

**TRINITY CATHOLIC SCHOOL
REGISTRATION CARD 2012-2013**

Date of Registration ___/___/___

Registration Fee, Received \$ _____

Student Entering Grade _____

Date Student will begin classes ___/___/___

Student # _____

STUDENT INFORMATION

Student's Legal Last Name _____ Legal First Name _____ Middle Name _____ Nickname/Name Student Goes By _____

Social Security Number _____ Birth date Month/Day/Year _____ Male/Female _____ Place of Birth City / State / Country _____

Home Phone # _____ Permitted in Directory: Yes () No () _____ Guardian e-mail address _____ Permitted in Directory: Yes () No () _____

Student's Phone # _____ Permitted in Directory: Yes () No () _____ Student's e-mail address _____ Permitted in Directory: Yes () No () _____

Student Home Address-Permitted in Directory: Yes () No () _____ **Student Mailing Address (if different)**-Permitted in Directory: Yes () No () _____

Street Address _____ Street Address or P. O. Box _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Ethnic Origin: (Check one)

_____ American Indian/Native Alaskan _____ Asian _____ Black _____ Hispanic
_____ Multi-Racial _____ Native Hawaiian/Pacific Islander _____ White

Primary language spoken at home: _____

Prior School Attended: _____

What Public School attendance area do you reside in? _____

Student's Religion _____ If Catholic, what Parish is student registered in? _____

Permission to publish student photo in brochures, on web site, or in the newspaper or other similar publications? Yes () No ()
How did you hear about our school?

_____ Newspaper Advertisement _____ Billboard _____ Radio /Television Advertisement
_____ Church Bulletin _____ Phone Book _____ Internet Search
_____ Parent Referral (if so, please let us know who so that we can thank them) _____

FAMILY INFORMATION

Student Primarily Lives With: (Check one)

_____ Mother and Father _____ Mother _____ Mother/Stepfather _____ Grandparent/Guardian
_____ Father _____ Father/Stepmother _____ Other

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: _____

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship (circle one):	Mother / Stepmother / Grandmother / Guardian / Other	Father / Stepfather / Grandfather / Guardian / Other
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager Number:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:	Alumni: Yes () No ()	Alumni: Yes () No ()

STUDENT HISTORY

If Catholic, please check the following information for sacraments received:

Baptism: Yes [] No []
Reconciliation: Yes [] No []
Eucharist: Yes [] No []

Has student been retained, suspended, or expelled from school? Yes [] No []

If so, please comment _____

Is your child eligible for any services for special needs? Gifted [] Speech [] Learning Disabilities []

EMERGENCY/HEALTH INFORMATION

In case of an emergency when parent or guardian cannot be reached, contact. These persons are authorized to pick up my children:

Emergency Contact #1 Name _____ Relationship: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact #2 Name _____ Relationship: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact #3 Name _____ Relationship: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

The following persons (in addition to the emergency contacts above) are authorized to pick-up my child from school:

Authorized Pick-up #1 _____

Authorized Pick-up #2 _____

Authorized Pick-up #3 _____

Preferred Doctor: _____ Phone # _____ Preferred Hospital: _____

Preferred Dentist: _____ Phone # _____

I give my permission for my child to receive emergency medical treatment, if necessary: () Yes () No

Signature: _____ Date: _____

I give my permission to call 911: () Yes () No

Signature: _____ Date: _____

List any medical consideration of which the School should be familiar, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor, you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the school clinic.)

