



Please Note: *The following items must be submitted at the time of your application.*

- ☐ Completed and signed Registration Card.
- ☐ Transcripts for students in 1st – 8th Grade.
- ☐ Standardized Testing results (FCAT/Iowa Testing, etc.).
- ☐ FACTS Tuition Management enrollment form.
- ☐ Signed Trinity Contract Agreement.
- ☐ If eligible for special services, submit copies of 504 Plan/IEP/Matrix and testing results.
- ☐ **\$100.00 Non-refundable** application fee made payable to “Trinity Catholic School”.
- ☐ Copy of birth certificate.
- ☐ Copy of baptismal certificate.
- ☐ Florida Immunization Certificate (HRS Form 680). *All students must submit proof of having had the immunizations as required by Florida State Law before being admitted to class.*
- ☐ Florida School Entry Health Exam (HRS Form 3040). *All students must submit proof before being admitted to class.*

PARISH PARTICIPATION VOUCHER:

- To receive the Participating Catholic Rate, please complete the Parish Verification Voucher and submit to your pastor. Your pastor will return it to us, for verification purposes.

ACCEPTANCE & NEW STUDENT SCREENING INFORMATION:

- Students applying should receive acceptance notification by March 10th, for those applying before or during February, 2016.
- 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 1st through 8th Grade will be conditionally placed for one marking period.
- New Kindergarten students will be screened using the *Getting Ready To Read! – Revised (GRTR-Revised)*. Our School Counselor will schedule the screening. The test typically takes 20 minutes to administer.
- New 1st-8th Grade students will be screened using the *Kaufman Test of Educational Achievement, Third Edition Brief Form (KTEA-3Brief)* prior to acceptance. Our School Counselor will schedule the screening. The test typically takes 45 minutes to 1 ½ hours to administer depending on the age of the child.

PLEASE REMEMBER:

- Pre-K3 students must be 3 years old by September 1st.
- Pre-K4 students must be 4 years old by September 1st.
- Kindergarten students must be 5 years old by September 1st.

TRINITY CATHOLIC SCHOOL REGISTRATION CARD 2016-2017

Date of Registration ____/____/____
Student Entering Grade _____

Date Student will begin classes ____/____/____

Registration Fee, Received \$ _____
Student # _____

STUDENT INFORMATION

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

_____/_____/_____
Social Security Number Birthdate Male / Female Gender _____ Place of Birth City / State / Country _____

Home Phone # _____ Permitted in Directory? Yes () No () Guardian email address _____ Permitted in Directory? Yes () No ()

Student Phone # _____ Permitted in Directory? Yes () No () Student email address _____ Permitted in Directory? Yes () No ()

Home Address _____ Permitted in Directory? Yes () No () 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 _____

Please respond to both the race and the ethnicity (Hispanic or not) question, so that we may accurately complete required reports.

Race (Check one) Is student Hispanic or Latino? Yes () No ()
____ American Indian / Native Alaskan ____ Asian ____ Black
____ Two or more races ____ Native Hawaiian / Pacific Islander ____ White

Primary language spoken at home:

____ English Only ____ Chinese ____ Italian ____ Korean ____ Spanish or Spanish Creole ____ Tagalog ____ Vietnamese
____ Other language: _____

Public School for your residence: _____

Prior School Attended: _____

Incoming Kindergarten students only.
Was your child a VPK student last year? Yes () No ()

Student's Religion: _____ If Catholic, Student's Parish: _____

Permission to publish student photo in brochures, on web site, or in the newspaper or similar publications? Yes () No ()

How did you hear about our school? _____ Parent Referral (if so, please let us know who, so that we can thank them: _____

____ Newspaper Advertisement ____ Billboard ____ Radio / Television Advertisement
____ Church Bulletin ____ Phone Book ____ Internet Search

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)		
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager #:		
Work Address		
Work Phone:		
Marital Status:		
Religion:	Alumni: Yes () No ()	Alumni: Yes () No ()

STUDENT SACRAMENTAL INFORMATION

If Catholic, please give the following information:

Baptism: Yes() No ()

Eucharist: Yes() No ()

Reconciliation: Yes() No ()

Confirmation: Yes() No ()

If your child has not received any of the sacraments (Baptism, Reconciliation, Eucharist by grade 3, Confirmation in high school), please contact your parish.

EMERGENCY/HEALTH INFORMATION AND CONSENT

In case of an **emergency** when parent or guardian cannot be reached, contact:

Emergency Contact #1	Name	Relationship
Home Phone #	Work Phone #	Cell Phone #
Emergency Contact #2	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 Pickup #1	Authorized Pickup #2	Authorized Pickup #3
Preferred Doctor	Phone #	Preferred Hospital
Preferred Dentist	Phone #	

I give my permission for my child to receive emergency medical treatment. Yes() No ()

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

List any medical considerations of which the school should be aware, 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 doctor.)

