



## 2019-2020 K-8 Registration Checklist

- \_\_\_\_\_ Acknowledgement of Active Parishioner Status Form
- \_\_\_\_\_ Student Registration Form
- \_\_\_\_\_ 2019-2020 Billing Agreement Form
- \_\_\_\_\_ \$175 Non-Refundable Registration Fee (**per family**)
- \_\_\_\_\_ \$35 Technology Fee per Student
- \_\_\_\_\_ Tuition Payment Plan Form
- \_\_\_\_\_ Student's Birth Certificate (electronic or hard copy)
- \_\_\_\_\_ Catholic Baptismal Certificate (electronic or hard copy)
- \_\_\_\_\_ Non-Catholic Agreement Form (ONLY if Non-Catholic)
- \_\_\_\_\_ New Student Medical Record Form (Due August 5)
- \_\_\_\_\_ Release of School Records Form (ONLY if transferring from another school)
- \_\_\_\_\_ Proof of Residency (Cincinnati Public School Residents Only)

If you have any questions concerning the registration process or required forms, please contact

Jill Buchmann at 624-3141 or [jbuchmann@gaschool.org](mailto:jbuchmann@gaschool.org).



**Active Parishioner Status**

Guardian Angels School fosters the development of the whole child in a value-enriched Catholic environment. Part of the contributions made through the parish's Sunday and holyday offertory are used to support the school, which is one of our parish's largest ministries. Tuition alone does not cover the cost to educate a child at Guardian Angels School, which is about \$6,458 per student each year. However, the funds the school receives from the parish contributions allow us to offer a discounted tuition rate to active parishioners (the in-parish tuition rate).

As described in our Student Handbook, to qualify for the in-parish rate, a family must be registered as parishioners and attend Mass regularly at Guardian Angels Parish, shall financially support the parish through regular, verifiable contributions, in accord with their means, through the use of Sunday collection envelopes, EFT donations, or cash/checks in the Sunday collection, AND participate in other parish activities; this includes volunteering for parish organizations and/or events.

I confirm that my family is active at Guardian Angels Parish, as described above, and qualifies for the in-parish tuition rate.

\*Families must be active parishioners for six months prior to receiving the in-parish rate.

We are not active parishioners at Guardian Angels Parish, therefore qualify for the out-of-parish tuition rate.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (Printed)

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade



**2019-2020 New Student Registration**

Date Rec _____
New Fam _____
Payment: _____
<b>For Office Use</b>

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Goes by: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Child resides with: \_\_\_\_\_  **Custody papers provided if divorced**

Sacraments Received:	Date	Church	City/State
Baptism	____/____/____	_____	_____
First Communion	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

Race:  American Indian     Asian     Black     Hispanic     Multi-Racial  
 Native Hawaiian     Pacific Islander     White

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Registering for Grade (please circle):      K      1      2      3      4      5      6      7      8

\*\*Student is currently being served through:    IEP/ISP \_\_\_\_\_ Accommodation Plan/504 \_\_\_\_\_  
Other Intervention Services \_\_\_\_\_ Gifted Services \_\_\_\_\_

School District of Residence:

\_\_\_\_ Forest Hills    \_\_\_\_ Cincinnati\*    \_\_\_\_ Milford    \_\_\_\_ West Clermont    \_\_\_\_ New Richmond    \_\_\_\_ Other

**\*Families living in the Cincinnati Public School District need to provide proof of residency to the GA School Office. This proof must have name, date, and address but cannot be a driver's license. (ex. Utility bill) ELECTRONIC OR HARD COPY**

Public School Of Residence: \_\_\_\_\_ (ex. Maddux, Wilson, Mt. Washington, etc)

Previous School (Name & Address): \_\_\_\_\_



**New Student Registration Continued**

**PRIMARY CONTACT**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Goes by: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address & Home Phone (if different than student's): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ US Citizen:  Yes  No  
 Marital Status:  Married  Remarried  Separated  Divorced  Deceased  
 Religion: \_\_\_\_\_ Graduate of GA:  Yes  No Yr: \_\_\_\_\_

**SECONDARY CONTACT**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Goes by: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address & Home Phone (if different than student's): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ US Citizen:  Yes  No  
 Marital Status:  Married  Remarried  Separated  Divorced  Deceased  
 Religion: \_\_\_\_\_ Graduate of GA:  Yes  No Yr: \_\_\_\_\_

**EMERGENCY MEDICAL CONTACTS**

List additional contacts in case Primary and Secondary contacts previously listed cannot be reached:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**SIBLINGS**

<p>List siblings registered at Guardian Angels:</p> <p>Name: _____ Grade: _____</p> <p>Name: _____ Grade: _____</p> <p>Name: _____ Grade: _____</p> <p>Name: _____ Grade: _____</p>	<p>List siblings not attending Guardian Angels:</p> <p>Name: _____ Age: _____</p> <p>Name: _____ Age: _____</p> <p>Name: _____ Age: _____</p> <p>Name: _____ Age: _____</p>
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2019 – 2020 Registration Fee & Tuition Schedule

**\$175 Registration Fee and \$35 Technology Fee must accompany registration form.**

Registration fee is per family; technology fee is per student.  
Both are paid separately from tuition.