Please list all allergies: _____

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2012-2013. It is also my understanding that the policy of the school is to make no refunds on registration fees. If a child is withdrawn prior to the first day of classes, there will be no refund of two (2) months of tuition. Refunds of tuition during the school year will be refunded as per diocesan policy. I hereby agree that my child shall abide by the policies, rules, and regulations of Trinity Catholic School at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises and absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

Parent Signature _____ Parent Signature _____

FINANCE INFORMATION

Name and Address of person responsible for tuition & other financial obligations (If different from parent or guardians listed above)

Name: _____

Address: _____

VERIFICATION INFORMATION (For Office Use Only)

Pastor Verification: Y N Date: _____ Immunization Record (Up to date) Y N Date: _____

Birth Certificate: Y N Date: _____

Physical Examination by Florida Physician/Clinic (Form) Date: _____



APPLICATION INSTRUCTIONS

Excellence in Education

TRINITY CATHOLIC SCHOOL • 706 EAST BREVARD STREET • TALLAHASSEE, FLORIDA 32308 • A MINISTRY OF BLESSED SACRAMENT

PRE- KINDERGARTEN, KINDERGARTEN, GRADE 1

- ◆ Pre-K 3 students must be 3 years old by September 1.
- ◆ Pre-K 4 students must be 4 years old by September 1.
- ◆ Kindergarten students must be 5 years old by September 1.
- ◆ Complete the application & the SmartTuition Form.
- ◆ Send a copy of the child's birth certificate.
- ◆ Attach the child's current immunization records and proof of physical.
- ◆ Enclose the application fee and the 2012-2013 Contract.
- ◆ Kindergarten students will be screened using the Gesell Development Observation Assessment. There is a \$25 fee charged at the time of assessment.

GRADES 2 THROUGH 8

- ◆ Complete the application and the SmartTuition Form.
- ◆ Attach a copy of the child's current and previous year's report card.
- ◆ Attach achievement test scores, if applicable.
- ◆ Enclose the application fee and the signed 2012-2013 Contract.
- ◆ If eligible for special services, submit an IEP.

ACCEPTANCE INFORMATION

- ◆ Students applying during February should hear by March 10.
- ◆ Students not accepted are placed on a waiting list.
- ◆ Vacancies are filled as soon as the school learns of openings.
- ◆ The waiting list is kept active all year.
- ◆ All new students in Grades 1-8 will be conditionally placed for one marking period.

PARISH PARTICIPATION

Fill in the top of the Parish Participation Voucher and take it to your pastor, who will return it to us, for verification of participation status.



ADMISSION POLICY

Excellence in Education

TRINITY CATHOLIC SCHOOL • 706 EAST BREVARD STREET • TALLAHASSEE, FLORIDA 32308 • A MINISTRY OF BLESSED SACRAMENT

Registrations will be categorized as follows:

Category A *Siblings of families currently enrolled. Sons and daughters of faculty and staff members have priority after siblings. Students who were withdrawn due to parent's sabbatical have priority after the above students.*

Category B *Participating Catholics, of Blessed Sacrament Parish, as verified by the Pastor.*

Category C *Participating Catholics as verified by the pastors of the registrant's parishes. Verification criteria to be decided by individual Pastors.*

Category D *Non participating Catholics.*

Category E *Other religious affiliations.*

All presently enrolled students in Pre-K through seventh grade in good academic and financial standing will be guaranteed a place for the next school year.

Siblings of students enrolled at TCS have priority for Pre-Kindergarten and Kindergarten. Sibling policy has to be exercised within one year of eligibility for grades 1 - 8. Any exceptions to this policy must be approved by the School Board. Siblings are guaranteed a place so long as a class size of 32 is not exceeded. Pre-Kindergarten classes cannot exceed 20 for Pre-K3 or 25 for Pre-K4. Kindergarten classes cannot exceed 30 at any time, even for sibling priority. All siblings not placed, due to class size, will be on a Category A waiting list. If there are not enough openings for the siblings that apply, spaces will be filled on a first come first serve basis.

Sons and daughters of faculty or staff will be on Category A list after siblings. Students who withdrew while parents were away on sabbatical will be on Category A list after siblings and faculty or staff applicants.

A blind lottery will be conducted to establish the initial waiting list for all other Categories. All applications received between February 1 and March 1 will have an equal chance in the drawing of names for the waiting list in their respective category.

