SAINT ANDREW CATHOLIC SCHOOL 2025-2026 School Year

Registration Information

REGISTRATION FEE for returning students - due with application.	\$ 350 .00
APPLICATION AND TESTING FEE for each new student - due with application.	\$ 500 .00
Fees per student:	
Technology fee / Repair & replacement	\$ 300 .00
Books and resources fee	\$ 200.00
Standardized Testing fee	\$ 100.00
Safety & Security fee	\$ 200.00
Activities fee	\$ 100.00
Fees listed above are non-refundable	
TUITION:	
Kindergarten - grade 7	\$ 9,100.00
Grade 8 (includes graduation fees)	\$ 10,200.00

TUITION PAYMENTS: are due monthly starting August through May. Information to set up automatic payments through SMART TUITION will be sent via email following registration. A breakdown will be sent home after financial aid and/or discounts have been applied.

<u>SERVICE HOURS:</u> As you register your children for the 2025-26 School Year, we remind you of your commitment to volunteer at least **twenty (20) family service hours during** the school year. **Eight (8) of these hours are to be served at the Family Carnival**. Please be sure to sign in your service hours at the school.

FINANCIAL AID: Parents are encouraged to apply for STEP UP FOR STUDENTS, Florida Tax Credit Scholarship (FTC), Family Empowerment Scholarship for Educational Options (FES-EO) and Family Empowerment Scholarship for Unique Abilities (FES-UA) at (www.stepupforstudents.org) or AAA Scholarship Foundation, Florida Private School Scholarships at (www.AAAScholarship.org).

PARISHIONER DISCOUNT: At the discretion of Monsignor Souckar, a parishioner discount (up to \$800 per family) is available to those parishioners who fulfill their Catholic duty of attending Sunday Mass, financially supporting the parish, and actively participate in the mission of the parish. Parents are required to write a letter including their signature to Monsignor Souckar requesting a parishioner discount even if they have received this discount in the past. Parents who seek this discount and are parishioners of another Catholic parish are to request the pastor of that parish to write a letter to Monsignor Souckar indicating that they fulfill these same obligations. (Please note that e-mails, phone messages, etc. do not substitute for the required letter, either from parents or pastors).

NOTICE OF NON-DISCRIMINATION

Saint Andrew Catholic School restates their open admission policy. No person, on the grounds of race, color, or national origin is excluded or otherwise subjected to discrimination in receiving services at any school operated by them. Nor do they discriminate in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment on the basis of race, color, disability, age, sex, or national origin.

Saint Andrew Catholic School exists primarily for Catholic students and to assist the Catholic Church in accomplishing its mission of evangelization. Saint Andrew Catholic School is not equipped to handle severe learning, behavioral or other handicap conditions.



Saint Andrew Catholic School Student Application for Admissions 2025-2026

Applicant Information	n—Please print all in	formation for <u>e</u>	ach student	Entering Grade	
Student Last Name			First		Middle
Family Name					
Address:				Phone	
Date of Birth		Place of	Birth		
Attach a copy of Ind	lividual Educational	Plan (IEP), 50	4 Plan and/or Private S	School Service Pla	n.
student prior to accept	ance. Failure to do so	may result in th	ademic and discipline reco le student being denied ac udent may be asked to wit	ceptance. If it is dis	pecial needs files, for the covered, after the
FOR STATISTICAL	PURPOSES:				
CHECK ALL THAT	APPLY:				
Race: White	Multi Racial	Black	White-Hispanic	Black-Hispanic_	
Ethnicity: Afri	can-American	Asian	American Indian	Haitian	Non-Hispanic
Languages spoken at	home:				
RELIGIOUS AFFILI	ATION:				
Catholic	Non-Catholic	if non-Catho	olic, please specify		
Baptism: Yes	No				
Nar	me of Church				
Cit	y, State, Country				
Dat	te (exact or approxima	ate)			

