



Dear Parents,

I welcome you and your family to Guardian Angels School. We will continue, reinforce and enhance the education you have begun as the first teachers of your children.

Guardian Angels School is a dynamic place to provide a formal education for your children. It has been an integral part of the parish and the Mt. Washington/Anderson community since 1895. A blend of traditional curricula, teaching methods, and current educational theories and practices drives the academic excellence the students enjoy. This combination of change and tradition has guided the development and growth of our school for more than 110 years. Catholic teachings and values permeate the educational environment, and religious education fosters knowledge of God and Church.

In partnership with the students' parents, the goal of Guardian Angels' administration and teaching staff is to establish an educational environment in which students are able to maximize their spiritual, academic, social and physical potentials. Teachers employ instructional methods and techniques that are consistent with the learning modalities of each student. These efforts cause our children to be challenged to academic success; thus, learning becomes an enjoyable experience and establishes a cycle of academic achievement. We do not give credence to the "one size fits all" way of teaching. Students are accepted with their attributes and deficiencies as instruction is differentiated to accommodate their learning styles.

I look forward to our relationship as we work together to provide an excellent educational experience for your child.

Sincerely,

A handwritten signature in black ink, appearing to read "William R. Kenney".

William R. Kenney
Principal



NEW Student Registration

HR# _____
Date Rec. _____
New Family: _____
For Office Use

STUDENT INFORMATION

Registering for Grade: _____
Kindergarten Full Half Day
School Year: _____

Please fill in BOTH sides completely

Student's Legal Name
 First Name: _____ Middle: _____ Last Name: _____
 Goes by: _____ Gender: M ___ F ___ Religion: _____
 Date of birth: ____/____/____ City/ST of birth: _____
 Student's Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: (____) _____
Child resides with: _____ Custody papers provided if required
School District Forest Hills _____ Cincinnati _____ Batavia _____
of Residence: West Clermont _____ New Richmond _____ Other _____
Public School of Residence (i.e. Maddux, Wilson, Mt. Washington etc) _____
Previous School (Name & Address) _____
 U.S Citizen: Yes ___ No ___

Sacraments Received:	DATE	CHURCH	CITY/STATE
Baptism	____/____/____	_____	_____
First Communion	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

GA PARISHIONER: Yes ___ No ___
Race: American Indian Asian Black Hispanic Multi-racial
 Native Hawaiian Pacific Islander White

FATHER

Father's 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: _____@_____
 Marital Status: Married Remarried Separated Divorced Deceased US Citizen: Yes No
 City/ST of birth: _____ Religion: _____ Graduate of GA: Yes No Yr: _____
ADDITIONAL COMMENTS: _____

New Student Registration (cont'd)

MOTHER

Mother's 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: _____@_____

Marital Status: Married Remarried Separated Divorced Deceased US Citizen: Yes No

City/ST of birth: _____ Religion: _____ Graduate of GA: Yes No Yr: _____

ADDITIONAL COMMENTS: _____

EMERGENCY MEDICAL CONTACTS

List additional contacts in case the Mother and Father 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

List siblings registered at Guardian Angels:

Name: _____ Gr. _____ Name: _____ Gr. _____

Name: _____ Gr. _____ Name: _____ Gr. _____

List siblings graduated from Guardian Angels:

Name: _____ Yr. _____ Name: _____ Yr. _____

Name: _____ Yr. _____ Name: _____ Yr. _____

REGISTRATION FORMS REQUIRED FOR PROCESSING & PLACEMENT

- New Student Registration Form
- Student's birth certificate (in accordance with sec. 3313-72 of the Ohio Revised Code)
- Baptismal Certificate or Non-Catholic Agreement for Admissions Form
- 2010-11 Billing Agreement Form
- Release of Records Form
- Non-refundable registration fee - \$150.00 check made payable to Guardian Angels School
- Medical Record Form for appropriate grade (Due by July 30th)