All participating Catholics (Category B & C) on the waiting list as of January 30, who applied prior to June 1 of the previous year, can remain on the waiting list in their current standing by reapplying during the family registration period. No new registration fee will be required. All Non-Participating Catholics or Non-Catholics must reapply each year during the application period to be pulled from the random drawn lottery. No new registration fee will be required. Any applications received after March 1 will be added to the appropriate list as they are received and as parish status is verified in writing.

Parents will be notified of admission confirmations for all new students by March 10.

Returning students who have withdrawn and wish to return will be accepted in the following order of priority:

- A. Student who has withdrawn from school for financial or transportation difficulties shall be considered for re-admission on a space available basis at the discretion of the Principal in consultation with the School Board.
- B. Any student who has withdrawn from school for academic or disciplinary reasons shall be considered for re-admission on a space available basis at the discretion of the Principal in consultation with the School Board.



Excellence in Education.

FEE SCHEDULE

TRINITY CATHOLIC SCHOOL • 706 EAST BREVARD STREET • TALLAHASSEE, FLORIDA 32308 • A MINISTRY OF BLESSED SACRAMENT

2012-2013

APPLICATION FEE **\$100**

The non-refundable application fee is required for a new student to be considered for admission.

ADMISSION FEE **\$125**

The non-refundable admission fee is due upon acceptance of a new student.

RE-REGISTRATION FEE **\$100**

Returning students pay this fee in January.

BOOK/RESOURCE FEE PRE-K4 **\$125**

BOOK/RESOURCE FEE K **\$150**

BOOK/RESOURCE FEE PRE-K3 & GRADES 1-8 **\$200**

TECHNOLOGY FEE GRADES 1-8 **\$ 25**

Book/Resource/Technology fees are payable in July.

TUITION

Tuition is paid in 10 installments July-April. Tuition is due the 10th of each month.
(PK3 has a separate tuition rate)

Grades	Annual Tuition	Monthly Tuition Rate	Annual Participating Catholic Tuition	Monthly Participating Catholic Rate
PK4 - 8				
1 Child	\$ 6,700.	\$ 670.00	\$ 4,430	\$ 443.00
2 Children	\$ 12,600.	\$ 1260.00	\$ 7,810	\$ 781.00
3 Children	\$ 18,500.	\$ 1850.00	\$ 11,290	\$ 1129.00
4 Children	\$ 24,300.	\$ 2430.00	\$ 14,720	\$ 1472.00

SCHOLARSHIPS

- ◆ Applicants should look first to their pastor for financial help.
- ◆ Trinity Catholic has a General Scholarship Fund for limited financial assistance. Application for financial assistance must be made through the Catholic School Tuition Assistance Service by April 30, 2012. These forms are available in the school office. Financial assistance is based upon donations to the Scholarship Fund, the number of applicants, and the need as determined by the Service.
- ◆ Trinity accepts the McKay Scholarship (www.floridaschoolchoice.org) and the Step Up For Students Scholarship (www.stepupforstudents.org). These can be applied for on-line at their website.



SCHOOL INFORMATION

Excellence in Education.

TRINITY CATHOLIC SCHOOL • 706 EAST BREVARD STREET • TALLAHASSEE, FLORIDA 32308 • A MINISTRY OF BLESSED SACRAMENT

SCHOOL HOURS

Pre- Kindergarten	7:50 a.m. – 2:30 p.m. (Optional 12:00 p.m. pick up)
Kindergarten	7:50 a.m. – 2:30 p.m.
Grades 1 – 8	7:50 a.m. – 2:45 p.m.

PLAYGROUND SUPERVISION

1- 8	7:15 a.m. – 7:50 a.m.
	2:45 p.m. – 3:00 p.m.

