



**Application for Admission  
For  
2017/2018 School Year**

**Please note: the SMART  
Tuition Administration Fee has  
been reduced from \$45 to \$35**

**Saint Andrew School**  
**535 Mason Avenue**  
**Drexel Hill, Pennsylvania 19026**  
**610-259-5145**  
**Fax: 610-284-6956**  
***www.saintandrewschool.com***

Dear Parents/Guardians,

The following pages contain the paperwork for you to complete to apply for admission for a student new to Saint Andrew School.

Below is a list of what is necessary to apply for admission to Saint Andrew School.

- A copy of your child's birth certificate.
- A copy of your child's Baptismal Certificate. (If you need a record of your child's baptism, please call the Rectory of the Church in which your child was baptized and ask for a replacement baptismal certificate.
- Copy of up-to-date immunization records (to be retained in school). No student can be accepted without up-to-date immunization records.
- Copy of most recent school records (satisfactory academic and behavioral grades required).
- Non-refundable registration fee. See Tuition and Fee Schedule for amount.
- SMART Admin. Fee and Technology Fee (can be paid at registration or added to first payment).
- Families new to our school: if you are Catholic and reside within the boundaries of another parish that operates a school, our Pastor must have the written permission of that parish's Pastor in order for your child to attend our school. (Does not apply to Preschool).
- If your child had an Early Intervention, has an IEP or 504 Plan, copies of reports.
- Copy of custody agreement, if applicable.

For students applying for admission to our upper grades (5 to 8), we will also need the following:

- Completed application.
- Copy of latest report card/testing/academic/discipline records.
- Satisfactory academic records.
- Satisfactory behavioral records.
- Student will visit our school for a day to meet their new classmates.
- If student is coming from a school other than a diocesan school, student will be asked to take a grade level exam, and there will be a meeting with parents/guardians of student and our Principal.
- Permission (in writing) for our principal to contact student's homeroom teacher or Principal.

To be eligible to enter a grade, your child must meet the following age requirements:

Grade 1	Age 6 by August 31	
Kindergarten	Age 5 by August 31	Full day program, 8:05 AM to 2:45 PM
4 Year Old Pre-School	Age 4 by August 31	8:05 AM to 11:30 AM, Mon, Wed. & Fri.
3 Year Old Pre-School	Age 3 by August 31	8:05 AM to 11:00 AM, Tue. and Thur.

-continued-

To be eligible to enter a grade, your child must meet the following age requirements:

Grade 1	Age 6 by August 31	
Kindergarten	Age 5 by August 31	Full day program, 8:05 AM to 2:45 PM
4 Year Old Pre-School	Age 4 by August 31	8:05 AM to 11:30 AM, Mon, Wed. & Fri.
3 Year Old Pre-School	Age 3 by August 31	8:05 AM to 11:00 AM, Tue. and Thur.

Tuition payments will be made to SMART Tuition Management Services. SMART provides the administrative functions associated with the billing and collection of payments. SMART offers the convenience of automatic deductions from your bank account, payments by mail, web or telephone, or payments may be charged to Amex, Discover or Mastercard. (A convenience fee applies to all credit card payments). If you choose automatic deductions from your checking account, we will need a "voided" check. SMART charges a once-a-year administration fee to manage your account. (See Tuition and Fee Schedule for amount). This fee will be added to your first tuition payment. (If you pay in full by August, you will not be charged the fee. In this case your payment in full will be made to our Rectory, not SMART).

**Saint Charles and Saint Philomena Parishioners:** In order to qualify for the reduced tuition rate, ask for a registration form marked 'Saint Charles' or 'Saint Philomena'. This form must be accompanied by a letter from your Pastor stating he agrees to pay the subsidy for your child(ren). If we do not receive this letter from your Pastor, you will be charged the regular tuition rate.

### PAPERS IN THE RIGHT-HAND POCKET

In the right-hand pocket are forms for your child to visit the doctor and dentist. We need the dental form filled out by your child's dentist for students entering grades kindergarten, one, three and seven. Doctor and dentist visit forms must be returned to us before your child starts school. If your child's pediatrician gives you a computerized report instead of filling out our form, that is acceptable.

Also in the right-hand pocket is a paper describing our dress code. Please note our shoe policy: students in grades one to eight must wear a lace-up style shoe (brown, black or blue) with a non-marking sole.

Please see the flyer regarding busing in the right-hand pocket.