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 2016-2017. It is also my understanding that the policy of the school is to make no refunds on fees. If a child is withdrawn prior to the first day of classes, there will be no refund of two (2) months of tuition. I understand the policy that my child's attendance at your school may be terminated if tuition is two (2) months in arrears, unless a payment plan has been approved by the Administration. Prior to the beginning of the school year, if two or more months' tuition is not paid the student's registration is automatically terminated and the student's position is relinquished to another student. If a student withdraws from school once classes have begun, tuition up to and including the quarter in which the student withdraws is non-refundable. At any time during the school year, if a family is delinquent in tuition payments by more than one month, the student may not attend school until payments are made current. This includes taking semester exams. All payments for the 2016-2017 school year must be completed for a student to take final exams. I understand I am responsible for all tuition and fees incurred by my child up to the date of withdrawal.

I hereby agree that my child and guardian(s) shall abide by the policies, rules and regulations of your 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 I 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

Date

STEP-UP AND MCKAY SCHOLARSHIPS

Step Up For Students Scholarships are available for families that meet certain economic parameters defined by the State of Florida, and McKay Scholarships are available for qualifying students with special needs. For more information on the SUFS Scholarships, as well as McKay Scholarships, please contact the School Finance Office.

GRANDPARENT INFORMATION (HIGH SCHOOL ONLY)

Paternal Grandparents	Maternal Grandparents
Address	Address
City/State/Zip	City/State/Zip
CHS Alumni?: Yes() No () Year:	CHS Alumni?: Yes() No () Year:

FINANCE INFORMATION

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

VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Pastor Verification: Yes() No () Date:	Immunization Record (up to date?): Yes() No () Date:
Baptism Certificate (If Catholic - Elementary School Only): Yes() No () Date:	
Physical Examination by FL Physician/Clinic (For all Elementary Students & High School Athletes: Yes() No () Date:	
Birth Certificate (must be original birth certificate w/ seal or certified copy): Yes() No () Date:	



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-K3 through 7th 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-K3/Pre-K4 and Kindergarten. The Sibling policy has to be exercised within one year of eligibility for grades 1st – 8th. 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 1st* and *March 1st* 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 30th*, who applied prior to *June 1st* 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 1st* 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 10th**.

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.



SCHOOL HOURS

Pre-K3 and Pre-K4 8:00 a.m. – 2:45 p.m. (*Optional ½ day; may drop off at 7:40 a.m.*)
Kindergarten 8:00 a.m. – 2:45 p.m. (*May drop off at 7:40 a.m.*)
1st - 8th Grade 8:00 a.m. – 3:00 p.m. (*Students not picked up by 3:30 p.m. will be sent to BTB*)
Pledge and Prayer on the Blacktop at 7:40 a.m. Late bell rings at 8:00 a.m.

PLAYGROUND SUPERVISION

1st - 8th Grade 7:15 a.m. – 7:40 a.m. and 2:45 p.m. – 3:00 p.m.

OFFICE HOURS

School Days 7:15 a.m. – 3:45 p.m. (*Monday through Friday*)
Summer 9:00 a.m. – 1:00 p.m. (*Monday through Thursday*)

AFTER SCHOOL CARE

Beyond the Bell (BTB) 2:45 p.m. – 6:00 p.m.
*There is a \$50.00 Registration Fee due per student. Monthly and drop-in fees will be charged to your FACTS Tuition Management Account. **Please register by August 1st.***

DRESS CODE

- ◆ Uniforms are **optional** in Pre-K3 and Pre-K4. Students should wear comfortable play clothes. Closed toe shoes only (no sandals, crocs, flip flops or cowboy boots).
- ◆ Uniforms are required in K – 8th Grade.
- ◆ School Uniforms must be purchased at:
 - ◆ **G. Willies Uniforms** (www.gwilliesuniforms.com), (850) 878-0204, 1407 Mahan Drive
 - ◆ **Risse Brothers** (www.rissebrothers.com)
- ◆ Kindergarten Uniforms, P.E. Uniforms for Middle School, Spirit Shop items (spirit t-shirts, fleece jackets, hoodies, etc.) must be purchased at:
 - ◆ **Full Press Apparel** (www.fullpressapparel.com), (850) 222-1003, 645 W. Gaines Street. **Please purchase online through the Home & School Spirit Shop link on the Trinity website.**

LITURGY

- ◆ Students in Kindergarten – 5th Grade attend Mass on Thursdays.
- ◆ Middle School students attend Mass on Wednesdays.
- ◆ Students in 1st – 8th Grades attend Mass on Holy Days and special occasions throughout the year.

