

January 2012

Dear Parents,

Enclosed is all you'll need to register with Cathedral Parish School, a Blue Ribbon School of Excellence and home to Catholic education in St. Augustine since 1916. We continue to provide a high quality education, with a curriculum that exceeds the Florida Sunshine State standards, draws from the National Standards, and is strengthened by our Catholic values and social teachings.

This is a place that believes firmly in the tenets of its mission: "We, the Catholic Community of Cathedral Parish School, will be examples of Christian teachings, will serve others as Jesus would, will achieve academic excellence, and put Christ first in ALL we do." I invite each of you to go to our website, [www.thecathedralparishschool.org](http://www.thecathedralparishschool.org) and learn more about our beliefs in the About Us section.

A few things to note in the packet: you will find our tuition rates on the back of this letter, detailed information on our registration and finance policies, as well as forms to review, sign, and return to us. These documents will also be available on our website. If you have any questions, please call our main office at 824-2861 or email our staff at [cforgie@cpschool.org](mailto:cforgie@cpschool.org)

Together, in Christ, we can do great things for our kids.

Sincerely,

Todd M. DeClemente  
Principal

Father Thomas S. Willis  
Pastor of the Cathedral Parish

Judy Tibbits  
School Board President

Cathedral Parish School is planting the seeds of Faith, Character, and Knowledge

# Cathedral Parish School

## Registration and Tuition

2012-2013

Returning families: The registration fee is \$150.00 per student during the returning registration period, which ends on January 27, 2012. Beginning on January 30, 2012 the registration for returning families will be \$250.00 per student.

New families: New families need to submit a \$150.00 registration fee per student and 1/10 of the tuition payment.

### Tuition:

Number of Children	Active parishioner Rate	Catholic Rate
1	\$4577	\$5177
2	\$7767	\$8967
3	\$9503	\$11303
4	\$10339	\$12739

Non Catholic                      \$6996 per student

**Cathedral Parish School**  
**2007 National Blue Ribbon School**

## Profile

Name of School:	Cathedral Parish School		
Principal:	Mr. Todd DeClemente		
Pastors Multi-Parish School:	Rev. Tom Willis, Cathedral Parish Church Rev. D. Terrence Morgan, St. Anastasia Church Rev. John Gillespie, San Sebastian Church Rev. Tim Lindenfelser, St. Ambrose Rev. Ignatius Plathanam, St. Monica Church Rev. William C. Mooney, Corpus Christi Church Rev. Guy Noonan, Our Lady of Good Counsel		
Location:	259 St. George Street Saint Augustine, Florida 32084		
Telephone:	(904) 824-2861		
Fax:	(904) 829-2059		
Website:	<a href="http://www.thecathedralparishschool.org">www.thecathedralparishschool.org</a>		
School Dedicated:	1916		
Grades Serviced:	Kindergarten through eighth grade		
School hours:	8:00 AM to 2:50 PM Drop off between 7:30 AM and 7:45 AM		
Number of Students:	276 in 2011-2012 school year		
Average Class Size:	20		
School Mascot:	The Saints		
School Colors:	Blue and Gold		
Sports/Extra Curricular	Basketball (boys & girls) Cheerleading Soccer (co-ed) Volleyball Softball (boys & girls)	Baton Mini-Movers Dance Angels Math Tutoring NJHS	Respect Life Club Zoo Crew Video Yearbook Choir
Scholarships Accepted:	McKay Scholarship Florida, <a href="http://www.floridaschoolchoice.org">www.floridaschoolchoice.org</a> Step up for student (need based) <a href="http://www.stepupforstudents.org">www.stepupforstudents.org</a>		
Accreditation Agency:	Florida Catholic Conference: Reaccredited in October 2006 National Council for Private School Accreditation		
Membership In:	National Catholic Education Association (NCEA) Florida Catholic Conference (FCC)		
Mission Statement:	We, the Catholic Community of Cathedral Parish School, will be examples of Christian teachings, will serve others as Jesus would, will achieve academic excellence, and put Christ first in ALL we do.		