Flynn & O'Hara is our official school uniform supplier. The store closest to our school is located in the Lawrence Park Shopping Center in Broomall. Their telephone number is 610-259-3115. Our school has a uniform exchange with used uniform pieces, run by our parent, Mrs. Megan Walsh-Boyle. If you would like to check with Megan to see if she has any uniform pieces you can use, her e-mail is [maggiawal72@yahoo.com](mailto:maggiawal72@yahoo.com)

Please double-check the list of items needed. Applications will not be processed until we have all necessary paperwork. When you are ready to turn in your application, please call our office (610-259-5145) to make an appointment so I can go over everything.

Thank you,  
Jo Ann Colden  
Administrative Assistant to the Principal



# Saint Andrew School - Application for Admission

**Please Print**

OFFICE USE
Applic # _____
Paid \$ _____
New Family? _____
Classification _____
Bus _____
Parishioner? _____
Siblings _____

• **Child's Information:**

Child's Name \_\_\_\_\_  
*Last*
*First*
*Middle*

Gender: M F Child's Date of Birth: \_\_\_\_\_

Birth: Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
*City/Town*

Home Phone \_\_\_\_\_ Do you live a mile or more away? (for busing) \_\_\_\_\_

Public School District of Residence \_\_\_\_\_  
 Local Public Elementary School \_\_\_\_\_ Local Public Middle School \_\_\_\_\_

Program Applying for: Preschool 3 year old \_\_\_\_\_ Kindergarten (full day) \_\_\_\_\_ Grade \_\_\_\_\_  
 4 year old \_\_\_\_\_

Previous School(s) \_\_\_\_\_  
*Name*
*Address*  
 \_\_\_\_\_  
*Name*
*Address*

• **Family Background:**

Father's Name: \_\_\_\_\_  
Religion
Country of Birth
Check if Deceased

Address/Phone if Different than Above \_\_\_\_\_

\_\_\_\_\_  
 Father's Cell #                      Father's Work #                      Father's e-mail Address

Mother's Name: \_\_\_\_\_  
 (Include Maiden Name)                      Religion                      Country of Birth                      Check if Deceased

Address/Phone if Different than Above \_\_\_\_\_

\_\_\_\_\_  
 Mother's Cell #                      Mother's Work #                      Mother's e-mail Address

Office Use: Copy to: Teacher	PRC	Reading Spec.	Speech Therapist	Nurse	Other:
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Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single Parent \_\_\_\_\_

In the case of divorce/separation or single parent, list person(s) who has custody:

Legal Custody: \_\_\_ Joint Custody \_\_\_ Sole Custody: \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Physical Custody: \_\_\_ Joint Custody \_\_\_ Sole Custody: \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Is there court paperwork showing custody arrangements? \_\_\_ Yes \_\_\_ No

For legal reasons, the principal will need a copy of the custody arrangements.

<u>Parish Record:</u>	Date	Church	City	State
Baptism	_____	_____	_____	_____
First Penance	_____	_____	_____	_____
First Eucharist	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

Are you a registered member of St. Andrew Parish? \_\_\_\_\_

If Non-Catholic, list religion \_\_\_\_\_

If Catholic and registered in another parish, list parish here \_\_\_\_\_

Please list religion of child \_\_\_\_\_

Language(s) spoken at home: main language \_\_\_\_\_ 2<sup>nd</sup> language \_\_\_\_\_

Ethnicity of Student (for statistical purposes): \_\_\_ American Indian/Native Alaskan \_\_\_ Asian  
\_\_\_ Black \_\_\_ Hispanic \_\_\_ Multi Racial \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ White

• School Information:

Do you have any other children in Saint Andrew School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what grades? \_\_\_\_\_

If coming from another school, please answer the following:

School	Grades(s) attended	Reason for Leaving
_____	_____	_____
_____	_____	_____

• Does your child have any special needs in the classroom that you feel the teacher should know?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Was your child going to the Intermediate Unit for any of their programs such as Reading, Math, Gifted Program, Counseling, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify: \_\_\_\_\_

\_\_\_\_\_

- Was your child in a Resource Room in the previous school? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify: \_\_\_\_\_

\_\_\_\_\_

- Has your child had an Early Intervention, an IEP or 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide copies of reports.

