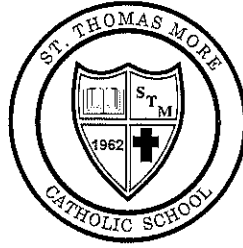


2016 – 2017

New Student

Registration Form

ST. THOMAS MORE CATHOLIC SCHOOL
4427 MOANA DRIVE
SAN ANTONIO TEXAS 78218



PHONE: (210) 655-2882
FAX: (210) 655-9603
www.st-thomas-more-school.org

Dear Parent / Guardian,

Thank you for considering St. Thomas More Catholic School for your child. The difference a Catholic education can make in your child's life is phenomenal. Studies show that families choose Catholic schools for their children because they emphasize academic excellence and faith development in an atmosphere of respect and caring for individual students. Here at STM this is our mission. We are committed to the development of the whole child and know that our school will offer your child the opportunity to grow both spiritually and academically. Parents send their children to us with the hope they will benefit from excellence in education as well as deepening their faith. Let us assure you, our God has a prominent place in our school environment.

Our vision is hopeful, energetic, and far reaching, for we pledge to offer many opportunities for our students to grow in all areas of life, spiritually, academically and morally. Athletics, technology, math and science, reading, writing, critical thinking skills, and the arts have a prominent place here at St. Thomas More. Religious and spiritual education is at the heart of our reason for existing as a Catholic school, your children will receive a strong program in their faith formation.

Attached you will find documents you need to register your child. Please follow the instructions on each sheet and return to the school office as soon as possible. We receive calls about registration for every grade level. Because of the limited number of space in each classroom, the sooner your registration package is in, the more likely you will be assured a placement.

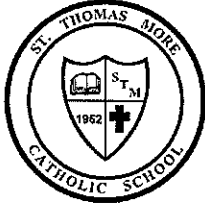
We look forward to welcoming you and your child into the St. Thomas More Catholic School community. Thank you again for considering our school and entrusting us with your child.

Sincerely,

Mrs. Kimberly A. Gutierrez,

Principal

We are Committed to: Living as Jesus did. Developing our Faith. Increasing our Knowledge.



ST. THOMAS MORE CATHOLIC SCHOOL

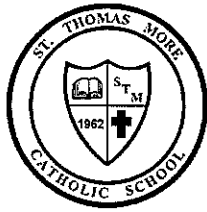
“EXCELLENCE IS AFFORDABLE”

4427 MOANA DR., SAN ANTONIO, TEXAS 78218

PHONE: (210) 655-2882 FAX: (210) 655-9603

WWW.ST-THOMAS-MORE-SCHOOL.ORG

- ✦ National Catholic Standards and Texas Essential Knowledge and Skills (TEKS) curriculum with the integration of Gospel values.
- ✦ Fully Accredited
- ✦ All Day Pre K-3 and Pre K-4 curriculum based program
- ✦ Highly Qualified Faculty (most hold advanced degrees)
- ✦ Small Student/Teacher ratio
- ✦ Academic and Speech Team
- ✦ Acolytes
- ✦ Sacrament Preparation
- ✦ Before and After School Care
- ✦ Library
- ✦ Science Lab/Technology Center
- ✦ Lego Club
- ✦ Robotics Club
- ✦ Kindergarten Graduation Ceremony
- ✦ 8th Grade Graduation Ceremony
- ✦ National Junior Honor Society
- ✦ Student Council
- ✦ Middle School Athletic Program
- ✦ Guitar Lessons
- ✦ Cheerleading
- ✦ Ballet Folklorico
- ✦ Girl Scouts & Boy Scouts
- ✦ Financial Assistance Available
Hope for the Future online application: www.hopeforfuture.org
- ✦ Nestled in a quiet, safe neighborhood
- ✦ Nurturing the uniqueness of each child



ST. THOMAS MORE CATHOLIC SCHOOL

"EXCELLENCE IS AFFORDABLE"

4427 MOANA DR., SAN ANTONIO, TEXAS 78218

PHONE: (210) 655-2882 FAX: (210) 655-9603

WWW.ST-THOMAS-MORE-SCHOOL.ORG

REGISTRATION & TUITION INFORMATION 2016 – 2017

Registration and General Fees **Due at the time of Registration and are Non-Refundable**

One Child \$325

(\$150 Registration Fee, \$125 Book Fee, \$20 Transportation Fee, \$30 PTC Dues)

Two Children \$570

(\$250 Registration Fee, \$250 Book Fee, \$40 Transportation Fee, \$30 PTC Dues)