SOCIAL MEDIA

Stay **up to date** with all of Trinity Catholic School's news:

- ◆ Check out our website at www.trinityknights.org
- ◆ Facebook @Trinity Catholic School
- ◆ Twitter @TCSKnights
- ◆ Instagram @trinitycatholicschool



APPLICATION FEE (Non-refundable application fee required with application)	\$100.00
ADMISSION FEE (Non-refundable admission fee is due upon acceptance)	\$125.00
RE-REGISTRATION FEE	
<i>Early</i> Re-Registration fee for <u>current students</u> from 1/25/16- 2/13/16	\$100.00
<i>Late</i> Re-Registration fee for <u>current students</u> after 2/13/16	\$125.00
BOOK/RESOURCE FEE PRE-K3 & PRE-K4	\$150.00
BOOK/RESOURCE FEE GRADES K-8	\$200.00
GRADUATION FEE (8 th Grade Only)	\$200.00
FACTS TUITION MANAGEMENT FEE (Annual 1 time only fee per Family)	\$ 36.00
ATHLETIC FEE (Middle School Only) \$100 per sport/per student	\$100.00
TECHNOLOGY FEE FOR KINDERGARTEN – 7 TH GRADE	\$ 60.00
TECHNOLOGY FEE FOR 8 TH GRADE	\$150.00
VOLUNTEER HOURS	\$300.00

Volunteer hours and Volunteer Hour Reporting Form **MUST BE** completed and turned in by 3/1/2017. Volunteer hours not completed will be billed in April 2017.

TUITION*

(*Tuition and fees are subject to change)

Tuition is paid in 10 monthly installments from July - April. Book/Resource/Technology fees are payable in July, Graduation fees are due in November. Tuition is due on your choice of the 1st, 5th, 10th or 15th of each month through your FACTS account.

Pre-K3 to 8 th Grade	Annual Tuition And Monthly Rate	Participating Catholic Annual Tuition and Monthly Rate
1 Child	\$7,400.00 year / \$740.00 month	\$4,900.00 /\$490.00
2 Children	\$13,940.00 year / \$1,394.00 month	\$8,650.00/\$865.00
3 Children	\$20,500.00 year / \$2,050.00 month	\$12,400.00/\$1,240.00
4 Children	\$27,000.00 year / \$2,700.00 month	\$16,100.00/\$1,610.00
5 Children	\$27,800.00 year / \$2,780.00 month	\$19,800.00/\$1,980.00
PK3 ½ Day Rate	\$5,550.00 year / \$555.00 month	\$4,214.00/\$421.40

*(1/2 day students in Pre-K3 do not qualify for sibling discounts)

TUITION REFUND POLICY

- ◆ There will be no refunds on fees. If a child is withdrawn prior to the first day of classes, there will be no refund of two (2) months of tuition. If a student withdraws from school once classes have begun, tuition up to and including the quarter in which the student withdraws is non-refundable.
- ◆ If a student withdraws from school once classes have begun, tuition up to and including the quarter in which the student withdraws is non-refundable.

If Student Is Withdrawn During The Following Quarter:	Amount of Tuition Non-Refundable:
1 st Quarter	¼ of the tuition
2 nd Quarter	½ of the tuition
3rd Quarter	¾ of the tuition
4 th Quarter	100% of the tuition

- ◆ I understand the policy that my child's attendance at Trinity Catholic School may be terminated if tuition is two (2) months in arrears, unless a payment plan has been approved by Administration. If a family is delinquent in tuition, the student may not attend school until tuition is made current. This includes taking semester exams. All payments for the year must be completed for a student to take final exams.



I/WE UNDERSTAND

- ◆ Per student book/resource and technology fees are due in **July**. Graduation fees are due in **November**.

Grade	Book/Resource Fee	Technology Fee	Graduation Fee
Pre-K3 and Pre-K4	\$150.00	N/A	N/A
Kindergarten - 7 th	\$200.00	\$60.00	N/A
8 th	\$200.00	\$150.00	\$200.00

- ◆ Tuition is paid in 10 monthly installments from July – April. Tuition is due on your choice of the 1st, 5th, 10th or 15th of each month through your FACTS account.
- ◆ 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 \$12.00 per hour for the difference up to 25 hours. Volunteer hours and the Volunteer Hour Reporting Form **Must Be** completed and turned in by March 1st, 2017. Volunteer hours not completed will be billed in April 2017.
- ◆ That new families who are relocating to the Tallahassee area must submit a Parish Participation 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 Parish Participation 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, I will be required to pay the TUITION RATE stated below.**
- ◆ That the monthly tuition rates for Pre-K3 through 8th Grade are (**tuition and fees are subject to change*):

