

# St. Mary Catholic School

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## APPLICATION FOR ADMISSION

**First Student Information:** Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Telephone: \_\_\_\_\_ Grade entering: \_\_\_\_\_ Age: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen: \_\_\_\_\_ yes \_\_\_\_\_ no  
If not US citizen, stipulate status: \_\_\_\_\_ (include documentation)  
Previous School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_  
Religion: \_\_\_\_\_ Race : \_\_\_\_\_ ( optional)  
Church Attending : \_\_\_\_\_ ( Used for statistical reporting only)  
Baptismal Date: (if Catholic) \_\_\_\_\_ Church: \_\_\_\_\_ Place: \_\_\_\_\_  
First Communion Date: (if Catholic) \_\_\_\_\_ Church: \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmation Date: (if Catholic) \_\_\_\_\_ Church: \_\_\_\_\_ Place: \_\_\_\_\_  
Persons authorized to pick up student: \_\_\_\_\_  
Allergies/Medical Conditions: \_\_\_\_\_ Regular Medication: \_\_\_\_\_  
I give the school permission to dispense Tylenol to my child: Yes / No  
Lives with: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### Parent/Legal Guardian

Female: \_\_\_\_\_ Telephone # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Male: \_\_\_\_\_ Telephone # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Is parent/legal guardian a practicing Catholic? \_\_\_\_\_ yes \_\_\_\_\_ no Name of Parish \_\_\_\_\_

**Second Student Information:** Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Telephone: \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen \_\_\_\_\_ yes \_\_\_\_\_ no  
If not US citizen, stipulate status : \_\_\_\_\_ ( include documentation)  
Previous School Attended: \_\_\_\_\_ City/State \_\_\_\_\_  
Religion: \_\_\_\_\_ Race: \_\_\_\_\_ (optional)  
Church Attending : \_\_\_\_\_ ( Used for statistical reporting only)  
Baptismal Date (if Catholic): \_\_\_\_\_ Church: \_\_\_\_\_ Place: \_\_\_\_\_  
First Communion Date (if Catholic): \_\_\_\_\_ Church: \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmation Date: (if Catholic) \_\_\_\_\_ Church: \_\_\_\_\_ Place: \_\_\_\_\_  
Persons authorized to pick up student: \_\_\_\_\_  
Allergies/Medical Conditions: \_\_\_\_\_ Regular Medication: \_\_\_\_\_  
I give the school permission to dispense Tylenol to my child: Yes / No  
Lives with: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Parent/Legal Guardian**

Female: \_\_\_\_\_ Telephone # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Male: \_\_\_\_\_ Telephone # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Is parent/legal guardian a practicing Catholic? \_\_\_\_yes \_\_\_\_no Name of Parish \_\_\_\_\_

**Third Student Information:** Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Telephone: \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen \_\_\_\_yes \_\_\_\_no  
If not US citizen, stipulate status : \_\_\_\_\_ ( include documentation)  
Previous School Attended: \_\_\_\_\_ City/State \_\_\_\_\_  
Religion: \_\_\_\_\_ Race: \_\_\_\_\_ (optional)  
Church Attending : \_\_\_\_\_ ( Used for statistical reporting only)  
Baptismal Date (if Catholic) \_\_\_\_\_ Church \_\_\_\_\_ Place: \_\_\_\_\_  
First Communion Date (if Catholic) \_\_\_\_\_ Church \_\_\_\_\_ Place: \_\_\_\_\_  
Confirmation Date: (if Catholic) \_\_\_\_\_ Church \_\_\_\_\_ Place: \_\_\_\_\_  
Persons authorized to pick up student \_\_\_\_\_  
Allergies/Medical Conditions \_\_\_\_\_ Regular Medication \_\_\_\_\_  
I give the school permission to dispense Tylenol to my child: Yes / No  
Lives with \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Parent/Legal Guardian**

Female: \_\_\_\_\_ Telephone # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Male: \_\_\_\_\_ Telephone # \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Is parent/legal guardian a practicing Catholic? \_\_\_\_yes \_\_\_\_no Name of Parish \_\_\_\_\_

This application for admission to St. Mary Catholic School is made on behalf of my son/daughter/ward, with acceptance of the policies and regulations of the school.

The parent/legal guardian is responsible for informing the school office, in writing, of any changes in the above information.

## **2024-2025 ENROLLMENT / TUITION CONTRACT**

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_ between St. Mary Catholic School (hereafter "School") and \_\_\_\_\_ (hereafter "Parent/Legal Guardian"). The Parent/legal guardian wishes to enroll the above mentioned child (ren) in St. Mary Catholic School for the 2024-2025 academic year.