**Single Child Cost**

<u>Grade Level</u>	<u>Active Parishioners</u>	<u>Out-of-Parish</u>
Grades K-8	\$4,584	\$5,334

**Multiple Child Cost**

Does not apply to preschool

<u>Number of Children</u>	<u>Active Parishioners</u>	<u>Out-of-Parish</u>
2	\$9,068	\$10,568
3	\$12,702	\$14,952
4	\$15,136	\$18,136
5	\$15,755	\$19,505



**2019-2020 Billing Agreement Form**

**\$175 Registration Fee and \$35 Technology Fee must accompany this form.**

<b>Student Name:</b>	<b>Grade: 2019-2020</b>	
1.		
2.		
3.		
4.		
5.		
<b>Legal Guardian(s):</b>		
<b>Address:</b>		
<b>Email:</b>		
<b>Home Phone:</b>	<b>Work:</b>	<b>Cell:</b>
<b>Total Number of Children Enrolling:</b>		<b>Total Tuition Due:</b>

To complete the registration, NEW families must enroll in FACTS and select a payment plan. FACTS can be accessed on the GA website under Links. CURRENT families do not need to re-enroll in FACTS and their payment plans will roll over for the 2019-2020 school year. If CURRENT families would like to make changes to their payment plans, please call the Business Office at 624-2200.

APPLYING FOR FINANCIAL AID (CIRCLE ONE)      **YES**      **NO**

Financial Aid applications must be received by April 26, 2019. The process is completed through FACTS. **(NO TUITION ASSISTANCE FOR PRESCHOOL)**

**PAYMENTS ENCLOSED -**

- \_\_\_\_\_ Non-Refundable Registration Fee- \$175.00 (Per Family)
- \_\_\_\_\_ Technology Fee- \$35 (Per Student)
- \_\_\_\_\_ TOTAL ENCLOSED

Parent/Guardian Name: \_\_\_\_\_ (please print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2019-2020 Tuition Payment Plan Form

**ALL TUITION IS PAID THROUGH FACTS MANAGEMENT COMPANY — NO EXCEPTIONS.**

Guardian Angels School families have four options to pay 2019-2020 tuition.

Please circle one of the following:

- PLAN A** — One full payment.  
Must be paid by **June 20, 2019**.
- PLAN B** — Two Payments.  
1/2 paid by **June 20, 2019** and 1/2 paid by **August 20, 2019**.  
A fee of \$20 is charged for this plan.
- PLAN C** — Six Payments.  
Six equal monthly payments from **June 20 - November 20, 2019**.  
A fee of \$60 is charged for this plan.
- PLAN D** — Ten payments.  
Ten equal monthly payments from **June 20, 2019 - March 20, 2020**.  
A fee of \$100 is charged for this plan.

All payments must be current to avoid a late fee of \$10 per month.

FACTS can be accessed from the Guardian Angels School website. All NEW GA families must register in FACTS. Payment may be made by check, automatic withdrawal, or credit card (a 2.5% convenience charge may be applied).

**New families who have not registered in FACTS by June 20, 2019 will automatically be placed in PLAN D.**

I agree that I am legally bound to make full payments, less any tuition assistance, for each of my children attending Guardian Angels School using the payment plan selected.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Financial Assistance Information

### Apply through FACTS

Guardian Angels active parishioners may be eligible for tuition assistance.

**ACTIVE PARISHIONERS:** defined as: registered in the parish, attends Mass regularly, financially supports the parish, and participates in volunteer activity.

**SCHOOL REGISTRATION:** Families must have completed the registration form and paid the registration and technology fees for the 2019-2020 school year.

**AMOUNT OF ASSISTANCE:** depends on the availability of funds.

**DEMONSTRATED FINANCIAL NEED:** Families must apply with FACTS. Your child will need to be registered before applying for aid. Just log into your existing account and choose financial aid.