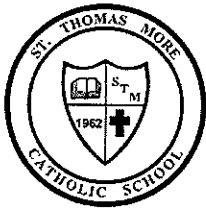
Three Children \$815

(\$350 Registration Fee, \$375 Book Fee, \$60 Transportation Fee, \$30 PTC Dues)

Four Children \$1,060

(\$450 Registration Fee, \$500 Book Fee, \$80 Transportation Fee, \$30 PTC Dues)

Tuition Rates 3K - 8th Grade	Yearly	10 Month Rate Aug. – May	11 Month Rate July – May
1 child	\$ 4,100	\$ 410	\$ 373
2 children	\$ 7,790	\$ 779	\$ 708
3 children	\$ 9,815	\$ 982	\$ 892
4 th child	Free	Free	Free



ST. THOMAS MORE CATHOLIC SCHOOL
"EXCELLENCE IS AFFORDABLE"
4427 MOANA DR., SAN ANTONIO, TEXAS 78218
PHONE: (210) 655-2882 FAX: (210) 655-9603
WWW.ST-THOMAS-MORE-SCHOOL.ORG

Services Offered

Morning Care: 7:00 a.m. to 7:45 a.m.

Breakfast is served from 7:00-7:30 a.m. - Various cereals, granola bars, pancakes, and waffles available.
Price range-\$.50 - \$1.00

Hot Lunch Prices:

PreK3 – 2nd Grade \$3.25 per day – Lunch Ticket for 10 days is \$32.50 or 20 days is \$65.00

3rd – 8th Grade \$3.75 per day – Lunch Ticket for 10 days is \$37.50 or 20 days is \$75.00

Milk or Juice: \$.50 (Only PreK3 – Kinder may purchase a 20 day milk ticket for \$ 10.00)

Snack Bar: The snack bar is stocked with various snacks daily. Fresh fruit is also available \$.50 - \$1.00

After School Care: ASC is open from 3:30 p.m.—6:00 p.m. A snack and drink is provided.

Registration Fee \$35.00 per family

Full time Rate (3:30 p.m. to 6:00 p.m.)

1 child \$ 115/month

2 children \$ 175/month

3 or more children \$ 235/month

Part Time Rate (2 to 3 days a week)

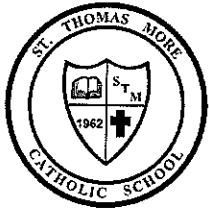
1 child \$ 70/month

2 children \$ 110/month

3 or more children \$ 140/month

Daily Drop-In Rate

\$14.00/per day (per child)



ST. THOMAS MORE CATHOLIC SCHOOL

“EXCELLENCE IS AFFORDABLE”

4427 MOANA DR., SAN ANTONIO, TEXAS 78218

PHONE: (210) 655-2882 FAX: (210) 655-9603

WWW.ST-THOMAS-MORE-SCHOOL.ORG

Additional Information for 2016-2017

Tuition Payment Policy: Due on the 1st of each month. Unless arrangements are made with the School Office, a \$50.00 late fee is assessed after the 7th of each month. NSF Fee \$50.00

Payment Options:

All payment options will be through **FACTS Management Service**. Information will be provided at a later date.

Discounts:

Active Military- 5% off of tuition

Cash or Check payment of full year's tuition made by July 15th receives a 2 % discount.

Preschool Activity Fee: (PreK-3 and PreK-4 only) \$250 due the 1st of September.

8th Grade Graduation Fee: \$100.00 due the 1st of March of graduation year

Kinder Graduation Fee: \$ 50.00 due the 1st of March of graduation year.

Middle School Athletic Program (A.I.A.L-Archdiocesan Interscholastic Athletic League)-\$125 per Sport registering for. (*Fee may vary and is due at the time of registration for sport.)

Fundraising Obligations

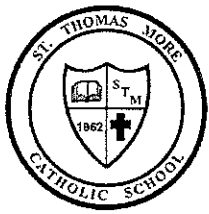
To help offset the \$1000-\$1300 automatic supplement St. Thomas More Parish and School is giving to each student, we ask our student families to help the school in our fundraising efforts.

Each family at St. Thomas More is required to participate in the Catholic Life Sweepstakes Raffle Ticket Sales and our Spring fundraiser (to be decided).