**Note: Any official business regarding a student will be conducted only with the child's parent or legal guardian. The parent/legal guardian is responsible for informing the school office, in writing, of any changes in the following information.**

St. Mary agrees to accept and enroll the student(s) under the following conditions:

Parent/Legal Guardian agrees to pay:

- A. Non-refundable registration fee per family (family is child or legal dependent).
- B. All tuition and fees for the school year as outlined in the tuition and fee schedule (see attached) according to one of the following plans:
  - \_\_\_\_\_ Plan A (one annual payment paid in the business office)
  - \_\_\_\_\_ Plan B (two semi-annual payments paid in the business office) **A \$50.00 late fee will be assessed to each account more than two weeks late.**
  - \_\_\_\_\_ Plan C (10 monthly payments)

Note: Payments are due 1<sup>st</sup> of the month. Payments that are received after the 5<sup>th</sup> of the month include \$25.00 late fee.

Person or business to be billed	Contact Person	Phone #
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Mailing Address: \_\_\_\_\_

The registration fee must accompany this form. A seat will not be reserved for any student whose parent/legal guardian has not signed the enrollment agreement and paid the registration fee.

**If tuition assistance is needed then complete a tuition assistance application and return it, with accompanying documentation, no later than May 31, 2024. Students receiving tuition assistance must reapply every year.**

Parent/legal guardian agrees and understands that tuition is for an entire school year. By signing this contract, one is obligated to pay the full year's tuition. If your child does not complete the school year, the school is entitled to the payment of liquidated damages. In cases of absence, withdrawal, disciplinary dismissal, or removal for tuition indebtedness, the parent/legal guardian is responsible for the full year's tuition. The administration retains the right to make exceptions when appropriate.

Parent/legal guardian agrees and understands that if all financial obligations are not met, the student will not be permitted to take mid-term or final exams until tuition is paid. If exams are not taken, and a student will not be permitted to take mid-term or final exams until tuition is paid. If exams are not taken, and a student leaves the school, the released transcript will reflect grades of incomplete. If a student's tuition account is more than one month in arrears, the student may not be permitted to return to school after the 15<sup>th</sup> (or nearest school day after the 15<sup>th</sup>) of the following month. In the event of continual non-payment, the administration reserves the right to remove the child from school.

Note: Returned checks- \$50.00 fee.

The parent/legal guardian understands that in the event of non-payment of school fees and tuition, the school shall have the right to proceed with any legal remedy available for collection including the recovery interest and reasonable attorney fees.

The parent/legal guardian agrees and understands that by signing this contract, he/she agrees to accept the rules and regulations established by the school.

Parent/legal guardian agrees and understands that in choosing for his/her child(ren), as parent or legal guardian of the child (ren), does hereby waive and release any and all rights and claims for damages, injuries, loss or illness the parent/legal guardian may have against the administration, faculty, staff and volunteers of St. Mary Catholic School, except those arising out of the negligence of school employees acting within the scope of their employment.

Parent/legal guardian attest that his/her child (ren) is/are physically fit to participate in Physical Education classes. Written medical documentation must be provided by the parent/legal guardian for any student unable to participate in Physical Education classes.

Parent/legal guardian grants permission for the above named student to participate in school-sponsored events.

Parent/legal guardian grants permission to the school to use any photographs, videotapes, motion pictures, recordings and other records of the child(ren) for legitimate purposes.

**(For returning students)** The parent/legal guardian understands that grade placement is contingent upon the satisfactory completion of the previous year. The school reserves the right to consider readmission on a case-by-case basis. If you have tuition balance from the previous year, your account must be made current before your child/children can be considered for re-registration. **All students entering Pre-K3, Pre-K4, Kindergarten, and 5<sup>th</sup> grade must submit an updated physical form.** A parent/legal guardian must report, in writing, all changes in immigration status to the office.

St. Mary Catholic School admits students of any race, creed and nationality.

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

School Administrator signature \_\_\_\_\_ Placement \_\_\_\_\_ Date \_\_\_\_\_

Copies of the following documents must accompany this form:

_____ birth certificate	_____ social security card
_____ baptismal certificate (if Catholic)	_____ most recent report card/transcript
_____ verification of legal guardianship (if applicable)	_____ emergency card
_____ proof of immigration status (if applicable)	_____ transportation dismissal form
_____ completed physical form/immunization record	