## **NEW STUDENT REGISTRATION INFORMATION 2012-2013**

**Kindergarten Registration will begin on January 10, 2012. Open Registration, for grades 1-8, will begin on January 31, 2012. Students must meet the academic and behavior criteria for admission to be accepted. Students seeking admission to Kindergarten must be five by September 1, 2012.**

**Please return your registration fee and 1/10 tuition check payable to Cathedral Parish School with your registration form. Fees will be returned to families only if students are not accepted.**

In order for your child's registration to be processed, the following documents must accompany the registration form:

- Completed application for admission
- Birth Certificate: Original- a copy will be made in the office and the original returned.
- If baptized Catholic, a copy of your child's baptism certificate and First Communion certificate if child has made First Communion.
- Copy of student's last two years of standardized test score or FCATS for students entering grades 2-8
- Copy of student's last two years report card and current year to date report card
- Copy of any educational or psychological test results, as applicable
- A student recommendation form will be sent to previous school of any transfer student
- Registration fee- \$150.00 per student and 1/10 tuition fee
- Catholic families, who qualify for Catholic subsidy from their Parish, must have their Active Parishioner Discount Form signed by their Parish priest.

Students who meet the acceptance criteria are accepted for admission regardless of race, sex, color, or country of national origin.

If your child is accepted at Cathedral Parish School, the following documents will be required before student may start school.

- Original State of Florida 680 Immunization Certificate (blue card)
- Current Physical form HRS #3040
- Documentation of legal custody or guardianship, if applicable

If it is the intention of the parent's to fulfill the required volunteer hours by working with students, a background check and fingerprint check is required and processed through the Diocesan Office of Education. There is a processing fee. In addition, volunteering parents are required to attend, "Protecting God's Children" class which is offered at various Diocesan locations. Contact the school office for the location of classes.

**NOTE: APPLICATIONS WILL NOT BE ACCEPTED WITHOUT REQUIRED REGISTRATION FEE, 1/10 TUITION PAYMENT.**

# Cathedral Parish School Registration

Please PRINT or TYPE all information. All information must be completed and signed.

2012-2013

NOTE: APPLICATION WILL NOT BE ACCEPTED WITHOUT REQUIRED REGISTRATION FEE, SIGNED ACTIVE PARISHIONER DISCOUNT FORM (IF APPLICABLE), AND 1/10 TUITION FOR NEW FAMILIES

## Student Information

Grade entering: \_\_\_\_\_ Age as of September 1<sup>st</sup>: \_\_\_\_\_ Previous Completed Grade \_\_\_\_\_

Student's Complete Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Previous School \_\_\_\_\_ Did child attend VPK? \_\_\_\_\_ (Kindergarten only)

Previous School Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Place of Birth City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Origin: (Please Circle) American Indian/ Native Alaskan Asian Black Hispanic  
Native Hawaiian/ Pacific Islander White Multi Racial

Child's Right to remain permanently in the US: (Circle One)

US CITIZEN REFUGEE REGISTERED ALIEN OTHER

Child Lives with: \_\_\_\_\_ Mother and Father \_\_\_\_\_ Mother only \_\_\_\_\_ Father only  
\_\_\_\_\_ Mother and Stepfather \_\_\_\_\_ Father and Stepmother Other \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ \*Email: \_\_\_\_\_

\* E-mail required. Indicate "No" if you do not have e-mail

**Information to be published in student directory: (please circle yes or no)**

1) Home Phone Number and Address: Yes/No

2) Cell Phone: Mother: Yes/No Father: Yes/No

3) Email Address: Mother: Yes/No Father: Yes/No

\_\_\_\_\_ I do not wish to have my information published in the school directory

Religion: \_\_\_\_\_ If Catholic, please indicate Sacraments this child has received and date received.

Baptism: Yes/No Date: \_\_\_\_\_ First Communion: Yes/No Date: \_\_\_\_\_ Confirmation: Yes/No Date: \_\_\_\_\_

\*\*\* Please provide copy of Certificate for each Sacrament made\*\*\*

## Parent/Guardian Information

**Name(s) of Parent/Guardian with whom student resides:**

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custodial: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_ Business Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Cathedral Parish School Graduate: \_\_\_\_\_ If Yes, Yr. graduated: \_\_\_\_\_

Parish Attending: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

**Name(s) of Parent/Guardian with whom student resides:**

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custodial: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_ Business Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Cathedral Parish School Graduate: \_\_\_\_\_ If Yes, Yr. graduated: \_\_\_\_\_

Parish Attending: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

### Complete only if Parents are Divorced

Does parent with whom student resides have sole or shared responsibility? \_\_\_\_\_ Sole \_\_\_\_\_ Joint

If shared parental responsibility, please complete the following:

Name of non-residential parent: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

\*\*\* Attach Documentation of Legal Custody or Guardianship to Application\*\*\*

How will your child/ren be transported to and from Cathedral Parish School?  
Parent \_\_\_\_\_ St. Monica Bus \_\_\_\_\_ Walker \_\_\_\_\_ Car Pool \_\_\_\_\_ Bike \_\_\_\_\_ Other \_\_\_\_\_

Is student currently taking medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_

Any other medical information that you feel the school should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_

Has the student had educational or psychological testing: Yes \* \_\_\_\_\_ No \_\_\_\_\_  
**\*If yes, a copy of the test results must be submitted with application.**

Does the student have any learning difficulties or physical disabilities, which would limit him or her from participating in a full life of the school? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain.