Pre-K3 to 8 th Grade	Annual Tuition And Monthly Rate	Participating Catholic Annual Tuition and Monthly Rate
1 Child	\$7,400.00 year / \$740.00 month	\$4,900.00 /\$490.00
2 Children	\$13,940.00 year / \$1,394.00 month	\$8,650.00/\$865.00
3 Children	\$20,500.00 year / \$2,050.00 month	\$12,400.00/\$1,240.00
4 Children	\$27,000.00 year / \$2,700.00 month	\$16,100.00/\$1,610.00
5 Children	\$27,800.00 year / \$2,780.00 month	\$19,800.00/\$1,980.00
PK3 ½ Day Rate	\$5,550.00 year / \$555.00 month	\$4,214.00/\$421.40

**(1/2 day students in Pre-K3 do not qualify for sibling discounts)*

- ◆ There will be no refunds on fees. If a child is withdrawn prior to the first day of classes, there will be no refund of two (2) months of tuition. If a student withdraws from school once classes have begun, tuition up to and including the quarter in which the student withdraws is non-refundable.
- ◆ I understand the policy that my child's attendance at Trinity Catholic School may be terminated if tuition is two (2) months in arrears, unless a payment plan has been approved by Administration. If a family is delinquent in tuition, the student may not attend school until tuition is made current. This includes taking semester exams. All payments for the year must be completed for a student to take final exams.

I have read this Contract Agreement for the 2016-2017 School Year and hereby agree to its terms.

Signed _____

Date _____

Print family last name here _____



TRINITY
CATHOLIC
SCHOOL

PARISH PARTICIPATION VOUCHER

2016-2017

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:

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

BEYOND THE BELL PROGRAM
REGISTRATION FORM
2016-2017

Beyond the Bell is an after-school program designed to meet your child's needs for afternoon activities and afford you the peace of mind knowing that your child is safe and having fun with his or her school friends with Beyond-the-Bell counselors right on the Trinity Catholic School campus.

Beyond the Bell begins when your child's school day ends and provides care until 6:00 PM. Of course, you may pick up your child/children any time during those hours- whatever is convenient for you! A snack is served to your child first thing each day when they are dismissed from school and report to Beyond the Bell. Afternoon activities include outdoor games and fun, and then the children are taken into age-appropriate classrooms for enrichment and/or homework activities- all under the caring supervision of Beyond the Bell counselors.

If you are interested in registering your child for the 2016-2017 school year, please complete the following registration form (one per student, PLEASE) and attach the \$50 per student registration fee. You may enroll your child in the program on a monthly basis or on a drop-in basis. Monthly students may choose between billing plan A and billing plan B. There is a \$25 fee charged for each time a child is switched from one fee/payment basis to another.

Registration Fee \$50.00 Per Student (Pay With This Form)		Monthly & Drop In Fees Will Be Billed Through FACTS		
TOTAL PRICE		PLAN A (10 months July-April)		PLAN B (9 months September-May)
One Child - \$1,550		\$155.00		\$172.22
Two Children - \$2,200		\$220.00		\$244.44
Three Children - \$2,450		\$245.00		\$272.22
Four Children - \$2,750		\$275.00		\$305.55
Daily Drop In Rates	1 child - \$12	2 children - \$17	3 children - \$22	4 children - \$27

Emergency Drop In: \$20 per child per day. After three times, your child will be enrolled with Beyond the Bell and you will be charged the \$50 registration fee.

There is a \$25 fee charged for each time a child is switched from one fee basis to another. There is a \$5/minute charge for every minute a child remains beyond the 6:00 P.M. pick-up time.

CHILD'S NAME: _____

(2016-2017) GRADE: _____ MALE: _____ FEMALE: _____

KNOWN ALLERGIES/MEDICAL CONDITIONS: _____

PARENTS' NAMES: _____

Mother's Home Number: _____

Father's Home Number: _____

Mother's Work Number: _____

Father's Work Number: _____

Mother's Cellular Number: _____

Father's Cellular Number: _____

I would like to register my child on a: Monthly Basis: _____ Drop-in Basis: _____

I would prefer to be billed using: Monthly Billing Plan A: _____ Monthly Billing Plan B: _____

I understand that there will be an administrative fee of \$25 each time I change my child's fee basis and a \$5 a minute charge for every minute a child remains beyond the 6:00 p.m. pick-up time:

Parent's Signature _____

OFFICE USE ONLY:

Paid: _____ Date: _____

Check #: _____

Entered: (Initials/date)

BTB: _____

SmartTuition: _____