



Dear Parents,

I welcome you and your family to Guardian Angels School. We will continue, reinforce and enhance the education you have begun as the first teachers of your children.

Guardian Angels School is a dynamic place to provide a formal education for your children. It has been an integral part of the parish and the Mt. Washington/Anderson community since 1895. A blend of traditional curricula, teaching methods, and current educational theories and practices drives the academic excellence the students enjoy. This combination of change and tradition has guided the development and growth of our school for more than 110 years. Catholic teachings and values permeate the educational environment, and religious education fosters knowledge of God and Church.

In partnership with the students' parents, the goal of Guardian Angels' administration and teaching staff is to establish an educational environment in which students are able to maximize their spiritual, academic, social and physical potentials. Teachers employ instructional methods and techniques that are consistent with the learning modalities of each student. These efforts cause our children to be challenged to academic success; thus, learning becomes an enjoyable experience and establishes a cycle of academic achievement. We do not give credence to the "one size fits all" way of teaching. Students are accepted with their attributes and deficiencies as instruction is differentiated to accommodate their learning styles.

I look forward to our relationship as we work together to provide an excellent educational experience for your child.

Sincerely,

A handwritten signature in black ink, appearing to read "William R. Kenney". The signature is fluid and cursive, written in a professional style.

William R. Kenney  
Principal



# NEW Student Registration

HR# \_\_\_\_\_  
 Date Rec. \_\_\_\_\_  
 New Family: \_\_\_\_\_  
**For Office Use**

## STUDENT INFORMATION

Registering for Grade: \_\_\_\_\_  
 Kindergarten Full  Half Day   
 School Year: \_\_\_\_\_

*Please fill in BOTH sides completely*

**Student's Legal Name**  
 First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Goes by: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Religion: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City/ST of birth: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
**Child resides with:** \_\_\_\_\_  Custody papers provided if required  
**School District** Forest Hills \_\_\_\_\_ Cincinnati \_\_\_\_\_ Batavia \_\_\_\_\_  
**of Residence:** West Clermont \_\_\_\_\_ New Richmond \_\_\_\_\_ Other \_\_\_\_\_  
**Public School of Residence** (i.e. Maddux, Wilson, Mt. Washington etc) \_\_\_\_\_  
**Previous School (Name & Address)** \_\_\_\_\_  
 U.S Citizen: Yes \_\_\_ No \_\_\_  

<b>Sacraments Received:</b>	<b>DATE</b>	<b>CHURCH</b>	<b>CITY/STATE</b>
Baptism	____/____/____	_____	_____
First Communion	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

**GA PARISHIONER:** Yes \_\_\_ No \_\_\_  
**Race:**  American Indian  Asian  Black  Hispanic  Multi-racial  
 Native Hawaiian  Pacific Islander  White

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

## New Student Registration (cont'd)

### 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:

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ Name: \_\_\_\_\_ Gr. \_\_\_\_\_

Name: \_\_\_\_\_ Gr. \_\_\_\_\_ Name: \_\_\_\_\_ Gr. \_\_\_\_\_

List siblings graduated from Guardian Angels:

Name: \_\_\_\_\_ Yr. \_\_\_\_\_ Name: \_\_\_\_\_ Yr. \_\_\_\_\_

Name: \_\_\_\_\_ Yr. \_\_\_\_\_ Name: \_\_\_\_\_ Yr. \_\_\_\_\_

### REGISTRATION FORMS REQUIRED FOR PROCESSING & PLACEMENT

- New Student Registration Form
- Student's birth certificate (in accordance with sec. 3313-72 of the Ohio Revised Code)
- Baptismal Certificate or Non-Catholic Agreement for Admissions Form
- 2012-13 Billing Agreement Form
- Release of Records Form
- Non-refundable registration fee - \$175.00 (**\$150.00 if received on or before February 17, 2012**) check made payable to Guardian Angels School



## 2012-2013 GUARDIAN ANGELS TUITION PAYMENT POLICY

GRADE	ACTIVE PARISHIONER*	OUT OF PARISH
1-8	\$3,757.00	\$5,477.00
½ Day Kindergarten	\$3,334.00	\$3,995.00
Full Day Kindergarten	\$4,090.00	\$5,662.00
<b>Registration Fee</b> <i>(non-refundable)</i>	\$175 Per Family \$150 Per Family <i>(if received on or before February 17)</i>	