How did you hear about Cathedral Parish School? Please Check  
 Referred by CPS family (Name): \_\_\_\_\_ (Phone) \_\_\_\_\_  
 St Augustine Record  School Website  Internet Search  North Fl. Ed. Guide  Other \_\_\_\_\_

### CONDITIONS AND TERMS OF AGREEMENT

We, the undersigned, agree to comply with all current policies, rules, and regulations of Cathedral Parish School and any amendments or changes made to said policies, rules, and regulations at Cathedral Parish School's sole discretion. We attest that all information is complete, factually correct, and honestly presented. Deletion or misrepresentation of information could be cause for immediate dismissal.

It is understood and agreed that:

**Non-Refundable Fees:** Registration fees and 1/10 Tuition for new families whose student(s) have been accepted to Cathedral Parish School are non-refundable. Tuition may be paid in full by August 1<sup>st</sup>, 2012, or be paid monthly through FACTS Tuition Management. No monthly payments will be made through the school office. Monthly payments may be calculated on a **ten, eleven, or twelve-month** basis, to begin in July, and will be direct debited monthly. Payments made in full, paid directly to Cathedral Parish School, by check or cash, by June 30, 2012 will receive a 2% reduction. Credit card payments are not eligible to receive 2% discount. Book rentals, fees, etc. will be paid in full directly to Cathedral Parish School, at final registration in June. Book rentals, fees, etc. are non-refundable. If a student withdraws during the school year, tuition and after school care will be payable for a full month.

Students that meet the acceptance criteria are accepted for admission to the school regardless of race, sex, color, religion, or country of national rights.

Mother/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Father/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: APPLICATIONS WILL NOT BE ACCEPTED WITHOUT REQUIRED REGISTRATION FEE; ACTIVE PARISHIONER DISCOUNT FORM FOR CATHOLIC FAMILIES; 1/10 TUITION FOR NEW FAMILIES AND ALL NECESSARY DOCUMENTS.**

*All information provided by the family for this student will be protected by school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared **only** with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary.*

**CATHEDRAL PARISH SCHOOL**  
**“UNDERSTOOD & AGREED”**  
**2012-2013**

1. All Registration fees are non-refundable. Completed registration packets and a registration fee of \$150.00 per returning student are due by January 27<sup>th</sup>, 2012. Registration fees for returning students received after January 27<sup>th</sup> 2012 will be \$250.00 and will become part of open registration.
2. Book fees and classroom/activity fees are separate fees, payable in May. After June 30, 2012, these fees will not be refunded as the monies have been allocated for the year. Students officially withdrawn from Cathedral Parish School **before** June 30, 2012 will be refunded 50% of the classroom fee *only*. Any books added to FACTS will be collected in full upon early withdrawal.
3. Upon acceptance, the application constitutes a contract for the enrollment of the child named for the **full school year**. If the child is withdrawn during the school year, tuition will be payable for a full month. **Tuition that has been paid in full will not be refunded.**
4. **Tuition:**  
Tuition is to be paid in accordance with one of the following options:
  - a. Payment in full, with cash or check only, on or before June 30, 2012, will be given a 2% discount. (Visa/MC not eligible for discount) Tuition paid in full is non-refundable.
  - b. Monthly payments are made only through FACTS program with automatic monthly debit from a checking or savings account. Tuition payments may be set up on a **10, 11, or 12-month** deduction basis. Tuition is considered delinquent if two monthly payments are missed. Families, who have not paid tuition in accordance with the school’s tuition policy and have not contacted the school to make payment arrangements, will be notified of non-admittance of their child to the school. New families may create their account from the link found on our website at [www.thecathedralparishschool.org](http://www.thecathedralparishschool.org).