TUITION PAYMENT POLICY
2010-2011

<u>GRADE</u>	<u>ACTIVE PARISHIONER</u>	<u>OUT OF PARISH</u>
1-8	\$ 3757.00	\$ 5477.00
½ Day Kindergarten	\$ 3334.00	\$ 3995.00
Full Day Kindergarten	\$ 4090.00	\$ 5662.00

PAYMENT PLANS:

- **Plan A:** Total tuition payment is due in full on or before **June 4, 2010**.
- **Plan B:** Half of the total tuition payment is due on or before **June 4, 2010**, with the remainder due on or before **November 5, 2010**. A payment fee of \$60.00 will be added to the total tuition amount.
- **Plan C:** Half of the total tuition payment is due on or before **June 4, 2010**, with the remainder due in six equal installments beginning on **July 2, 2010** thru **December 31, 2010**. A payment fee of \$90.00 will be added to the total tuition amount.

Payment may be made in the following ways:

- **Cash**
- ***Check:** Made out to Guardian Angels School
- ***ACH (automatic bank draft):** Please fill out ACH section on the Billing Agreement Form.
- **Credit Card:** Corresponding credit card fees will be added to your balance.

**A \$25.00 fee will be added to your balance for any "insufficient funds" that may occur.*

REGISTRATION FEE: THIS IS A NON-REFUNDABLE FEE.

This fee of \$150.00 per family is due on or before **February 19, 2009** and must be included with the billing form and completed Registration and/or Re-enrollment packet you return to Guardian Angels. Please pay any PTA and booster fees at this time.

EXCLUSION OF STUDENT FOR UNPAID ACCOUNT:

- Registration for the 2010-2011 school year will not be accepted if there is an outstanding tuition balance.
- No child will be admitted to the school on the first day of either semester if accounts are not up to date.
- Unless arrangements have been made with the Tuition Office, first payment or payment in full is due on or before **June 4, 2010**. If this does not occur a \$100.00 late fee will be assessed to the account.
- Registration or re-enrollment will not be accepted without the \$150.00 registration payment.

MULTIPLE STUDENT DISCOUNT:

Active parishioners with three children enrolled at GA receive a \$50.00 per child discount. Active parishioners with four children enrolled at GA receive a \$150.00 per child discount.

TUITION AID:

Families who are registered, active parishioners may apply for tuition aid. The Private School Aid Service and a confidential committee provide tuition aid on the basis of need as determined. **Tuition aid is not available for Kindergarten tuition.** A link to the online PSAS application is available on the GA web site. Forms are also available through the school office. **All tuition aid information is held in the strictest of confidence.**

ACTIVE PARISHIONER POLICY:

- Active Membership is determined by four things:
 1. Faithful attendance at Mass at Guardian Angels on Sundays and holy days.
 2. Being registered as a parishioner at Guardian Angels
 3. Volunteer activity in the parish
 4. Use of the envelope system or electronic fund transfer for financial support of the parish

Questions: Please contact Julie Rigling, Business Office @624-3143 Ext. 146 or jrigling@gaparish.org

GUARDIAN ANGELS SCHOOL
2010-2011 Billing Agreement Form
RETURN THIS FORM WITH REGISTRATION PAYMENT

Student Name	Grade:2010-2011	Tuition Amount
1.		
2.		
3.		
4.		
5.		
Legal Guardian(s):		
Address:		
Email:		
Home Phone:	Work:	Cell:
Party Responsible for Payment:		
Email:		
Home Phone:	Work:	Cell:

PAYMENT PLANS:

- Plan A
- Plan B
- Plan C
- Applying for financial Aid

PAYMENT METHODS:

CASH / CHECK / ACH / CREDIT CARD
 (Visa, MC, Discover NO AMX) **Credit card transactions are ONLY done by phone 624-3148. Includes 2.4% to the total charged**

ACH TRANSACTIONS

Fill out for ACH transactions: I hereby authorize Guardian Angels to initiate electronic withdraws from my Checking Account or Savings Account from the Financial Institution named below on the 15th ____ or 30th ____ of the specified month (s), depending on which payment plan is chosen.