- Does your child use an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_ An epi pen? Yes \_\_\_\_\_ No \_\_\_\_\_

- Does your child have any medical issues of which you would like to make us aware? Please list.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Is there any other information you would like us to know about your child? Please list below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*To be considered for registration, the school must have a copy of the student's previous school records. Acceptance to Saint Andrew School will depend on a satisfactory academic and behavioral report card.*

I give permission for \_\_\_\_\_ School to send all academic and medical records (including special testing, psychological evaluations, etc) to Saint Andrew School for my child \_\_\_\_\_, grade \_\_\_\_\_.

Parent Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

# PUBLIC SCHOOL DISTRICT CENSUS FORM

All parents/guardians are asked to complete the Public School District Census Form which is one of the requirements under Section 1351 of the amended Pennsylvania Public School Code of 1949.

-----  
Family Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Please list occupants ages birth to 21 years:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>If they are a student, list name of school and grade</u>

Please list names of parents/guardians and anyone over age 21 not listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

All parents/guardians of children are required to sign the following form while their child(ren) are enrolled in our school:

I hereby request of the Secretary of Education of Pennsylvania the loan of instructional materials and textbooks in accordance with Act 90 (1975), Act 195 (1972) and Act 88 (1975), for my child(ren) attending Saint Andrew School in Drexel Hill, Delaware County.

Signed \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_



**REQUEST FOR ELEMENTARY SCHOOL RECORDS**

**Sending School**

Name of School: \_\_\_\_\_

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

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

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

**Receiving School**

Please send records to:

**Saint Andrew School  
535 Mason Avenue  
Drexel Hill, PA 19026  
ATT: Mrs. Jo Ann Colden  
Administrative Assistant to the Principal**

Your prompt response is appreciated.  
Thank you.

I hereby authorize the release of my children(s) scholastic records, discipline records, health records, and any testing results, to Saint Andrew School. I also give permission for Saint Andrew School to contact my child's present school for a reference, if necessary. (In the case of home-schooled children, we will contact the last school the child attended).

\_\_\_\_\_  
Parent/guardian signature

Child's Name:

Grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Health History Upper Darby School District

To Parent or Guardian: The information requested on this form will be helpful to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunities. Physicals are required for all new students, Kindergarten, 6<sup>th</sup> grade and 11<sup>th</sup> grade.

Name of Child: \_\_\_\_\_ Male  Female   
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous school attended: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

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

Father's/Guardian's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

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

Name and Phone Number of Child's Physician or Other Source of Medical Care:

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

**Provide Details of Medical History and attach copy of immunizations:**

Chickenpox	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chronic Ear Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Peanut Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bee Sting Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Convulsions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lactose Intolerant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Allergies: Yes  No  if yes, describe \_\_\_\_\_

Tuberculosis or contact: Yes  No  if yes, describe \_\_\_\_\_

Serious Illness: Yes  No  if yes, describe \_\_\_\_\_

Operations: Yes  No  if yes, describe \_\_\_\_\_

Head Injuries or Serious Accidents: Yes  No  if yes, describe \_\_\_\_\_

Have any problem with vision, hearing or speech? Yes  No  if yes, describe \_\_\_\_\_

Take medication? Yes  No  if yes, describe \_\_\_\_\_

Other pertinent information about your child's health: \_\_\_\_\_

Is your child able to participate in a full school program? Yes  No  If not, state reason \_\_\_\_\_

(Information from your physician will be required if restriction is necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

School \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_ Date \_\_\_\_\_



## MEMORANDUM OF UNDERSTANDING

Every Catholic school student has a right to be treated as a child of God, with the love and respect that implies, regardless of family circumstances. In like manner, the believing community has the right to an education guided by Catholic teaching and identity, unimpeded by pressures contrary to Church teaching.

As parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. Attending a Catholic school is a privilege, not a right.
2. The primary purpose of a Catholic school education is two-fold: to strengthen the Catholic community in its faith, and to form students in the teachings of Jesus Christ and the Catholic Church.
3. Catholic schools are distinctive religious education institutions guided by the teachings of the Catholic Church. They are not simply private schools offering a positive moral code. Rather, they exist to advance the faith mission of the sponsoring Catholic parish(es), Archdiocese, or Catholic religious community.
4. While Catholic education places a high value on academic excellence and extracurricular achievement, its fundamental priority is fidelity to Catholic teaching and identity.
5. The school and its administration have the responsibility to ensure that Catholic teaching and moral integrity permeate every facet of the school's life and activity and that the school is able to function as a community of faith.
6. In all questions that involve Catholic teaching, morals, and Church law, the final determination rests with the Archbishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all principles and policies that govern the Catholic School.