- Catholic Life Sweepstakes Raffle Ticket Sales—Each family will be responsible for selling **30 tickets** (\$150 worth).
- Must sell or purchase 2 tickets to the 5th Annual STM Gala to be held in the Spring of 2017. (\$50.00 worth)

Volunteer Service Hours

Each family is required to complete **20 service hours** total (10 each semester). St. Thomas More's PTC hosts numerous opportunities where service hours can be completed. A volunteer service hour form will be available for our families to keep track of their hours. All service hours must be verified with STM's Volunteer Coordinator. The total service hours must be completed by April 1, 2017. An invoice will be sent out around April 15, 2017 for any service hours not completed.



ST. THOMAS MORE CATHOLIC SCHOOL

“EXCELLENCE IS AFFORDABLE”

4427 MOANA DR., SAN ANTONIO, TEXAS 78218

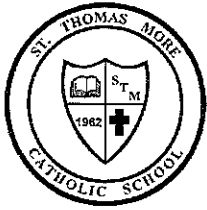
PHONE: (210) 655-2882 FAX: (210) 655-9603

WWW.ST-THOMAS-MORE-SCHOOL.ORG

ADMISSION REQUIREMENTS

- Pre K- 3, Pre K-4 and Kinder students must be of age by Sept. 1st.
- Birth Certificate & Baptismal Certificate (if Catholic)
- Social Security Number
- Immunization Record
(No student will be allowed to attend the first day of school unless all immunization requirements have been met. The school needs to be in full compliance with state laws.)
- Copy of current / previous year's report card and any standardized test results
- Acceptance is subject to previous school's verification in the following areas:
Grades, grade placement, conduct and standardized test scores. STM Principal determines acceptance.
- Uniform required Pre K 3 through 8th grade.

St. Thomas More Catholic School is accredited by the Texas Catholic Conference and admits students of any race, color, national origin, sex, disability, religion, or political belief.



ST. THOMAS MORE CATHOLIC SCHOOL

"EXCELLENCE IS AFFORDABLE"

4427 MOANA DR., SAN ANTONIO, TEXAS 78218

PHONE: (210) 655-2882 FAX: (210) 655-9603

WWW.ST-THOMAS-MORE-SCHOOL.ORG

Paid

Cash _____

CC _____

Check# _____

Date Received _____

2016 – 2017 Application for Registration

Documents Required at time of Registration

- Official State Birth Certificate
- Baptismal Certificate
- SS Card
- Legal Orders (if applicable)
- Medical Assessments, (if Applicable)
- Health Data Card
- Health Questionnaire
- Parent's / Legal Guardian's Copy of Drivers License
- Current Immunizations (must be reviewed by health coordinator prior to full enrollment)

Please Note: Registration is not complete and enrollment will not proceed until all sections of this application are filled out and copies of the documents listed above are on file and have been approved by the admissions office and/or health coordinator.

Section A: Student Information

Grade Entering: _____

Full Legal Name: _____

Date of Birth: _____ Male _____ Female SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Religion: _____

Primary language spoken in the home: _____ Second language: _____

Name of school transferring from: _____ Grade Completed: _____

School Address: _____ City: _____ ST. _____ Zip: _____

Section B: Sacramental Information:

Baptism: (please attach certificate) Church: _____ Date: _____

1st Eucharist: (please attach certificate) Church: _____ Date: _____

Would you like your child to prepare to receive the Sacraments? _____

Section C: Census Information

St. Thomas More Catholic School is open to all children, regardless of race, color, creed, or national origin.

Ethnicity: African American Anglo Asian Multi-racial Hispanic Native American Indian
 Native Hawaiian Other / Unknown

Number of children in family: _____ Boys: _____ Girls: _____ What sibling rank is this student: _____

Section C: Census Information continued

Public School district which student resides: ___ Northeast (910) ___ Judson (916) ___ Alamo Heights (900)
___ Fort Sam Houston (914) ___ Northside (915) ___ Harlandale (904) ___ San Antonio (907)
___ Comal (900) ___ Other _____

Public School student would attend: _____

Section D: Family Data

Father's / Guardian's Full Name: _____

Driver's License (Copy Required): State _____ Number: _____

Marital Status: ___ Single ___ Married ___ Remarried ___ Divorced ___ Separated ___ Widow / Widower

D.O.B. _____ SSN: _____ Cell Phone: _____

Home Address and Phone (if different from student): _____

Occupation: _____ Place of Business: _____

Work Phone: _____ Email: _____

Religion: _____ Church Attending: _____

Military Status (if applicable): ___ Active Duty ___ Retired ___ Veteran

Mother's / Guardian's Full Name: _____

Driver's License (Copy Required): State _____ Number: _____

Marital Status: ___ Single ___ Married ___ Remarried ___ Divorced ___ Separated ___ Widow / Widower

D.O.B. _____ SSN: _____ Cell Phone: _____

Home Address and Phone (if different from student): _____

Occupation: _____ Place of Business: _____

Work Phone: _____ Email: _____

Religion: _____ Church Attending: _____

Military Status (if applicable): ___ Active Duty ___ Retired ___ Veteran

Before student is accepted to St. Thomas More Catholic School, forms listed on page one (1) are to be reviewed by the Principal (for academic compliance) and the School Nurse (for immunization compliance). A meeting regarding previous school records and immunizations may be in order.

