



2018-2019 K-8 Registration Checklist

- _____ Student Registration Form
- _____ 2018-2019 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 3)
- _____ 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.



2018-2019 New Student Registration

Date Rec _____
New Fam _____
Payment: _____
For Office Use

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**

U.S. Citizen: Yes _____ No _____

GA Active Parishioner: Yes _____ No _____ (Please review criteria to be considered active parishioner.)

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

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

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

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

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: _____

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:	List siblings not attending Guardian Angels:
Name: _____ Grade: _____	Name: _____ Age: _____
Name: _____ Grade: _____	Name: _____ Age: _____
Name: _____ Grade: _____	Name: _____ Age: _____
Name: _____ Grade: _____	Name: _____ Age: _____



2018 – 2019 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	\$4,450	\$6,328

Multiple Child Cost

Does not apply to preschool

<u>Number of Children</u>	<u>Active Parishioners</u>	<u>Out-of-Parish</u>
2	\$8,800	\$12,556
3	\$12,300	\$17,934
4	\$14,600	\$22,112
5	\$15,085	\$24,475



2018-2019 Billing Agreement Form

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

Student Name:		Grade: 2018-2019	
1.			
2.			
3.			
4.			
5.			
Legal Guardian(s):			
Address:			
Email:			
Home Phone:	Work:	Cell:	
*Are you an Active Parishioner of Guardian Angels Parish:		Yes	No
Please enter your church envelope number:			
Total Number of Children Enrolling:		Total Tuition Due:	

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 2018-2019 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 27, 2018. The process is completed through FACTS. **(NO TUITION ASSISTANCE FOR PRESCHOOL OR KINDERGARTEN)**

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: _____

**An active parishioner is registered, attends Mass regularly, financially supports the parish, and participates in voluntary activity.*



2018-2019 Tuition Payment Plan Form

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

Guardian Angels School families have four options to pay 2018-2019 tuition.

Please circle one of the following:

- PLAN A** — One full payment.
Must be paid by **June 20, 2018**.
- PLAN B** — Two Payments.
1/2 paid by **June 20, 2018** and 1/2 paid by **August 20, 2018**.
A fee of \$20 is charged for this plan.
- PLAN C** — Seven Payments.
1/2 paid by **June 20, 2018** and 1/2 paid in six equal monthly payments from **July 20 - December 20, 2018**.
A fee of \$60 is charged for this plan.
- PLAN D** — Ten payments.
Ten equal monthly payments from **June 20, 2018 - March 20, 2019**.
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, 2018 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 2018-2019 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 27, 2018

TUITION ASSISTANCE DECISION DATE: May 27, 2018

NO TUITION ASSISTANCE FOR PRESCHOOL OR KINDERGARTEN.

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,

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: _____



New Student Medical Form (Grades 1-8)

Form must be returned to school office by August 3rd.

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 2018-2019 school year.

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

Authorization To Release Students' School Records

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 to Guardian Angels School.

Parent/Guardian Signature

Date

Consent to Release

During the 18-19 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. Opting out, would remove you from all of the platforms mentioned above.

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 8th grade fundraising team (8th 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. Opting out, would remove you from email lists from all organizations mentioned above.