### Parent/Student Handbook

Before enrolling your child/children in Saint Andrew School we ask that you read and discuss the parent/student handbook found on our website under 'About Us'. This is a reference for you, the parents, to discuss and learn of our mission, discipline, safety, classroom policies, permissions and more. Once read and discussed please sign below acknowledging your understanding and agreement with our school's expectations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please PRINT Family Name

\_\_\_\_\_  
Child(ren)'s name(s)



# EnrollWithSmart.com

Visit [www.enrollwithsmart.com](http://www.enrollwithsmart.com) now to complete this form faster!

## Enroll Faster. Enroll Easier. Enroll **SMARTer!**

0 3 9 8 2 1 7 1 8 0

### PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER										LAST NAME OF PARENT/GUARDIAN/BILL PAYER										2017-2018			
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY										LAST NAME OF ADDITIONAL AUTHORIZED PARTY													
STREET ADDRESS OR P.O. BOX														APT#									
CITY										STATE				ZIP CODE									
HOME TELEPHONE NUMBER						MOBILE TELEPHONE NUMBER																	
EMAIL ADDRESS (Smart emails reminders for upcoming payments)																							

### SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date:  /  /  Your school allows the following due dates: 10, 20, 30

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:  /  /  Your school allows the following due dates: 10, 20, 30

PLEASE DEBIT MY:

CHECKING (PLEASE ATTACH A VOIDED CHECK) OR  SAVINGS

9 DIGIT ROUTING NUMBER:

BANK ACCOUNT NUMBER:

PLEASE CHARGE MY:

AMEX  DISCOVER  MASTERCARD  VISA

CREDIT CARD NUMBER:

EXPIRATION DATE:  /

A 2.95% convenience fee applies to all credit/debit card payments.

### SELECT A PAYMENT PLAN

Plan S	2 Payments	Jul, Dec	ENTER PLAN LETTER HERE <input type="text"/>
Plan Q	4 Payments	Jun, Sep, Dec, Mar	
Plan M	12 Payments	Jun - Mar	

### ENTER STUDENT INFORMATION

Choose from the following grades: PK3, PK4, K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

OPTIONAL SCHOOL FAMILY ID:

OPTIONAL TYPE CODE:

### FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE

UNPAID BALANCE / POSSIBLE MISSING MONTHS OF PLAN

COLLECTING LAUNDRY FIRST MONTH

OPTIONAL STUDENT ID:

STUDENT TUITION	<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT TUITION	<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT TUITION	<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT TUITION	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>FAMILY TUITION SUBTOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side 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 my 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 \$25.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ANNUAL TOTAL DUE</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Registration Form 2017-2018 School Year



*Providing a Quality  
Roman Catholic Education*



Family Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Names of Children to Attend Saint Andrew School \_\_\_\_\_ Grade Child Will Enter (Sept. 2017) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Saint Andrew School provides an outstanding spiritual and academic environment by which parents are supported in their primary duty to educate their children in faith and morals. The Parish Community financially commits itself to the Catholic education of its children as one of the ministries of the parish.

## PLEASE CHECK:

I will pay the tuition charge & fees (see chart below)

- \_\_\_\_\_ Monthly (June through March)  
 \_\_\_\_\_ Quarterly (June, Sept., Dec. & March)  
 \_\_\_\_\_ Semi-annual (July & December)  
 \_\_\_\_\_ Annual (billed by parish in August - no SMART fee)



\_\_\_\_\_  
Parent's / Guardian's Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Pastor's Signature \_\_\_\_\_ Date

Thank you for re-enrolling your child(ren) in Saint Andrew School. Your prompt payment of all tuition & fee charges is very much appreciated.

### 2017-2018 School Year Tuition / Fee Charges

Pre-K 3 Year old (Tues. & Thurs. AM)	\$1,700 per child
Pre-K 4 Year old (Mon., Wed. & Fri. AM)	\$2,000 per child
Kindergarten through Eighth Grade	\$3,550 1 <sup>st</sup> child
Kindergarten through Eighth Grade	\$2,800 2 <sup>nd</sup> child
Kindergarten through Eighth Grade	\$1,625 3 <sup>rd</sup> child
SMART Tuition Administration Fee	\$ <del>35</del> 45 per family
Technology Fee - \$50 per student or	\$ 100 per family
<b>Registration Fee</b>	
<b>Non-Refundable</b> Registration Fee:	\$ 100 per child
	\$ 300 maximum

