

# SCS Tuition and Fees 2019-2020

## Non-Refundable Fees

Registration Fee \$500.00 per student

## Tuition

Tuition rate includes fees for enrichment, technology, guidance, academic and capital improvements.

PreK3 - 7<sup>th</sup> Grade \$11,700.00 per student

8<sup>th</sup> Grade \$12,000.00 per student

Multi-child discount as follows:

- Two children enrolled in St. Coleman School \$2,500.00 per student
- Three children enrolled in St. Coleman School \$3,750.00 per student
- Four children enrolled in St. Coleman School \$4,625.00 per student

Active parishioners of the Church who participate in the faith life of the parish by giving fully of their time, talent, and treasure and by regularly attending Sunday Mass and Holy Days of Obligation are eligible for a discretionary tuition reduction.

## FINANCIAL AID & SCHOLARSHIPS

A family experiencing financial hardship should apply for *STEP UP for Students Scholarship* ([www.stepupforstudents.org](http://www.stepupforstudents.org)), *AAA Scholarship* ([www.aaascholarships.org](http://www.aaascholarships.org)), AND complete the *FACTS Grant and Aid Assessment Application* (<https://factsmgt.com>). This assessment will be considered by the St. Coleman Financial Committee. All forms and supporting documentation must be submitted as soon as possible to be considered for possible financial aid. Late and/or incomplete applications will not be taken into consideration.

For questions regarding tuition and fees, please contact Mrs. Mary Perkins in our Business Office at 954.941.4844 or [mperkins@stcoleman.org](mailto:mperkins@stcoleman.org)

# Application for Enrollment

Siblings Currently  
Attending  
Saint Coleman School

Yes  No

## Saint Coleman Catholic School

2250 Southeast 12th Street  
Pompano Beach, Florida 33062  
Office: (954) 942-3500 Fax: (954) 785-0603

Entering  
Grade

All information below refers to the family address at which the student resides.

Student's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School Last Attended: \_\_\_\_\_ City, State: \_\_\_\_\_

Does your child have an IEP?  Yes  No

**Race (optional):**  
 American Indian / Native Alaskan  
 Black / African American  
 Native Hawaii / Pacific Islander  
 Asian  
 White  
 Two or More Races

**Ethnicity (optional):**  
 Hispanic / Latino  
 Non-Hispanic / Latino

Religion: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Envelope#: \_\_\_\_\_ City, State: \_\_\_\_\_

Baptized:  Yes  No Date of Baptism: Month \_\_\_\_\_ Year: \_\_\_\_\_

Name of Church for Baptism: \_\_\_\_\_ City, State: \_\_\_\_\_

Communion  Yes  No Date of Communion: Month \_\_\_\_\_ Year: \_\_\_\_\_

Name of Church for Communion: \_\_\_\_\_ City, State: \_\_\_\_\_

### Primary Contact / Email for FACTS Account (tuition billing):

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

Email for FACTS Account: \_\_\_\_\_

**SIBLING INFORMATION:** (please print)

No Siblings Currently Attend St. Coleman School: \_\_\_\_\_

OR

Name and Grade of Sibling(s) Currently Attending St. Coleman School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**MOTHER'S INFORMATION:** (please print)

Mother's Name (First and Last) \_\_\_\_\_

Mother's Cell# \_\_\_\_\_

Mother's Work# \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

**FATHER'S INFORMATION:** (please print)

Father's Name (First and Last) \_\_\_\_\_

Father's Cell# \_\_\_\_\_

Father's Work# \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

**Student lives with:**

Both Parents: \_\_\_\_

Mother: \_\_\_\_ Father: \_\_\_\_

Other: \_\_\_\_

**If student does NOT reside with both parents, please fill out additional contact information:** Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

**OFFICE USE ONLY**

Application Fee: **\$100.00** Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration Fee: **\$500.00** Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_