	tante or ones		
(
	City, State, Country		
I	Date (exact or approximate)		
Please explain if yo	our child has any serious health concern	s or allergies:	
Previous School A	Attended-School Name:		
Address		Phone _	
Dloose explain the	reasons if your child has been suspende	d dismissed from or not allowed to re	eturn to any school.
	disciplinary actions taken with your chi		
	Both Parents ☐ Mother ☐ Father ☐ Gua	Father's/Guardian Name:	
other's/Guardian N	ame: ⊔ Mrs.⊔ Ms.		
other's Address:	ame: U Mrs.U Ms.	Father's Address:	
other's Address: ty, State Zip:		Father's Address: City, State Zip	
other's Address: ty, State Zip: ome Phone Number:		Father's Address: City, State Zip Home Phone Number:	
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Father / Guardian Signature	Date
Print Name	_
Mother / Guardian Signature	_ Date
Print Name	=
Saint Andrew Catholic School requires a minimum of twenty (20) hours of volunteer so hours are to be for service at the Family Carnival scheduled by the School.	ervices per family. Eight (8) of these
In case of divorce or separation, please complete the following:	
Applicant lives with: Father Other	
Legal Custody: Joint Father Mother Other	
Correspondence should be sent to:	
If remarried, name of stepfather	
If remarried, name of stepmother	
A copy of the Court Order should be on file in the school office if custodial rights are restricted.	

SAINT ANDREW CATHOLIC SCHOOL



Student/c) Name

TUITION AGREEMENT 2025-2026

Returning:

Grade:

New.

Student(s) Nan	ic			
Student(s) Nam	ne:	Grade:	Returning:	New:
Student(s) Nam	ne:	Grade:	Returning:	New:
Address:	Apt City:		Zip code: _	
Parent Name:	Ph. /Cell#:	Email_		
Parent Name:	Ph. /Cell#:	Email_		
	carefully and select your tuition payment option	on.		
Payment Plan C	Options: (All options subject to collection of funds)			
Option 1	One-Time Payment in Full To be paid in full by August 31, 2025 by either cash,	, check or mor	ney order direct	ly to the school
Option 2	Installment Payment Plan through Smart Tuition. (Smart Tuition Auto Pay: Funds Transfer from a designation)	ted Bank Acco	ount, Debit or C	redit Card)
	Please select the number of installments. Semiannual (due August and January) Monthly (Ten monthly installments from August the	rough May)		
	Please Select Payment Date: 1st of each month 15 th of each month			

Institution expectations and parent/guardian agreement:

I acknowledge that I have read, understand and agree to 2025-2026 school year terms and conditions of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by Saint Andrew Catholic School for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$50.00 will be assessed to my account. A \$50.00 fee will apply for any failed electronic transaction or dishonored check.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Not allow the student to take exams.
- Block the online grade view for both the student and parent.
- Not issue report cards, Standardized Test Scores, and any other school records, diplomas and/or transcripts.
- Place the student/s on immediate Financial Suspension until the account is up to date.

SAINT ANDREW CATHOLIC SCHOOL



TUITION AGREEMENT 2025-2026

- Dis-enroll the student from the school.
- Place the next year's Registration on hold.

Families wishing to withdraw child(ren) from the school in the middle of a quarter are required to pay tuition and fees through the end of the quarter. Grades will not be released until the tuition and fees have been paid in full. Students that receive Family Empowerment Scholarship, Tax Credit Scholarship or AAA Scholarship are required to complete ten (10) consecutive days of attendance per pay period. If a student withdraws before the first 10 days of any of the scholarship payment periods, the parent / guardian will be financially responsible for those days.

Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

x	Print Parent Name	
Parent Signature	Date	
<u>x</u>	Print Parent Name	
Parent Signature	Date	



Saint Andrew Catholic School

9990 NW 29th Street Coral Springs, Fl 33065

Phone (954)753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen B. Hughes, Principal

CREDIT CARD AUTHORIZATION 2025-2026

STUDENT NAME(S):	Grade:
RE: Re-Registration Fee	
Please deduct payment of \$_350.0 credit card listed below:	$\underline{0}$ for the 2025-2026 School Year Registration from my
VISA	MasterCardAMEX
C.C Number #	
Expiration date	CVV#
Billing address:	
Telephone number of card holder	
DATE	