Financial Institution Name: _____ City, State _____

Routing/Transit Number: _____

Account Number: _____ ___ Checking ___ Savings

This authority is to remain in full force and effect until Guardian Angels has received from me written notification of its termination in such time and in such manner as to afford Guardian Angels and Financial Institution a reasonable opportunity to act on it

SIGNATURE: _____

Please attach a sample voided check to verify accuracy of routing/transit and account numbers.

BOOSTER DUES:

PTA Dues: \$25.00 **Music Booster Dues:** \$25.00 **Athletic Booster Dues:** \$30.00

*Dues may be included in the registration payment only. If payment is made after registration. Checks must be made out individually to each corresponding PSO.

PAYMENTS ENCLOSED - CHECK ALL THAT APPLY: DUE FEBRUARY 19, 2010

<input type="checkbox"/> Non-Refundable Registration Fee - \$150.00
<input type="checkbox"/> PTA <input type="checkbox"/> Athletic Booster Dues <input type="checkbox"/> Music Booster Dues
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Credit Card
<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Applying for Financial Aid
TOTAL ENCLOSED : \$



KINDERGARTEN MEDICAL RECORD FORM

Form must be returned by July 30th to the school office

This section completed by Parent/Guardian:

Child's Name: _____ Female Male Date of Birth: ___/___/___
Address: _____
City: _____ ST: _____ Zip: _____
In case of emergency: Preferred Hospital: _____
Dentist: _____ Phone #: (____) _____

This section completed by Physician and/or other appropriate medical personnel:

Immunizations Dates

DTaP or DPT _____ POLIO _____
MMR _____ HEPB _____ VARICELLA _____
HIB _____ OTHER _____

TB Test: (Required for all students from outside the U.S. within 90 days) Date: _____ Type: _____ Result: _____

Visual Acuity R _____ L _____ Muscle Balance Far _____ Near _____

Hearing Acuity R 1000 Hz at 20 Db _____
2000 Hz at 20 Db _____
4000 Hz at 20 Db _____
L 1000 Hz at 20 Db _____
2000 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, please explain)

Allergies: _____

Medication: _____

Medical conditions/diseases: _____

Is child able to participate in all regular physical and athletic activities? 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: (Please print) _____ **Phone #** (____) _____

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

Physicians Signature: _____ **Date:** _____



NEW STUDENT MEDICAL RECORD FORM (Grades 1 – 8)

Form must be returned by July 30th^t to the school office

This section to be completed by Parent/Guardian:

Child's Name: _____ Female Male Date of Birth: ___/___/___
Address: _____ Grade: _____
City: _____ ST: _____ Zip: _____
In case of emergency: Preferred Hospital: _____
Dentist: _____ Phone #: (____) _____

This section to be completed by a 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 and athletic activities? Yes No
Restrictions: _____

Immunizations Dates

DTaP or DPT _____ GR 7: Tdap/Td _____
POLIO _____
MMR _____ HEPB _____ VARICELLA _____
HIB _____
OTHER _____

TB Test: (Required for all students from outside the U.S. within 90 days) Date: _____ Type: _____ Result: _____

Allergies: _____
Medication: _____
Medical conditions/diseases: _____

Physician's Name: (Please print) _____ **Phone #** (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____



RELEASE OF SCHOOL RECORDS FORM

The students listed below have enrolled at Guardian Angels School for the 2010-2011 school year.

STUDENT	GRADE (2010-2011)
_____	_____
_____	_____
_____	_____

Please send all confidential educational, psychological, and medical records relative to the above named students to Guardian Angels School.

AUTHORIZATION TO RELEASE STUDENTS' SCHOOL RECORDS

Name of Previous School

Address (Street Address, City, State, Zip Code)

Name of Principal and/or Counselor

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

Parent/Guardian Signature

Date



NON-CATHOLIC AGREEMENT FOR ADMISSION

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

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 of the school and attend liturgical services during school hours.
3. That we know that such instruction does not entitle the child to participation in Catholic sacraments, including 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: _____