**APPLICATION DEADLINE:** April 26, 2019

**TUITION ASSISTANCE DECISION DATE:** May 24, 2019

**NO TUITION ASSISTANCE FOR PRESCHOOL.**

**KINDERGARTEN COUNTS TOWARDS MULTI-CHILD DISCOUNT, PRESCHOOL DOES NOT.**

**FINANCIAL ASSISTANCE INFORMATION IS STRICTLY CONFIDENTIAL.**





## Non-Catholic Agreement Form

We, the undersigned, seek admission to Guardian Angels School for our child,

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We acknowledge the following:

1. That the Faith Church Affiliation of our child is fully determined by the church in which he/she is baptized.
2. That he/she will be required to participate in all Catholic religious education that is part of the curriculum in the school and attend liturgical services during school hours.
3. That we know that such instruction does not entitle the child to participate in Catholic sacraments, such as Communion, Reconciliation (Confession), and Confirmation.
4. That it is our responsibility to explain to our child why the sacraments will not be received with the other members of the class.

Parent/Guardian \_\_\_\_\_

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



## Kindergarten Medical Form

Form must be returned to school office by August 5th.

Child's Name: \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In Case Of Emergency:** Preferred Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

This section is to be completed by physician and/or other appropriate medical personnel.

### Immunization Dates

DTaP or DPT \_\_\_\_\_ MMR \_\_\_\_\_

Polio \_\_\_\_\_ HEPB \_\_\_\_\_ VARICELLA \_\_\_\_\_

HepA \_\_\_\_\_ OTHER \_\_\_\_\_

Tb Test: (required for all students from outside the U.S. within 90 days) Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_

Visual Activity R \_\_\_\_\_ L \_\_\_\_\_ Muscle Balance Far \_\_\_\_\_ Near \_\_\_\_\_

Hearing Activity R 1000 Hz at 20 Db \_\_\_\_\_ L 1000 Hz at 20 Db \_\_\_\_\_

2000 Hz at 20 Db \_\_\_\_\_ 2000 Hz at 20 Db \_\_\_\_\_

4000 Hz at 20 Db \_\_\_\_\_ 4000 Hz at 20 Db \_\_\_\_\_

Speech: \_\_\_\_\_ Normal \_\_\_\_\_ Delayed Communications: \_\_\_\_\_ Normal \_\_\_\_\_ Delayed

If delayed, please explain \_\_\_\_\_

Do you feel there may be a need for further screening for developmental disorders? \_\_\_No \_\_\_Yes (if yes, explain)

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions/Diseases: \_\_\_\_\_

Is child able to participate in all regular physical activity? \_\_\_Yes \_\_\_No Restrictions: \_\_\_\_\_

Based upon his/her medical history and physical condition at the time of this examination, this child is free from communicable disease and is in suitable condition for enrollment in school.

Physician's Name: (print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**New Student Medical Form (Grades 1-8)**

**Form must be returned to school office by August 5th.**

Child's Name: \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In Case Of Emergency:** Preferred Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

This section is to be completed by physician and/or other appropriate medical personnel.

**Physical Examination Date:** \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Is child able to participate in all regular physical activities? Yes \_\_\_ No \_\_\_ Restrictions \_\_\_\_\_

**Immunization Dates**

DTaP or DPT \_\_\_\_\_ Tdap (GR7) \_\_\_\_\_ MMR \_\_\_\_\_

Polio \_\_\_\_\_ HEPB \_\_\_\_\_ VARICELLA \_\_\_\_\_

HepA \_\_\_\_\_ Meningococcal (GR 7) \_\_\_\_\_ OTHER \_\_\_\_\_

Tb Test: (required for all students from outside the U.S. within 90 days) Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions/Diseases: \_\_\_\_\_

Physician's Name: (print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Release of School Records Form

The students listed below have enrolled at Guardian Angels School for the 2019-2020 school year.

<u>Student</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### **Authorization To Release Students' School Records (Including Medical)**

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Name of Principal and/or Counselor

I hereby authorize you to release my child(ren)'s school records (including medical records) to Guardian Angels School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Consent to Release**

During the 19-20 school year, an image or video of your child may be used in a number of media platforms to help communicate information about Guardian Angels School and/or promote our school in the community. This includes the school website, social media pages, and media releases. We do not list last names, with the exception of media releases which often require us to include that information. If you do not want to be included in any photos or videos released through these platforms, please contact the school office.

## **Email Sharing Within GA Organizations**

Your email address will be shared with other Guardian Angels organizations; this includes classroom coordinators, athletic boosters, youth ministry, PTA, music boosters, and 8<sup>th</sup> grade fundraising team (8<sup>th</sup> grade parents only). These organizations may need to contact you at some point throughout the school year. Your family's contact information will also be included in the PTA directory. If you do not want to be included in any/all of the pieces above, please contact the school office.