How did you hear about us: _____

Referring Family Name: _____

I wish to enroll my child at St. Thomas More Catholic School for the 2016 – 2017 school year.

Parent/ Guardian Signature: _____ Date: _____

**St. Thomas More Catholic School
Tuition Payment Contract 2016-2017**

Please return to School Office

Student: _____ Grade 2016-2017 _____
 Student: _____ Grade 2016-2017 _____
 Student: _____ Grade 2016-2017 _____
 Student: _____ Grade 2016-2017 _____
 Parent(s) Mother: _____ Mother's Work # _____
 Father: _____ Father's work # _____

Person(s) responsible for payment of tuition and fees:

_____ Work# _____
 _____ Work # _____

Description of Services:

One hundred and eighty (180) days of Catholic Education in accordance with the approved 2016-2017 School Calendar. Variations to the approved calendar, as specified by the Department of Catholic Schools (waivers/make-up days etc... for inclement weather), are considered part of the contract.

**Registration and General Fees
Due at the time of Registration and are Non-Refundable**

One Child \$325
(\$150 Registration Fee, \$125 Book Fee, \$20 Transportation Fee, \$30 PTC Dues)

Two Children \$570
(\$250 Registration Fee, \$250 Book Fee, \$40 Transportation Fee, \$30 PTC Dues)

Three Children \$815
(\$350 Registration Fee, \$375 Book Fee, \$60 Transportation Fee, \$30 PTC Dues)

Four Children \$1,060
(\$450 Registration Fee, \$500 Book Fee, \$80 Transportation Fee, \$30 PTC Dues)

Tuition Rates PreK3 – 8th Grade	Yearly	10 Month Rate Aug. – May	11 Month Rate July - May
1 child	\$ 4,100	\$ 410	\$ 373
2 children	\$ 7,790	\$ 779	\$ 708
3 children	\$ 9,815	\$ 982	\$ 892
4 th child	Free	Free	Free

Graduation Fee: 8th Grade - \$100.00 due March 1, 2017
 Kinder - \$ 50.00 due March 1, 2017

After School Care: Registration Fee: \$35.00 per family

Full time Rate (3:30 p.m. to 6:00 p.m.)

Part Time Rate (2 to 3 days a week)

1 child \$ 115/month
2 children \$ 175/month
3 or more children \$ 235/month

1 child \$ 70/month
2 children \$ 110/month
3 or more children \$ 140/month

Daily Drop-In Rate

\$14.00/per day (per child)

St. Thomas More Catholic School Families have the option of paying tuition annually, semiannually, or monthly in 10 or 11 equal payments. Monthly tuition is not pro-rated. If a student withdraws prior to completing the school year, a refund will be made for the remaining whole months.

No provision of the contract shall be modified except by a written instrument expressly referring to this contract and provision to be modified.

Tuition payments are due on the 1st of each month.

Tuition may be paid according to one of four plans:

All payment options will be through **FACTS Management Service**. Information will be provided at a later date.

Please check one.

Plan A: Annual Payment: Due July 2016 (2% discount)

Plan B: Semester Payments: **First Payment Due:** Aug. 2016 **Second Payment Due:** Jan. 2017

Plan C: 10 Equal Monthly Payments (Beginning in August)

Plan D: 11 Equal Monthly Payments (Beginning in July)

Unless specific payment arrangements have been made with the School Office, tuition paid after the 7th of the month will be assessed a \$50.00 late fee and a late notice will be sent to the family. Checks returned for insufficient funds will incur a \$50.00 processing fee.

Delinquent tuition is defined as tuition that is 45 days past due or tuition that is 30 days past due three times during a school year. These accounts will be reviewed by the School Council Finance Committee which may, at its option, recommend to the Principal the termination of the enrollment of the child (ren) at St. Thomas More Catholic School. If such action is taken, the Principal will give the family written notice of the decision. Terminated student must depart from St. Thomas More Catholic School within two (2) school days.