Please complete this form, sign and return with your registration fee made payable to Saint Andrew School. All forms, SMART Application and registration fee are to be returned to Jo Ann Colden, Administrative Assistant in the Main School Office (535 Mason Ave.) by

**February 28, 2017**

School Number 610-259-5145

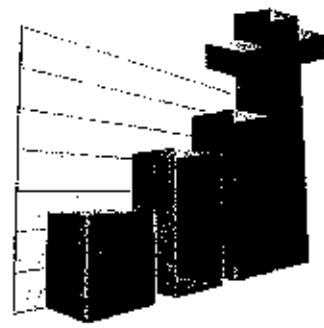
**TO: Parishioners of St. Philomena Parish and  
St. Charles Borromeo Parish:**

**In order to use one of the next two registration forms that show the subsidy your parish pays, you need to give us a letter from your Pastor stating he agrees to pay the subsidy for your child(ren). The Pastor's letter must be given to us along with the registration form when you are registering your child(ren).**

# St. Philomena Parishioners Registration Form 2017-2018 School Year



*Providing a Quality  
Roman Catholic Education*



**CATHOLIC  
SCHOOLS  
Raise the  
Standards**

Family Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Names of Children to Attend Saint Andrew School

Grade Child Will Enter (Sept. 2017)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Saint Andrew School provides an outstanding spiritual and academic environment by which parents are supported in their primary duty to educate their children in faith and morals. St. Philomena Parish Community financially commits itself to the Catholic education of its parish children as one of the ministries of the parish. Children of active St. Philomena parishioners may avail themselves of this ministry at SAS with a tuition rate subsidized by St. Philomena Parish.

### PLEASE CHECK:

\_\_\_\_\_ I am an active registered parishioner of  
Saint Philomena Parish

I will pay the tuition charge & fees (see chart below):

- \_\_\_\_\_ Monthly (June through March)  
 \_\_\_\_\_ Quarterly (June, Sept., Dec. & March)  
 \_\_\_\_\_ Semi-annual (July & December)  
 \_\_\_\_\_ Annual (August- billed by parish - no SMART fee)

(All new school families must complete a SMART Tuition application form)

\_\_\_\_\_  
Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for enrolling your child(ren) in Saint. Andrew School. Your prompt payment of all tuition & fee charges is very much appreciated.

**SMART Tuition Program**  
All tuition payments plans (except annual pay) are administered by SMART Tuition Management Services. The \$45 fee charged by SMART is added to the first installment billing. Annual pay billings are sent by the parish in August - the \$45 SMART fee does not apply to annual pay families).

2017-2018 School Year Tuition / Fee Charges	
Pre-K 3 Year old (Tues. & Thurs. AM)	\$1,700 per child
Pre-K 4 Year old (Mon., Wed. & Fri. AM)	\$2,000 per child
Kindergarten through Eighth Grade	\$2,750 1 <sup>st</sup> child
Kindergarten through Eighth Grade	\$2,000 2 <sup>nd</sup> child
Kindergarten through Eighth Grade	\$ 825 3 <sup>rd</sup> child
SMART Tuition Administration Fee	\$ <sup>35</sup> 45 per family
Non-Refundable Registration Fee:	\$ 100 per child
	\$ 300 maximum

Please complete this form, sign and return with your registration fee made payable to Saint Andrew School. All forms, SMART Application and registration fee are to be returned to:

Jo Ann Colden  
Administrative Assistant  
Main School Office – 535 Mason Ave.  
School Number 610-259-5145

# St. Charles Borromeo Parishioners Registration Form 2017-2018 School Year



*Providing a Quality  
Roman Catholic Education*

Faith. Academics. Service.

## Catholic Schools

Family Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Names of Children to Attend Saint Andrew School

Grade Child Will Enter (Sept. 2017)

Saint Andrew School provides an outstanding spiritual and academic environment by which parents are supported in their primary duty to educate their children in faith and morals. St. Charles Parish Community financially commits itself to the Catholic education of its parish children as one of the ministries of the parish. Children of active St. Charles parishioners may avail themselves of this ministry at SAS with a reduced tuition rate which is subsidized by St. Charles Parish.

