. Completed Student Data Form, Parental Survey, Home Language Survey

For Office Use Only:

Student Name: _____ ***Grade:*** _____

- Completed Admissions Application Packet
- Child's Birth Certificate
- Completed Physical Clearance Form signed by Physician
- Updated Immunization Shot Record
- Completed Student Emergency Authorization Card
- Baptismal Certificate (if any)
- First Holy Communion Certificate (3rd grade and up, if student has received the First Holy Communion Sacrament).
- Latest Report Card and Withdrawal Form (if transferring from another school)
- Legal Documents (if any)
- Completed Student Data Form, Parental Survey, Home Language Survey

Received by: _____ Date: _____



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REGISTRATION FEE SCHEDULE SY 2021-2022

Registration Fees	\$400.00- Per Child	Due upon enrollment
Building Fee	\$200.00- Per Child	Due upon enrollment
Instructional Materials	\$50.00- Per Child	Due upon enrollment
Technology Fee	\$50.00- Per Child	Due upon enrollment
Renweb/Facts SIS Management Fee	\$25.00- Per Child	Due upon enrollment
Health Room Fee	\$5.00- Per Child	Due upon enrollment

Registration Fee, Building Fee, Instructional Materials Fee, Technology Fee, Renweb/Facts SIS Fee, and Health Room Fee cannot be pro-rated and are non-transferable and non-refundable. Total Initial Fees: \$730 (Does not include tuition)

Additional Fees

Archdiocesan Catholic School (ACS) Fee and Archdiocesan School Assessment Fee	\$169.00- Per Family	\$84.50 due November 19, 2021 \$84.50 due February 18, 2022
Parents/Teachers/Staff/Students Association (PTSSA) Fee	\$20.00- Per Family	Due upon enrollment
Sports Fee	\$70.00- Per student participant	Assessed to Middle School students that are participating in the Sports Program.
Baptismal Fee	\$50.00- Per candidate (available upon request and coordination with Fr Joel Delos Reyes)	Due upon enrollment.
First Holy Communion Fee	\$75.00- Per student candidate	Assessed to all FHC Candidates and is due by January 1, 2022.
Graduation Fee	\$200.00- Per 8 th grade graduate	Assessed to 8 th grade students and is due by February 1, 2022
NJHS Fee	\$15.00 Current Member; \$20 New Inductee	Current Member fee due Dec. 2021 Due before ceremony per candidate

Additional fees cannot be prorated and are non-refundable & non-transferrable.

Tuition Fees

No.Children	Monthly payment	Annual Payment
1	\$380.00	\$3,800.00
2	\$710.00	\$7,100.00
3	\$1,050.00	\$10,500.00
4	\$1,360.00	\$13,600.00
5	\$1,675.00	\$16,750.00

Note: Tuition fees are non-refundable and non-transferable.



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PLEASE TAKE NOTICE OF THE FOLLOWING POLICIES:

1. A five percent (5%) discount will be applied on a full-tuition payment made on before the 1st day of classes for school year 2021-2022.
2. First tuition payment is due on or before the first day of classes with the remainder tuition payments due on or before the first (1st) of each month. A 5% late fee will be assessed for payments made after the tenth (10th) day of each month. This late tuition fee will be added to your child's tuition account for each month the account is overdue. This fee is also due upon payment for that month in which the account is overdue. For graduating 8th grade students for SY 2021-2022, any remaining tuition balance plus all other financial obligations are due by the first (1st) of May 2022.
3. To officially register your child for School Year 2021-2022, your child's tuition account or other accounts owed to the school must be paid no later than May 28, 2021. Student registration accepted prior to May 28, 2021 will be considered by the school unofficial until the current remaining balance is paid-in-full. If a balance remains unpaid, the school shall have the right to not admit the student pending completion of current of previous debt in good faith.
4. Any current or previous account balance owed to SVCS will be referred to a Collection Agency, and the amount of \$50.00 will be added to the unpaid balance for collection processing fee.
5. Convenience Fee: This is a bank fee that defrays the bank cost of credit/debit card processing. A convenience fee will be charged to each payment made by Visa, MasterCard, Discover, American Express and debit cards. Please see attached schedule. This fee will not apply to payments made by check or cash.
6. Return Check Policy: Any returned check will be assessed a \$50.00 return fee. In the event the school receives its first returned check for the account, the only form of payment accepted after such incident will be cash or credit/debit card.

Note: Please refer to the SY 2021-2022 Student Parent Handbook for policies not stated within.

After School Program/ Tutoring Program

Registration per Child: \$75.00 PLEASE NOTE: Implementation of program is contingent on Faculty/Staff availability. Details will be forthcoming.

