

St. Martin de Porres Catholic School "Where Every Child is a Shining Star" 2225 Hampton Street Columbia, South Carolina 29204 (803) 254-5477

<u>www.saintmartindeporres.org</u> https://www.facebook.com/StMartindePorresSchool

Mission Statement

St. Martin de Porres Catholic School, a ministry of St. Martin de Porres Catholic Church, is vibrant, Christ-centered and emphasizes the joy and wonder of learning in a loving and caring atmosphere. We promote high academic and social standards and challenge our students to do their best. Rooted in our Catholic identity, we provide students of diverse faiths a rigorous curriculum which allows for academic success. We nurture students to develop a love of learning where "Every Child is a Shining Star".

Revised July 2016

Vision Statement

Our Vision is to be a respected Pre-K-6 inner-city Catholic School that is known for its Christ-centered values and academic excellence. We are actively preparing future leaders to be successful.

Revised July 2016

Registration Form 2020-2021

| Student's Name | | | Male Fe | male |
|----------------------|--|---------------------|-------------------------|--|
| Last | First | Middle | | maic |
| Pre-3 Pre-4 | DE FOR WHICH YOU be 5 years old by Sept. 1st | | 2 nd Grade | Re-Enroll New Studen |
| School Entering From | | School District | School Address | |
| School Phone Number | | Reason For Transfer | | |
| Date of Birth | | Place of Birth | | |
| Home Street Address | | City | State | AMAN AND AND AND AND AND AND AND AND AND A |
| Home Phone Number | Emerge | ncy Contact: | | |
| Phone # | Parents are: | Married | Divorced | Separated |
| Child lives with | Mother | Father | Guardian | |
| Mother's Name | Occupation | Place o | f Business | - |
| Work Phone # | Cell # | E-mail _ | | |
| Father's Name | Occupation | Place o | Please Print f Business | |
| Work Phone # | Cell # | E-mail _ | Please Print | |

| Guardian's Name | Occupation | Work phor | ne # | |
|---|--|------------------------|---|---|
| Place of Business | Andrew Control of the | Cell # | | *************************************** |
| Student Name | Grade | | | |
| Why did you choose St. Martin' | s? | | | ***** |
| Number of Brothers | - | Number of Sisters | | gargering all the Art |
| Ethnicity: | Younger | | Older | Younger |
| African AmericanCau | ıcasianHispanic _ | American Indian | Multi-Racial _ | AsianOther |
| Church Denomination: | | | | |
| Catholic | Name of Church | | | |
| Other Denomination N | Name of Denomination Baptist, Methodist, Episco | Name of Clopal, etc) | nurch | |
| What Public School and Distr St. Martin de Porres Catholic Richland One | School: Name of School | l | | |
| Please state the person who will | | | | , |
| Name | Α. | ddress | *************************************** | <u></u> |
| Relationship to the student: | Mother Father | Guardian Other | | ************************************** |
| Phone Number | Cell Number | Email_ | | |
| | and acceptance ar ceived from new stu | | til the followi | ng |
| Registration fee is pa | id (\$50.00 non-refund | lable fee must be paid | when the form | is returned). |
| All School Fees Paid | Before the First Day | y of School | | |
| Copy of Custody A | greement (If applicat | ole) | | |
| Two Proofs of curre | nt resident (Copy of L | Lease Agreement, Uti | lities, Phone, et | c) |
| Current Copy of Rep | oort Card and Standar | dized Test Scores | | • |
| Results of Test for L | earning (disabilities i | f applicable) | | |
| *Any student with a | and must be submitt In IEP from another s student can be enrol | school or school disti | | |
| Copy of Birth Certif | icate | | | |
| **Conv of South C | aralina Immunizatio | n Contificata | | |

| St. Martin de Porres Catholic School SCHOOL FEES | | | | |
|---|-----|-------|-------------------|--|
| Registration | \$ | | 50.00 | |
| PTO Dues | \$ | | 25.00 Per Family | |
| Diocese Fee | \$ | | 42.00 | |
| Insurance | \$ | | 13.00 | |
| Activity Fee | \$ | | 20.00 | |
| Textbooks for Grades K-6 | \$ | 1 | 00.00 | |
| TOTAL FEES | K-6 | \$250 | PRE-K 3 & 4 \$150 | |

^{**}The Balance of the School Fees must be paid by August 14, 2020. This is minus the non-refundable \$50 for Registration, which is due by May 1st of each year.