### PLEASE CHECK:

\_\_\_\_\_ I am an active registered parishioner of  
Saint Charles Borromeo Parish

I will pay the tuition charge & fees (see chart below):

- \_\_\_\_\_ **Monthly** (June through March)  
 \_\_\_\_\_ **Quarterly** (June, Sept., Dec. & March)  
 \_\_\_\_\_ **Semi-annual** (July & December)  
 \_\_\_\_\_ **Annual** (August-billed by parish - no SMART fee)

(All new school families must complete a SMART Tuition application form)

\_\_\_\_\_ Parent's / Guardian's Signature \_\_\_\_\_ Date

\_\_\_\_\_ Pastor's Signature \_\_\_\_\_ Date

Thank you for enrolling your child (ren) in Saint Andrew School. Your prompt payment of all tuition & fee charges is very much appreciated.

### SMART Tuition Program

All tuition payments plans (except annual pay) are administered by SMART Tuition Management Services. The \$45 fee charged by SMART is added to the first installment billing. Annual pay billings are sent by the parish in August - the \$45 SMART fee does not apply to annual pay families.

### 2017-2018 School Year Tuition / Fee Charges

Pre-K 3 Year old (Tues. & Thurs. AM)	\$1,700 per child
Pre-K 4 Year old (Mon., Wed. & Fri. AM)	\$2,000 per child
Kindergarten - No Subsidy provided	\$3,550 1st child
First through Eighth Grade	\$2,550 1st child
	\$1,800 2nd child
	\$ 625 3rd child
SMART Tuition Administration Fee	\$354 <del>5</del> per family
Technology Fee - \$50 per student or	\$ 100 per family

### Registration Fee

<b>Non-Refundable</b> Registration Fee:	\$ 100 per child
	\$ 300 maximum

Please complete this form, sign and return with your registration fee made payable to Saint Andrew School. All forms, SMART Application and registration fee are to be returned to:

Jo Ann Coiden  
Administrative Assistant  
Main School Office - 535 Mason Ave.

School Number 610-259-5145





## BUSING INFORMATION

Students who live a mile or more away from our school may be eligible for busing. If you want your child to receive busing services, you should note it on your child's application. The office will submit your child's information to your local public school district's Transportation Office. Students eligible for busing will receive the busing information directly from the public school district about a week before school begins. **Please do not call our school office regarding your child(ren)s busing information** as it is sent directly to the families. If you have any questions regarding busing, please contact the Transportation Office of your local public school district. Please review the bus numbers with your children before they start school.

### Special Notes:

#### Public School District – Proof of Residency

Contact your local public school district to see if they require you to go to their Central Registration Office and show proof of residency in order for your child(rcn) to be eligible to receive busing services.

#### William Penn School District Transportation

William Penn School District does not give us service after school on early dismissal days. Parent must arrange transportation home.

#### Philadelphia School District

Philadelphia School District does not bus kindergarten children.



# Attention Parents/Guardians

**DON'T WAIT. VACCINATE.**

**FOR ATTENDANCE IN ALL GRADES children need the following:**



- 4 doses of tetanus\*  
(1 dose on or after the 4<sup>th</sup> birthday)
- 4 doses of diphtheria\*  
(1 dose on or after the 4<sup>th</sup> birthday)
- 3 doses of polio
- 2 doses of measles\*\*
- 2 doses of mumps\*\*
- 1 dose of rubella (German measles)\*\*
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox)  
vaccine or history of disease

\*Usually given as DTP or DTaP or DT or Td

\*\*Usually given as MMR

**Children ATTENDING 7<sup>th</sup> grade need the following:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) if 5 years has elapsed since last tetanus immunization.
- 1 dose of meningococcal conjugate vaccine (MCV).

These requirements allow for the following exemptions:

Medical reason  
Religious belief  
Philosophical/strong moral or ethical conviction

If your child is exempt from immunizations, it may be recommended that he/she be excluded from school.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization).  
**Contact your healthcare provider or call 877 PA HEALTH for more information.**



**pennsylvania**  
DEPARTMENT OF HEALTH



# UPPER DARBY SCHOOL DISTRICT

4611 Bond Avenue • Drexel Hill, Pennsylvania 19026

## Report of Physical Examination

School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Last First

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

# Street

City

Zip

Vaccine	Please give exact dates										
Dtap DPT Td	1		2		3		4		5		
Tdap (Adacel)	1		2								
Polio (OPV, IPV)	1		2		3		4				
Hepatitis B	1		2		3		4				
MMR	1		2								
Varivax	1		2								Varicella Disease Date:
MCV (meningococcal)											Other:
PPD			Result:		INH Therapy:						Other:

Allergy \_\_\_\_\_ Epi-pen Yes \_\_\_\_\_ No \_\_\_\_\_

Medical History \_\_\_\_\_

Surgical History \_\_\_\_\_

**Examination by Physician:** K/1 \_\_\_\_\_ 6 \_\_\_\_\_ 11 \_\_\_\_\_ other \_\_\_\_\_ **Date:** \_\_\_\_\_

Height \_\_\_\_\_ (inches) Weight \_\_\_\_\_ (lbs.) BMI-for-Age Percentile \_\_\_\_\_ % BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal		Normal	Abnormal
General Nutrition _____	<input type="checkbox"/>	<input type="checkbox"/>	Skin _____	<input type="checkbox"/>	<input type="checkbox"/>
Neuro Muscular _____	<input type="checkbox"/>	<input type="checkbox"/>	Ears _____	<input type="checkbox"/>	<input type="checkbox"/>
Extremities _____	<input type="checkbox"/>	<input type="checkbox"/>	Nose & Throat _____	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary _____	<input type="checkbox"/>	<input type="checkbox"/>	Glands _____	<input type="checkbox"/>	<input type="checkbox"/>
Hearing _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart _____	<input type="checkbox"/>	<input type="checkbox"/>
Spine (scoliosis) _____	<input type="checkbox"/>	<input type="checkbox"/>	Lungs _____	<input type="checkbox"/>	<input type="checkbox"/>
Speech _____	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen _____	<input type="checkbox"/>	<input type="checkbox"/>
Teeth and Gingiva _____	<input type="checkbox"/>	<input type="checkbox"/>	Vision R: 20/____ L: 20/____		
			Wears Corrective Lens Yes _____ No _____		

Is this student currently under treatment? No \_\_\_\_\_ Yes \_\_\_\_\_

Please list any current or long-term medications (reason for administration): \_\_\_\_\_

Should this student have any physical restrictions? \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_ Phone \_\_\_\_\_

Printed name \_\_\_\_\_ Office Stamp \_\_\_\_\_

## Private Dental Report

**Dear Parents/Guardian,**

The state of Pennsylvania requires that students in grades kindergarten/one, three and seven receive a dental evaluation. This evaluation is required by the state because these are critical periods when a child's mouth experiences much structural change, and when dental decay may occur quite rapidly. With good routine home care and biannual professional care, dental health problems may be prevented.

Please have the student's dentist complete form below, and return in September.

**FOR USE BY DENTAL EXAMINER ONLY**

### Private Dentist Report of Dental Examination of a Pupil of School Age

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Section/Teacher \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Child's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Report of Examination**

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
					A	B	C	D	E	F	G	H	I	J				
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment?  Yes  No

Treatment Completed?  Yes  No

Date of Dental Examination \_\_\_\_\_

Signature of Dental Examiner\* \_\_\_\_\_

Print Name of Dental Examiner \_\_\_\_\_

## SAINT ANDREW SCHOOL DRESS CODE



**Kindergarten:** all students wear the SAS gym uniform every day.

### **Girls:**

#### **Grades 1-4**

Plaid jumper/white peter pan blouse

Prescott red knee socks/ during cold weather black, prescott red, navy or white tights.

Sweater: (optional) prescott red cardigan with school logo

#### **Grades 5-8**

Plaid kilt (no shorter than 2 inches above the knee) Kilts may not be rolled.

White button-down oxford cloth blouse

Prescott red knee socks/ during cold months black, prescott red, or navy tights.

Sweater: prescott red crewneck with school name

### **Boys:**

#### **Grades 1-8**

Grey dress slacks with a belt

White dress shirt/ uniform tie

Sweater: prescott red vest or sweater (with school logo)

Socks: dress socks or solid white permitted. No ankle socks.

#### **Spring and Summer: Boys 1-8/ Girls 5-8**

SAS white golf shirt with school logo (optional)

#### **Shoes: Grades 1-8**

Black/brown/blue lace up style shoe/ Non-skid soles/ Non-marking sole/ No more than 1 inch heel. Sneakers may **only** be worn on gym days.

### **Gym Uniform: K-8 (see calendar for dates denoting uniform change)**

#### **Winter Uniform:**

Navy Saint Andrew sweatshirt/sweatpant

Grey logo t-shirt ( to be worn under the sweatshirt)

Sneakers

White or black solid color socks

#### **Spring Uniform:**

Grey logo t-shirt

Navy logo mesh shorts

White or black solid color socks

\*No jewelry may be worn on gym day

Note: Shirts, t-shirts and blouses must be tucked in at all times.