**Please check to indicate tuition payment preference below:**

- Single Payment payable on or before June 30, 2012
- New FACTS Management Payment Plan: 10, 11, or 12 monthly payments deducted by FACTS. ***Parent must set up their account at FACTS online.*** Link may be found on our website.
- I am currently using FACTS: No information is changing.
- I am currently using FACTS: I will be changing my information online.\*

\*FACTS will be renewing in April, if you are making any changes, please do so before then.

**Thank you for considering a donation to the CPS Scholarship Fund.**

I wish to make a donation to the CPS Scholarship Fund. Please add the following amount to my tuition rate. \_\_\_\_\_

5. Eighth grade graduation fees will be due before the student may participate in the graduation ceremonies of his/her class. This is payable at the beginning of May 2013.

***Please complete both sides→***

6. The principal or the school board reserve the right to terminate this contract at any time by waiver of the remaining tuition due, if such action is determined by them to be in the best interest of the child or school.
  
7. Catholic Tuition rates are based on the following criteria: A Catholic Baptismal Certificate and a signed 2012-2013 Active Parishioner Discount Form from your supporting parish are needed to qualify for the Active Parishioner rate. **All criteria must be met.** (See Active Parishioner Discount Form.) It is the **Parent's responsibility** to fulfill the requirements for this category. Unless all documents supporting the status for this tuition have been received by the school office **with** the registration form, the Catholic tuition rate will be charged. Pastors reserve the right to withhold from CPS, the \$600 (per student) assistance from families with a signed form who do not contribute or attend mass on a regular basis. Should this occur the families financial status will be changed and parents will be held responsible for the \$600.00 (per student) financial support from their parish to CPS, for the current school year. The following year, families whose Active Parishioner Discount forms are not reinstated will be charged the Catholic tuition rate.
  
8. Cathedral Parish School Board, with the sanction of the affiliated Parish priests, mandates each family is to contribute a MINIMUM of twenty-five (25) hours of mandatory support to Cathedral Parish School and sell/buy a minimum of \$45.00 in raffle tickets. A MINIMUM of five (5) hours must be donated to our CPS Festival Fundraiser. The proceeds directly benefit Cathedral Parish School. Volunteering with students requires a criminal background and fingerprints check and completion of "Protecting God's Children" class. These are done through the Diocesan Office of Educational Services. There is a processing fee for the background check.

**Please select, sign and date option A. or B. for meeting the Mandatory Support Hours for the 2012-2013 school year.**

- A. I plan to fulfill a minimum of twenty-five (25) support hours for the 2012-2013 school year, including a minimum of five (5) hours donated at the CPS Festival Weekend, and buy/sell a minimum of \$45.00 in raffle tickets.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- B. I agree to pay a fundraising fee of \$1,045.00 in lieu of the twenty-five support hours for the 2012-2013 school year. This fee is due upon registration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**We have read the above listed policies of the school and agree to comply with all current policies and any amendments or changes made to these policies at Cathedral Parish School's sole discretion. We attest that all information is complete, factually correct and honestly presented. Deletion or misrepresentation of information is cause for immediate dismissal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print family name: \_\_\_\_\_

*All information provided by the family for this student will be protected by school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared **only** with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary.*

# EMERGENCY INFORMATION RECORD

LAST NAME		FIRST NAME	
PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS		CITY	STATE ZIP CODE
ALTERNATE HOME ADDRESS		PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE OR PAGER	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE OR PAGER
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:		Cell: _____	
Name: _____ Address: _____		Home: _____	
Name: _____ Address: _____		Cell: _____	
Name: _____ Address: _____		Home: _____	
STUDENT'S PHYSICIAN - NAME AND ADDRESS		PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS		PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE			
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)			
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> RECURRING ILLNESS	
<b>PARENT:</b> USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.	
Parent Signature: _____		Date: _____	

Form #142 NATIONAL SCHOOL FORMS 1 (800) 431-1201

# EMERGENCY INFORMATION RECORD

LAST NAME		FIRST NAME	
PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS		CITY	STATE ZIP CODE
ALTERNATE HOME ADDRESS		PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE OR PAGER	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE OR PAGER
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:		Cell: _____	
Name: _____ Address: _____		Home: _____	
Name: _____ Address: _____		Cell: _____	
Name: _____ Address: _____		Home: _____	
STUDENT'S PHYSICIAN - NAME AND ADDRESS		PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS		PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE			
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)			
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> RECURRING ILLNESS	
<b>PARENT:</b> USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.	
Parent Signature: _____		Date: _____	

Form #142 NATIONAL SCHOOL FORMS 1 (800) 431-1201