### **REGISTRATION FEE:**

The Registration fee for 2012-2013 is \$175.00. An early registration fee of **\$150 per family can be paid to Guardian Angels on or before February 17, 2012**. Registration fee must be included with the completed registration and billing forms. Please pay any PTA and booster fees at this time. **Registration will not be considered complete without payment.**

### **MULTIPLE STUDENT DISCOUNT (for Active Parishioners\*):**

# Children	Discount per Student	Total Family Discount
2	\$50	\$100
3	\$100	\$300
4	\$175	\$700
5	\$200	\$1,000

### **PAYMENT PLANS:**

Guardian Angels is partnering with the FACTS Management Company for tuition payments. There are four payment plans:

**Plan A: Full Payment Plan.** Total tuition payment is due and paid in full on or before June 4, 2012.

**Plan B: Semi-Annual Payment Plan.** Half of the total tuition payment is due and paid on or before June 4, 2012 and half the total tuition payment is due and paid by August 6, 2012. A payment plan fee of **\$20** will be added to the tuition payment for Plan B.

**Plan C: 6 Monthly Payments Plan.** Half the total tuition payment is due and paid by June 4, 2012 and the remainder is due and paid in six equal monthly installments on or before the first of the month from July – December, 2012. A payment plan fee of **\$60** will be added to the tuition amount for Plan C.

**Plan D: 10 Monthly Payments Plan.** Total tuition is due and paid over ten equal monthly installments on or before the first of each month from March – December, 2012. A payment plan fee of **\$90** will be added to the tuition for Plan D.

### **PAYMENT METHODS**

**All tuition payments under each of the tuition Payment Plans will be made to FACTS Management Company and no payments are to be made to Guardian Angels School. Each family must apply with FACTS Management Company prior to making the first payment.** Applications can be completed online. A link to the online FACTS application is available on the Guardian Angels School website. Click [here](#) to go directly to the site. FACTS payment options will include: Check Payments – make checks payable to **FACTS Management Company**, Electronic Fund Transfer (EFT) – automatic withdrawals from a bank account, and Credit Card – a 2.5% convenience fee will be added to your credit card payment.

### **FINANCIAL AID:**

Families who are registered, active parishioners may apply for tuition aid. The Private School Aid Service (PSAS) and a confidential committee provide tuition aid on the basis of need as determined. **Tuition aid is not available for Kindergarten tuition.** A link to the online PSAS application is available on the GA web site. **All tuition aid information is held in the strictest of confidence. The Financial Aid Application must be received by April 17.**

### **EXCLUSION OF STUDENT FOR UNPAID ACCOUNT:**

- Registration for the 2012-2013 school year will not be accepted if there is an outstanding tuition balance.
- No child will be re-admitted to the school on the first day of a trimester if accounts are not up to date.
- Unless arrangements have been made with the Parish Business Office, first payment or payment in full is due on or before June 4, 2012.
- Registration will not be accepted without registration fee made out to **Guardian Angels School**.

### **\*ACTIVE PARISHIONER POLICY:**

Active Membership is determined by four things:

1. Faithful attendance at Mass at Guardian Angels on Sundays and holy days.
2. Being registered as a parishioner at Guardian Angels.
3. Volunteer activity in the parish.
4. Use of the envelope system or electronic fund transfer for financial support of the parish.

**Questions: Please contact Susan Boettner @ 624-8960 or [sboettner@gaparish.org](mailto:sboettner@gaparish.org)**

**GUARDIAN ANGELS SCHOOL  
2012-2013 Billing Agreement Form**

**RETURN THIS FORM WITH REGISTRATION PAYMENT**

Student Name	Grade: 2012-2013	Tuition Amount
1.		
2.		
3.		
4.		
5.		
<b>Legal Guardian(s):</b>		
<b>Address:</b>		
<b>Email:</b>		
<b>Home Phone:</b>	<b>Work:</b>	<b>Cell:</b>
<b>Party Responsible for Payment:</b>		
<b>Email:</b>		
<b>Home Phone:</b>	<b>Work:</b>	<b>Cell:</b>

**PAYMENT PLANS:**

- Plan A
- Plan B     *See Tuition Payment*
- Plan C     *Policy for details*
- Plan D     *of these Plans*

**APPLYING FOR FINANCIAL AIDE**

- YES**      **NO**

Financial Aid applications must be received by April 17, 2012. The online application is on the GA School website under Prospective Families/Registration Process

**REGISTRATION FEE**

**A check for the registration fee must accompany the registration form.** The registration check is made payable to: **Guardian Angels School**

**ORGANIZATION DUES:**

**PTA Dues:** \$25.00    **Music Booster Dues:** \$25.00    **Athletic Booster Dues:** \$30.00

Dues may be added in the **registration payment**. If payment is made after registration, checks must be made out individually to each corresponding organization.