**Flynn and O'Hara is our official school uniform supplier. The store closest to our school is located in the Lawrence Park Shopping Center The telephone number is 610-259-3115.**

**Make up and Nail Polish:** Students are not permitted to wear make-up, colored nail polish or fake nails.

**Jewelry: No costume jewelry**

Earrings: (girls only) One pair of post earrings may be worn. (No larger than a dime)  
No dangling earrings. If allergies prevent the wearing of posts then no earrings should be worn. No jewelry on gym day.

No neck jewelry. Religious medals only may be worn around the neck but must remain under the school uniform at all times.

Bracelets may not be worn. The exceptions are the SAS and David Garrison wrist bands.  
Rings are not permitted.

Hair accessories must be conservative and kept to a minimal size.

**Haircuts:**

Haircuts are to be traditional and conservative. **Hair may not be worn below the collar for the boys.** Extreme hair styles (fads, tails, shaved, buzzed, dyed etc.) are not permitted.

\*Final determination as to what is traditional, conservative, and appropriate will be determined by the administration if needed.

**Lost and Found**

All students should value their possessions. Labeling possessions reduces the risk of losing them. Lost items are taken to the Main Office or the C.A.R.E.S. room and stored in the Lost and Found box. Announcements are made at the end of the school day informing students of items found. Items are also displayed at General Membership Home & School Meetings.



*Our school also has a uniform exchange with used uniform pieces, run by our parent, Megan Walsh-Boyle. If you would like to check with Megan to see if she has any uniform pieces you can use, her e-mail is [maggielwal72@yahoo.com](mailto:maggielwal72@yahoo.com)*



# SAINT ANDREW SCHOOL

PROVIDING A QUALITY ROMAN CATHOLIC EDUCATION

*"The Catholic community is encouraged at every level to support the work of our Catholic elementary and secondary schools, keeping them available and accessible to as many parents as possible. Therefore, we the Catholic bishops of the United States strongly encourage our clergy and laity to market and support Catholic elementary and secondary schools as one of our Church's primary missions."*

## 2017 – 2018 Tuition & Fee Schedule

Parish & Non-Parish Families

Pre-K 3 Year old (Tues. & Thurs. am)	\$ 1,700 per child
Pre-K 4 Year old (Mon., Wed. & Fri. am)	\$ 2,000 per child
Kindergarten through Eighth Grade	\$ 3,550 1 <sup>st</sup> child \$ 2,800 2 <sup>nd</sup> child \$ 1,625 3 <sup>rd</sup> child
SMART Tuition Administration Fee	\$ 45 per family
Technology Fee	\$ 50 per child (\$100 - two or more students)
Non-Refundable Registration Fee:	\$ 100 per child \$ 300 maximum

## 2017 – 2018 Tuition & Fee Schedule

St. Charles Borromeo (Drexel Hill) & St. Philomena (Lansdowne)  
Registered & Active Parishioners attending Saint Andrew School

	St. Charles*	St. Philomena*
Pre-K 3 Year old (Tues. & Thurs. am)	\$ 1,700 per child	\$ 1,700 per child
Pre-K 4 Year old (Mon., Wed. & Fri. am)	\$ 2,000 per child	\$ 2,000 per child
Kindergarten (no subsidy provided)	\$ 3,550 per child	(K-8)
First through Eighth Grade	\$ 2,550 1 <sup>st</sup> child \$ 1,800 2 <sup>nd</sup> child \$ 625 3 <sup>rd</sup> child	K-8 \$ 2,750 1 <sup>st</sup> child K-8 \$ 2,000 2 <sup>nd</sup> child K-8 \$ 825 3 <sup>rd</sup> child
SMART Tuition Administration Fee	\$ 45 per family	\$ 45 per family
Technology Fee	\$ 50 per child (\$100 - two or more students)	
Non-Refundable Registration Fee:	\$ 100 per child \$ 300 maximum	\$ 100 per child \$ 300 maximum

\*Assumes the same level of parish subsidy as provided in the 2016-2017 school year. Any changes in the amount of subsidy will change the tuition charges. Eligibility for these subsidies is determined by the parishes providing these subsidies.

All tuition installment payment plans (monthly [June - March]); quarterly [June, September, December & March]; & semi-annual [July & December] are handled through SMART Tuition Management ([www.smarttuition.com](http://www.smarttuition.com)). Annual pay families are billed through the parish in early August and are not charged the \$45 SMART Administration Fee.