OFFICE HOURS

School Days	7:15 a.m. – 3:15 p.m.
Summer	9:00 a.m. – 1:00 p.m. M-F

AFTER SCHOOL CARE

Beyond the Bell	2:30 p.m. – 6:00 p.m.
-----------------	-----------------------

DRESS CODE

- ◆ Uniforms are optional in Pre-Kindergarten and Kindergarten or students may wear comfortable play clothes.
- ◆ Uniforms required in grades 1-8.
- ◆ Uniforms must be purchased at *G. Willies Uniforms*

LITURGY

- ◆ Students in grades K-5 attend Mass on Thursdays.
- ◆ Middle School students attend Mass on Wednesdays.
- ◆ Grades 1-8 attend Mass on Holy Days and special occasions.

ITBS NATIONAL *PERCENTILE RANK -* (*Shows a class's standing within the sample or norm group in the same grade who were tested at the same time of year. Norms used are no longer 2000, but 2005 and affects interpretation significantly*)

GRADE	3	4	5	6	7	8	
READING	84*	82	78	82	76	82	
LANGUAGE	81	74	82	76	76	83	
MATH	70	76	73	64	69	79	
CORE TOTAL	82	78	79	76	75	84	10/10 TEST DATE

*Trinity's third graders scored higher than 84% of the 3rd grade students tested nationally in the sample (norm) group.



CONTRACT 2012 - 2013

Excellence in Education

TRINITY CATHOLIC SCHOOL • 706 EAST BREVARD STREET • TALLAHASSEE, FLORIDA 32308 • A MINISTRY OF BLESSED SACRAMENT

I UNDERSTAND

- that the success of Trinity Catholic School is dependent upon my family's support.
- that the per student book/resource fee of \$125 for PreK-4, \$150 for kindergarten and \$200 for PK-3 and grades 1-8 and a technology fee of \$25 per student for grades 1-8 is due by July 10th.
- that tuition for the school year is to be paid in ten payments. The first payment is due by July 10th.
- that my family is expected to participate, when and where necessary, in school sponsored activities. A minimum of 25 hours will be worked during the school year or I will pay an equivalent of \$12 per hour for the difference up to 25 hours.
- that families who are relocating to the Tallahassee area must submit a voucher signed by their current pastor along with a statement of their contributions from their church in order to be eligible for the participating parishioner rate. The Catholic transfer status will be valid for 4 months from the time your child starts school. After 4 months, a voucher from a Tallahassee area Catholic parish will be required.
- that to be eligible for the PARTICIPATING CATHOLIC RATE of tuition, I must maintain the requirements established by my Pastor. I further understand that **verification of my status will be made twice a year and if at any time I do not meet these minimum standards, that I will be required to pay the TUITION RATE stated below.**
- that the monthly tuition rates for PRE-K4 through grade 8 are:

	TUITION RATE	PARTICIPATING CATHOLIC RATE
1 CHILD	\$ 670.00	\$ 443.00
2 CHILDREN	\$1260.00	\$ 781.00
3 CHILDREN	\$1850.00	\$1129.00
4 CHILDREN	\$2430.00	\$1472.00

(PK3 has a separate fee schedule and does not qualify for sibling discounts)

I understand the policy that my child's attendance at Trinity Catholic School may be terminated if tuition is four months in arrears, unless a payment plan is approved by the School Board.

Keep the top portion for your reference and return the bottom portion to the office

I have read this Contract 2012 - 2013 and hereby agree to its terms.

Signed _____

Date _____

Print family last name here _____

January 1, 2012

Dear Parents:

This is to advise you that there are two (2) tuition scales for children attending Trinity Catholic School. One scale is for parishioners actively participating in the support of a parish. This scale is described as the scale for participating Catholics (lower scale). The second scale (higher scale) is for those who are not actively participating in the support of a parish.

The lower tuition scale is a privileged rate granted to those persons who a) are registered parish members; b) attend Mass every Sunday and Holy Days; c) contribute a minimum of \$15 per week to the parish.

The reason for the two scales stems from the fact that contributing parishioners support the school through parish subsidies given to the school. Your participation or non-participation determines which tuition scale you pay. The school checks regularly to verify that families are participating.

