

# Admission Process

The school will begin accepting applications for the 2024-2025 school year for students in PreK-3 through 8th grade beginning January 8, 2024, and ongoing.

## PAPERWORK REQUIRED FOR APPLICATION SCHOOL YEAR 2024-2025

Grades PreK-3 through 8:

- Copy of Birth Certificate
- Copy of Baptismal Certificate (required if child has been Baptized)
- Copy of First Communion Certificate (required if child has received First Communion)
- Health and Immunization (Original Forms 680 and 3040 - Vaccines must be up-to-date before the first day of school; this is a State Mandate.)
- Copy of Student's Social Security Card
- Copy of Report Card Grades in all subject areas from the past two years to present grade (or appropriate marking period)
- Copy of Standardized Test Scores from past two years to present
- Application Fee: Non-refundable \$100.00 (Per Student)

Placement testing will be scheduled individually. Information and testing times will be given when a complete application has been submitted.

**Please note:** Child must be 3 years of age on or before September 1, 2024, for PreK-3; 4 years of age on or before September 1, 2024, for PreK-4; and 5 years of age on or before September 1, 2024, for Kindergarten. Child must be toilet-trained prior to starting school.

**Applications will not be accepted without complete paperwork.**

For questions regarding admission please contact Susan Jaen,  
Director of Admissions, at (954) 942-3500 or [admissions@stcoleman.org](mailto:admissions@stcoleman.org)

# SCS Tuition and Fees 2024-2025

## Non-Refundable Fees

Registration Fee	\$600.00 per student
Technology & Security Fee	\$500.00 per student
iPad Insurance & Case	\$100.00 per student

## Tuition

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

PreK3 – 7 <sup>th</sup> Grade	\$10,500.00 per student
8 <sup>th</sup> Grade	\$10,800.00 per student
Multi-child Discount	\$1,000.00 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**

All families are encouraged to apply for the *STEP UP for Students Scholarship* ([www.stepupforstudents.org](http://www.stepupforstudents.org)) and complete a *FACTS Grant and Aid Assessment Application* (<https://factsmgt.com>). All forms and supporting documentation must be submitted to be considered for potential financial aid. Late and/or incomplete applications will not be taken into consideration for the upcoming school year.

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  
St. Coleman School

Yes  No

## St. Coleman Catholic School

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

Entering Grade:

T-shirt Size:

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

Does your child have a scholarship?  Yes  No

If yes, what scholarship do they currently have? \_\_\_\_\_

**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: \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**OFFICE USE ONLY**

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

Registration Fee: **\$600.00** Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ Parent Language \_\_\_\_\_ Student Language \_\_\_\_\_  
Month Day Year

Date Entered U.S. School : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ethnic (Check all that apply) Race: White  Black  Asian   
Month Day Year Hispanic \_\_\_\_\_ (Y/N) American Indian  Native Pacific Islander

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is a language other than English used in the home?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did the student have a first language other than English?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student most frequently speak a language other than English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

School \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_  
Apellido Nombre Inicial

Fecha de Nacimiento \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grado \_\_\_\_\_ Lengua Paterna \_\_\_\_\_ Idioma del Estudiante \_\_\_\_\_  
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Origen Etnico (Marque todo lo pertinente) Raza: Blanco  Negro   
Mes Día Año Hispano \_\_\_\_\_ (S/N) Asiático  Indígena de los EEUU  Orfundo de las Islas del Pacífico

Si responde "SI" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- |  |                             |                             |
|--|-----------------------------|-----------------------------|
| 1. ¿Usan en su casa algún otro idioma que no sea el Inglés?              | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés?            | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |

Escuela \_\_\_\_\_ Fecha \_\_\_\_\_ Firma del Padre/Madre \_\_\_\_\_

## SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La \_\_\_\_\_

Non Elèv la \_\_\_\_\_  
Non fanmi Non

Dat Fèt li \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Klas \_\_\_\_\_ Lang paran Yo \_\_\_\_\_ Lang Elèv La \_\_\_\_\_  
Mwa Jou Ane

Dat ou Antre U.S. Lekòl: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Etnisite (Tcheke tout sa ki aplike) Ras: Blan  Nwa  Azyatik   
Mwa Jou Ane Espayòl \_\_\_\_\_ (W/N) Amriken Endyen  Natif Il Pasifik

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li?      | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 2. Eske elèv la te genyen yon premye lang anvan Anglè? | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |
| 3. Eske elèv la abitye pale yon lang ki pa Anglè?      | Wi <input type="checkbox"/> | Non <input type="checkbox"/> |

Lekòl \_\_\_\_\_ Dat \_\_\_\_\_ Siyati Paran \_\_\_\_\_