Test results, grades, and report cards will not be provided to a student's parent/guardian or to other schools, nor will students be allowed to graduate until accounts are paid in full. All fees and tuition must be current in order for a student to re-register. If prior to the first day of the new school term, a parent is transferred from the area, registration and general fees may, at the Principal's discretion, be refunded. Proof of transfer/move is required. Otherwise, all fees are nonrefundable.

Obligation of Parent or Guardians:

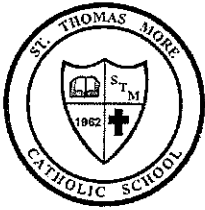
I agree to the following:

- a) I have read, understood, and now agree to the aforementioned terms and responsibilities;
- b) I agree and promise to make payments in accordance with the aforementioned payment schedule;
- c) In the event that I default in this contract, I agree to pay to St. Thomas More Catholic School all reasonable and necessary costs of collection incurred to collect monies for services provided by St. Thomas More Catholic School, including but not limited to: costs of any collection agent or agency; costs of Court; reasonable and necessary attorney's fees; prejudgment interest at the maximum rate allowed by law.

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

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

Note: Whenever in this contract the context requires, the singular shall include the plural and vice versa.
Whenever in this contract the context requires, the masculine shall include the feminine and vice versa.



ST. THOMAS MORE CATHOLIC SCHOOL

"EXCELLENCE IS AFFORDABLE"

4427 MOANA DR., SAN ANTONIO, TEXAS 78218

PHONE: (210) 655-2882 FAX: (210) 655-9603

WWW.ST-THOMAS-MORE-SCHOOL.ORG

Health Emergency Data Card

School Year 2016 – 2017

Grade: _____

Student's Name: _____

Home Address: _____
Last First Middle Name D.O.B. SS#

City: _____ State: _____ Zip: _____ Home Phone: _____

List additional numbers where you can be reached if you are not at home. _____

Mother / Guardian: _____

(Circle one)

Work Phone: _____ Cell Phone: _____ Other Phone: _____

Father / Guardian: _____

(Circle one)

Work Phone: _____ Cell Phone: _____ Other Phone: _____

List two neighbors or nearby relative who will assume temporary care of your child if you cannot be reached:

1) Name: _____ Relationship: _____ D.L.# _____

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

2) Name: _____ Relationship: _____ D.L.# _____

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

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.

Remarks: _____

Primary Physician: _____

Office Phone: _____ Other Phone: _____

Medications: _____

Allergies: _____

Other Conditions: _____

Additional Authorized Pick Up	Relationship to Student	Cell Phone	Drivers License# (mandatory)
----------------------------------	----------------------------	------------	---------------------------------

(If additional space is needed, please use back side.)

Signature of Parent or Guardian _____

Date _____

Parents,

Please list the people, (family and friends) who are allowed to pick up your child/children at school. Also fill in their phone numbers and the address where they will take your child/children, until you pick them up.

Mom's name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Dad' name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Home Phone: _____ Cell Phone: _____

HEALTH QUESTIONNAIRE

Pupil: _____ Grade: _____ Date of Birth: _____
Last Name First MI

Street Address: _____ City/State: _____ Zip: _____

Father's Name: _____ Phone: _____

Place of Employment: _____ Phone: _____

Mother's Name: _____ Phone: _____

Place of Employment: _____ Phone: _____

Physician: _____ Phone: _____

Hospital Preference: _____

Dentist: _____ Phone: _____

PHYSICAL HISTORY	YEAR
Accident-Serious	
Allergy* - Drug/Other	
Asthma*	
Blood Disorder	
Cardiac Disease/Problem	
Chicken Pox (date required)	
Congenital Deformity	
Diabetes	
Hearing Loss	
Hypertension	
Illness - Serious	
Scarlet Fever	
Neurological Disorder	
Otitis Media (Ear Infection)	
Rheumatic Fever	
Seizure Disorder (Epilepsy) **	
Surgery** - Serious	
TB Contact	
Urinary Problem	
Vision Loss	
Daily Medication	
INJURIES	
Head**	
Back**	
OTHER	
COMMENT(S):	

REQUIRED SCREENING

I understand the following screenings will be provided to my child as required: vision, hearing, scoliosis and Acanthosis Nigricans. The school will follow the required screening schedule.

Parent/Guardian Signature: _____ Date: _____

* Please indicate an "M" for moderate or an "S" for severe.

** Details needed, please use **COMMENTS** section