Sincerely,

John V. O'Sullivan
Pastor



PARISH PARTICIPATION VOUCHER

Excellence in Education

TRINITY CATHOLIC SCHOOL • 706 EAST BREVARD STREET • TALLAHASSEE, FLORIDA 32308 • A MINISTRY OF BLESSED SACRAMENT

Each family expecting to be classified as a participating parishioner of a Tallahassee area Catholic parish is required to complete this form and present it to the pastor of your parish who will return it to the Trinity Catholic School Bookkeeper. Without this form, signed by your pastor, your family will be classified as a non-participating parishioner and charged the corresponding tuition rate. **Your status will be verified semi-annually.**

Families who are relocating to the Tallahassee area must submit a voucher signed by their current pastor along with a statement of their contributions to the church for the last 6 months in order to be eligible for the participating parishioner rate. The Catholic transfer status will be valid for 4 months from the time your child starts school. **After 4 months, a voucher from a Tallahassee area Catholic parish will be required.**

FAMILY INFORMATION

(Please print or type)

Family Name:

Address:

City:

State:

Zip:

Phone Number:

Parish:

STUDENT INFORMATION

Student Name:

Entering Grade:

Student Name:

Entering Grade:

Student Name:

Entering Grade:

Student Name:

Entering Grade:

- I certify, as pastor of the above-designated parish, that the above family **QUALIFIES** for participating Catholic Status.
- I certify, as pastor of the above-designated parish, that the above family **DOES NOT QUALIFY** for participating Catholic Status.

Pastor Signature:

Date:

TRINITY CATHOLIC SCHOOL – 2012/2013
 PRE-KINDERGARTEN 3 YEAR OLD PROGRAM
 INFORMATION AND FEE STRUCTURE



Times and Days:

Full Day	7:50 – 2:30
Half Day	7:50 – 11:30
5 Day Program	Monday – Friday
3 Day Program	Monday, Wednesday, Friday

Lunch Bunch - Occasional full day participation (8:00 – 2:30)

General Information and Requirements:

Staffing	Degreed and Certified Teacher Full Time Assistant
Curriculum	Modified High Scope Curriculum
Calendar	The Pre-K 3 class will follow the regular Trinity School Calendar
Requirements	Child must be 3 by September 1 st Birth Certificate, Health forms and physical examination must be submitted with application Child must be toilet trained and able to manage toileting independently

Fees:

Application Fee	\$100	(non-refundable)
Admission Fee	\$125	(non-refundable – waived if child has a sibling who attends Trinity)
Supply/Resource Fee	\$200	(non-refundable)
Lunch Bunch Fee (for occasional users)	\$ 15	per day(child must bring own lunch)

Tuition:

		<u>Tuition</u>	<u>Participating Catholic Tuition</u>
5 Days	Full Day	6,000	4,430
5 Days	Half Day	4,500	3,930
3 Days	Full Day	4,000	3,430
3 Days	Half Day	3,500	2,930

There will be no sibling discount for Pre-K 3 students.



TRINITY CATHOLIC SCHOOL
PRE-KINDERGARTEN PROGRAM SELECTION

Child's Name _____ Grade _____

PRE-K3

Please complete the following to indicate your choice of program for your child.

5 Days Full Day 7:50 – 2:30 _____

5 Days Half Day 7:50 – 11:30 _____

3 Days M W F Full Day 7:50 – 2:30 _____

3 Days M W F Half Day 7:50 – 11:30 _____

I am interested in the Beyond the Bell After School Care Program
(Extra fees apply) _____

I am interested in occasional Lunch Bunch Participation
(Occasional full day for half day students – Extra fees apply) _____

My child has a sibling who attends Trinity Catholic School _____

PRE-K4

Please complete the following to indicate your choice of program for your child.

5 Days Full Day 7:50 - 2:30 _____

5 Days Half Day 7:50 - 12:00 _____

Parent Signature

Date