Your child must be a student of San Vicente Catholic School in order to register with the After School Program (ASP). Students of San Vicente Catholic School who are not officially registered with the ASP may be admitted into the program due to unforeseen circumstances. **A fee of \$10.00 per hour per child will be charged for such case/s that student/s will be in the After School Program.**

Number of Children	10 month installment	Total Cost for After School Program
1—Child	\$140.00	\$1,400.00
2—Children	\$250.00 (\$125/ child if 2 or more)	\$2,500.00
3—Children	\$375.00	\$3,750.00
4—Children	\$500.00	\$5,000.00
5—Children	\$625.00	\$6,250.00



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Other Fees

Description of Charges	Cost
Late tuition fee (after the 10 th of the month)	\$30.00
Returned item fee (check or item returned by bank)	\$75.00
Lost text/workbook	Replacement cost of each textbook or workbook
Transcript of Student Document Request	\$10.00 per copy
Copy of Progress or Grade Report Card	\$10.00 per copy
Copy of Assessment Test Results	\$10.00 per copy
Adult lunch	\$7.00
Middle School Student lunch	\$5.00
Elementary School Student lunch	\$4.00
Sports Fee and sports uniforms charged to all student participants. This will be handled by the Athletic Director, with payments made to the Business Office.	
PE Uniforms (Elementary)	TBA
PE Uniforms (Middle School)	TBA

Convenience Fee Schedule

(Use of Visa, MasterCard, Discover)

Note: Effective August 1, 2021 for SY 2021-2022

Amount of payment	Convenience fee charge
Debit Transactions / \$0.01 to \$50.00	\$2.50
\$50.01 to \$100.00	\$3.25
\$100.01 to \$125.00	\$3.75
\$125.01 to \$150.00	\$4.50
Greater than \$150.00	2.75%

Please note: Convenience Fees are assessed by the Lexis Nexus credit card provider.



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REGISTRATION FORM

SY 2021-2022

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

Student Information

Student Full Name:

Last:	First:	Middle
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Current Grade:	Ethnicity:	Citizenship:
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Primary language spoken at home:

Date of Birth:	Gender		Place of Birth
Month/ Day/ Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>	City, State, Zip code

Students Physical Address
Student's Mailing Address:

Religion/ Denomination			
Roman Catholic <input type="checkbox"/>	Other <input type="checkbox"/>	Name of church applicant regularly attends:	Name of Pastor:
Specify other: _____		_____	_____
Baptized: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	1 st Holy Communion: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Date: _____	Date: _____	Date: _____	
Church: _____	Church: _____	Church: _____	

Schools Attended (please list most recent)	
1. Name:	Grades Attended:
City/ State/ Zip:	Phone No:
2. Name:	Grades Attended:
City/ State/ Zip:	Phone No:
3. Name:	Grades Attended:
City/ State/ Zip:	Phone No:



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Special Circumstances

Your responses to the questions in this section will assist the school in the placement of students and in planning for any special needs of our students. Accurate information will help us best meet the needs of all our students.

Has the student received additional assistance for learning with disabilities?	Yes	No
Has the student been diagnosed with any form of disability that may impact learning? (i.e. ADD, ADHD, ED, etc.) (If yes, please include a copy of the report.)	Yes	No
Does the student have problems with reading or has the student been diagnosed with dyslexia? (If yes, please include a copy of the report.)	Yes	No
Has the student ever been retained a grade? (Please indicate grade level)	Yes	No
Has the student ever skipped a grade? (Please indicate grade level)	Yes	No
Has the student applied to or attended San Vicente Catholic School previously?	Yes	No
Has the student ever been subject to disciplinary actions such as suspension or expulsion?	Yes	No
If "yes" was answered to any of the above questions, please explain: _____ _____ (Please provide attachment if more space is needed.)		
Please provide any additional information that would help SVCS in working with your child: (Additional information may include but is not limited to, honors or any special talents or skills your child may have; on the other hand, it may also include challenging attributes such as behavioral issues, encounters with law enforcement, or substance abuse.) _____ (Please provide attachment if more space is needed.)		

Parent/Guardian Information

1 st Parent/ Legal Guardian	
Name: (Last, First, M.I.)(Include prefix and suffix, if any.)	Relation to student:
Home Phone:	Cell Phone:
Mailing Address:	Residential Address:
Place of Employment:	Occupation:
Work Phone:	Email Address:
2 nd Parent/ Legal Guardian	
Name: (Last, First, M.I.)(Include prefix and suffix, if any.)	Relation to student:
Home Phone:	Cell Phone:
Mailing Address:	Residential Address:
Place of Employment:	Occupation:
Work Phone:	Email Address:



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Custody Information (Please attach legal documents.)