**PAYMENTS ENCLOSED - CHECK ALL THAT APPLY**

<input type="checkbox"/> Non-Refundable Registration Fee - \$175.00
<input type="checkbox"/> Non-Refundable Registration Fee - \$150.00 <b>if paid on or before 2/17/12</b>
<input type="checkbox"/> PTA <input type="checkbox"/> Athletic Booster Dues <input type="checkbox"/> Music Booster Dues
<b>TOTAL ENCLOSED : \$</b>



# KINDERGARTEN MEDICAL RECORD FORM

Form must be returned by July 29th to the school office

This section completed by Parent/Guardian:

Child's Name: \_\_\_\_\_  Female  Male Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
**In case of emergency:** Preferred Hospital: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

This section completed by Physician and/or other appropriate medical personnel:

**Immunizations Dates**

DTaP or DPT \_\_\_\_\_ POLIO \_\_\_\_\_  
MMR \_\_\_\_\_ HEPB \_\_\_\_\_ VARICELLA \_\_\_\_\_  
HIB \_\_\_\_\_ OTHER \_\_\_\_\_

**TB Test:** (Required for all students from outside the U.S. within 90 days) Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_

**Visual Acuity** R \_\_\_\_\_ L \_\_\_\_\_ Muscle Balance Far \_\_\_\_\_ Near \_\_\_\_\_

**Hearing Acuity** R 1000 Hz at 20 Db \_\_\_\_\_ L 1000 Hz at 20 Db \_\_\_\_\_  
2000 Hz at 20 Db \_\_\_\_\_ 2000 Hz at 20 Db \_\_\_\_\_  
4000 Hz at 20 Db \_\_\_\_\_ 4000 Hz at 20 Db \_\_\_\_\_

**Speech**  Normal  Delayed **Communications**  Normal  Delayed  
If delayed, please explain. \_\_\_\_\_

Do you feel there may be a need for further screening for developmental disorders?  No  Yes (If yes, please explain)

\_\_\_\_\_

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

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

**Medical conditions/diseases:** \_\_\_\_\_

\_\_\_\_\_

Is child able to participate in all regular physical and athletic activities?  Yes  No Restrictions: \_\_\_\_\_

Based upon his/her medical history and physical condition at the time of this examination, this child is free from communicable disease and is in suitable condition for enrollment in school.

**Physician's Name: (Please print)** \_\_\_\_\_ **Phone # (\_\_\_\_)** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# NEW STUDENT MEDICAL RECORD FORM (Grades 1 – 8)

Form must be returned by July 29<sup>th</sup> to the school office

This section to be completed by Parent/Guardian:

Child's Name: \_\_\_\_\_  Female  Male Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
**In case of emergency:** Preferred Hospital: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

This section to be completed by a 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 and athletic activities?  Yes  No  
Restrictions: \_\_\_\_\_

**Immunizations Dates**

DTaP or DPT \_\_\_\_\_ GR 7: Tdap/Td \_\_\_\_\_  
POLIO \_\_\_\_\_  
MMR \_\_\_\_\_ HEPB \_\_\_\_\_ VARICELLA \_\_\_\_\_  
HIB \_\_\_\_\_  
OTHER \_\_\_\_\_

**TB Test:** (Required for all students from outside the U.S. within 90 days) Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
**Medication:** \_\_\_\_\_  
**Medical conditions/diseases:** \_\_\_\_\_  
\_\_\_\_\_

**Physician's Name: (Please print)** \_\_\_\_\_ **Phone #** (\_\_\_\_) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## RELEASE OF SCHOOL RECORDS FORM

The students listed below have enrolled at Guardian Angels School for the 2012-2013 school year.

<b>STUDENT</b>	<b>GRADE (2012-2013)</b>
_____	_____
_____	_____
_____	_____

Please send all confidential educational, psychological, and medical records relative to the above named students to Guardian Angels School.

### AUTHORIZATION TO RELEASE STUDENTS' SCHOOL RECORDS

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Address (Street Address, City, State, Zip Code)

\_\_\_\_\_  
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



## NON-CATHOLIC AGREEMENT FOR ADMISSION

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 of the school and attend liturgical services during school hours.
3. That we know that such instruction does not entitle the child to participation in Catholic sacraments, including 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: \_\_\_\_\_