TUITION AMOUNT AND PAYMENT PLANS

**All returning families may qualify for a special grant. Please check with the principal.

| | YEARLY | MONTHLY |
|------------|-------------|------------|
| 1 Child | \$6100.00 | \$610.00 |
| 2 Children | \$7300.00 | \$730.00 |
| 3 Children | \$10,000.00 | \$1,000.00 |

St. Martin de Porres Registration Process

- All families are required to establish a FACTS Account. FACTS Management charges all new families a one-time enrollment charges of \$44.00. The school office cannot accept tuition payments in the office. Tuition payment can be 10-11 equal payments. Payments are to be paid monthly and on-time!
- Tuition Assistance Application are available online at http://online.factmgt.com
 Complete and submit the Financial Aid Form in FACTS, including the \$38 financial aid application fee. This includes both new and returning families.
 - 1. Students that register for the next year will receive a credit of \$38 against their first tuition payment. Any assistance offered is based on the financial status of the school.
- > Submit registration form and supplemental documents to the office by May 1st, indicating on the form the Tuition Management and Financial Aid Forms (if applicable) have been submitted online.
- > Financial assistance applications will be reviewed by School Advisory Board on a family-by-family basis with full confidentially.
- Families will meet with the school principal to review financial assistance award (if applicable) and sign tuition contract by June 1.

**Priority registration deadline is May 1st. Applications for new or returning students that are submitted by this date will have priority review for financial assistance.

Applications submitted after May 1st will be reviewed in the order, they are received with a 30day turnaround.

- Students qualifying for Exception SC and receiving the Scholarship will incur an additional fee for support services \$4800. This fee will cover the expense of a Special Education Instructor and other services. However, the Exceptional SC Scholarship will cover this additional fee (s). Parents will not pay for this expense out-of-pocket. For additional information, please contact Mrs. Gilliard at the school.
- Students withdrawing from St. Martin de Porres Catholic School at any time during the first of the school year are required to pay the remaining balance of half the annual tuition rate. Students withdrawing at any time during the second semester of the school year are required to the pay full tuition price. Tuition is not pro-rated based on daily attendance. Transcripts and records will not be released until the balance is paid in full by cash, certified check, or money order.

Fund-raising

Throughout the year, we have fund-raisers to help with the operation of the school and to keep tuition affordable. Each family is being asked to support the Annual Gala and other activities. Non-participation will result in \$100.00 being added to the tuition.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

Fax: (202) 690-7442 or email: program.intake@usda.gov

This institution is an equal opportunity provider.

HOT LUNCH PROGRAM

St. Martin de Porres Catholic School participation in the National School Lunch Program. Application for free and reduced price will be sent home at the beginning of the school year. Students can bring lunch from home or buy a school lunch. It is important that all students eat a healthy lunch daily. Monthly menus are sent home.

Lunch Prices:

\$3.70 -Paid

Reduced - \$.40

Adult - \$4.00

Breakfast Prices: \$2.20 - Paid

Reduced - \$.30

St. Martin de Porres Extended School Care Program 2020-21 School Year

Our extended School Care Program is a service to working parents whose children attend St. Martin de Porres Catholic School. The program begins on the <u>first full day of school</u> and ends the <u>last full day of the school year</u>.

After School Program:

3:15 p.m. – 5:30 p.m. (School Days Only)

After School Program:

2 p.m. Dismissal Days – 2:15 -5:30 p.m.

NO AFTER SCHOOL ON 12 P.M. DISMISSAL DAYS

Note: A child who stays in after school for three or more days a week is charged the weekly rates.

Weekly Rates

Pre-K3 – 6th Grade

1 Child

\$20.00

2 Children

\$35.00

3 Children

\$45.00

Fees may be paid weekly or monthly. Students will not be able to participate in the After-School Program, if the fees are not paid each month.

Extended School Care Program Registration Form 2020-2021

| If you wish to participate in this program, pleas | e complete the form b | elow: | |
|--|-----------------------|--------------------------|--|
| Student's Name | Grade | | |
| will participate in the After School Program | n | | |
| Parent Name | Cell # | Wk# | |
| Parent Signature | Date | | |
| If you can't be contacted, please indicate the fol | lowing: | | |
| Person(s) to whom your child may be released: | | | |
| Name | Emergency Contact | Number | |
| Name | _ Emergency Contact | Number | |
| **Students not picked-up by 5:30 p.m. will be overtime** | e charged an extra \$ | 5.00 for each 15 minutes | |

We asked that parents make a monetary donation to assist with the afterschool snacks. The goal is for students attending to have a small snack. If we do not received donations for snacks, we will not be able to continue offering snacks. *Extended Care fees are very reasonable*.