Is either of the student's parents deceased?	Yes	No
Are there custody restrictions on either parent? (If yes, please include a copy of legal documents.)	Yes	No
Does the student have a legal guardian? (If yes, please include a copy of legal documents.)	Yes	No
If "yes" was answered to any of the above questions, please explain: _____ _____		
With whom does the student live?		
Who is financially responsible for the student?		

Emergency Contact and Pick-up Authorization (Copy of Valid Guam ID required)

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.

Above individual **is authorized to be contacted in case of emergency, in the event mother, father, and/or guardians are unavailable.**

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.

Above individual **is authorized to be contacted in case of emergency, in the event mother, father, and/or guardians are unavailable.**

Name (Last, First): _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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Photo & Video Release

I hereby authorize San Vicente Catholic School to use my child's picture/video clip for publication in the school's website, PDN, school's brochure, U'Matuna, etc. Yes No Parent/Guardian's Signature: _____

Additional Information

We are considering SVCS because of information first received from: (check one)

- Current Student Current Parent Current Teacher Church Telephone Book
 Newspaper Ad Website Alumnus Other: _____

The factor(s) most influencing us to apply to SVCS: (check all that apply.)

- Location Academic Standards Displeasure with local schools Christian Values Safety
 Sports Theology Desire to attend a private school Discipline
 Other: _____

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 (re-enrollment), consumable textbooks, and miscellaneous 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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STUDENT HEALTH INFORMATION SY 2021-2022

NAME (LAST, FIRST, MIDDLE)	GENDER	DOB	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

HISTORY	YEAR	YES	NO	COMMENT	HISTORY	YEAR	YES	NO	COMMENT
Asthma					Shortness of breath				
Blood Disorder					Speech Problems				
Chest Pains					Skin Problems				
Chicken Pox					Surgery				
Diabetes					Vision Problems				
Ear Infections					Wears Glasses/Contacts				
Emotional					Tuberculosis				
Fractures					Rheumatic Fever				
Hearing Loss					Hospitalizations				
Head Injuries					Other Problems				
Heart					Vision Problems				
Hernia					Weak Joints/Back				
Seizures					Other				

Allergies: [] Food [] Drugs [] Other Name of Allergies: _____ Reactions: _____

Is your child taking any medications 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 transport my child to: GMH Naval Hospital Other:

Print: _____ Signature: _____ Date: _____



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MEDICAL / ATHLETIC CLEARANCE FORM SY 2021-2022

Student Name		Date
Date of Birth	Age	Ethnicity
Grade Entering	School Year	Home Phone
Home Address		
Home Phone	Email	Physician's Name
Parent/Guardian Name	Cell Phone	Physician's Contact
Parent/Guardian Name	Cell Phone	Hospital/Clinic
Best number to call for emergency		

Part 1: Physical Examination

Height:	Weight:	T _____ P _____ R _____
Blood pressure:	Vision: RT:	Hearing: RT _____ LT _____

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



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Part 2: Immunization Record: Please attached 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: _____

Parent/ 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 _____



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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? _____	<input type="checkbox"/>	<input type="checkbox"/>
HEART PROBLEMS OR HEART DISEAS	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
CHEST PAINS	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
SHORTNESS OF BREATH	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
HEAD INJURIES	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURES	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
WEAK JOINTS OR BACK PROBLEMS		<input type="checkbox"/>	<input type="checkbox"/>
TAKING MEDICATION	IF YES, WHAT KIND? _____	<input type="checkbox"/>	<input type="checkbox"/>
SURGERY	IF YES, WHAT TYPE? _____	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD DISORDER		<input type="checkbox"/>	<input type="checkbox"/>
HERNIA		<input type="checkbox"/>	<input type="checkbox"/>
RHEUMATIC FEVER		<input type="checkbox"/>	<input type="checkbox"/>
DIABETES		<input type="checkbox"/>	<input type="checkbox"/>
HEARING PROBLEMS	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
VISION PROBLEMS: GLASSES/CONTACTS NEEDED		<input type="checkbox"/>	<input type="checkbox"/>
CONVULSIONS/SEIZURES OR BREATHING SPELLS	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER SERIOUS INJURY OR ILLNESS? IF YES, PLEASE EXPLAIN BELOW		<input type="checkbox"/>	<input type="checkbox"/>

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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Parent/Guardian Involvement

San Vicente Catholic School encourages our families to participate in the growth and education of our children. Please identify any committee, services, or other areas where you would like to contribute your time or resources.

Student Name:	Grade Level:
Parent/Guardian Name:	
ACTIVITIES (place a check to the right)	
Classroom/Helper	
Lunch Break Activities	
Extracurricular Activities	
Chaperones	
Coaching	
Athletics	
Annual Fun Run/Walk	
Carnival	
Catholic Schools Week	
Other	



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