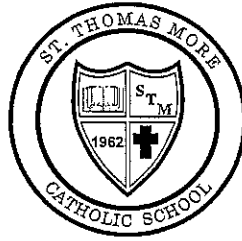


2016 – 2017

**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.

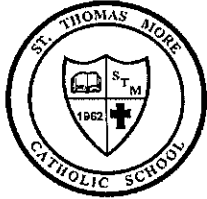
We look forward to welcoming you and your child into the St. Thomas More Catholic School community. Thank you again for considering our school and entrusting us with your child.

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

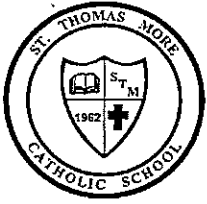
"EXCELLENCE IS AFFORDABLE"

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



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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)

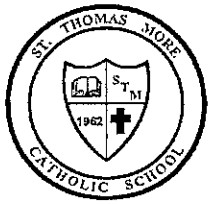
Three Children \$815

(\$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 - 8 th 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



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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)

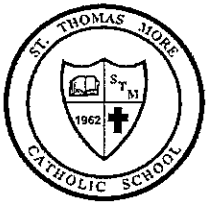
1 child \$ 70/month

2 children \$ 110/month

3 or more children \$ 140/month

Daily Drop-In Rate

\$14.00/per day (per child)



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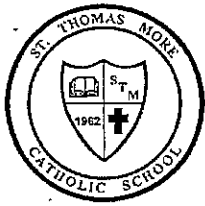
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ADMISSION REQUIREMENTS

- 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.



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Paid	_____
Cash	_____
CC	_____
Check#	_____
Date Received	_____

2016 – 2017 Application for Registration

Documents Required at time of Registration

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Official State Birth Certificate | <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> SS Card | <input type="checkbox"/> Legal Orders (if applicable) |
| <input type="checkbox"/> Medical Assessments, (if Applicable) | <input type="checkbox"/> Health Data Card | <input type="checkbox"/> Health Questionnaire | |
| <input type="checkbox"/> Parent's / Legal Guardian's Copy of Drivers License | | | |
| <input type="checkbox"/> 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: _____

**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**

<p>One Child \$325 <i>(\$150 Registration Fee, \$125 Book Fee, \$20 Transportation Fee, \$30 PTC Dues)</i></p> <p>Two Children \$570 <i>(\$250 Registration Fee, \$250 Book Fee, \$40 Transportation Fee, \$30 PTC Dues)</i></p> <p>Three Children \$815 <i>(\$350 Registration Fee, \$375 Book Fee, \$60 Transportation Fee, \$30 PTC Dues)</i></p> <p>Four Children \$1,060 <i>(\$450 Registration Fee, \$500 Book Fee, \$80 Transportation Fee, \$30 PTC Dues)</i></p>

Tuition Rates PreK3 – 8th Grade	Yearly	10 Month Rate Aug. – May	11 Month Rate July - May
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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

Obligation of Parent or Guardians:

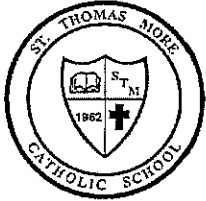
I agree to the following:

- 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 verse.



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Health Emergency Data Card

School Year 2016 – 2017

Grade: _____

Student's Name: _____

Last

First

Middle Name

Home Address: _____ 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)
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(If additional space is needed, please use back side.)

Signature of Parent or Guardian _____

Date _____

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