Non-Refundable Fees
Registration Fee $500.00 per student

Tuition
Tuition rate includes fees for enrichment, technology, guidance, academics and capital improvements.

PreK3 & PreK4 $11,700.00 per student
Kindergarten – 5th Grade $10,700.00 per student
6th Grade & 7th Grade $11,700.00 per student
8th Grade $12,000.00 per student

Multi-child discount as follows:
- Two children enrolled in St. Coleman School $2,500.00 per student
- Three children enrolled in St. Coleman School $3,000.00 per student
- Four children enrolled in St. Coleman School $4,000.00 per student

Active parishioners of the Church who participate in the faith life of the parish by giving fully of their time, talent, and treasure and by regularly attending Sunday Mass and Holy Days of Obligation are eligible for a discretionary tuition reduction.

FINANCIAL AID & SCHOLARSHIPS
A family experiencing financial hardship should apply for STEP UP for Students Scholarship (www.stepupforstudents.org), AAA Scholarship (www.aaascholarships.org), AND complete the FACTS Grant and Aid Assessment Application (https://factsmgt.com). This assessment will be considered by the St. Coleman Financial Committee. All forms and supporting documentation must be submitted as soon as possible to be considered for possible financial aid. Late and/or incomplete applications will not be taken into consideration.

For questions regarding tuition and fees, please contact Mrs. Mary Perkins in our Business Office at 954.941.4844 or mperkins@stcoleman.org
Application for Enrollment

Saint Coleman Catholic School
2250 Southeast 12th Street
Pompano Beach, Florida 33062
Office: (954) 942-3500 Fax: (954) 785-0603

All information below refers to the family address at which the student resides.

Student’s Name: First: ______________________ Last: ______________________ S.S.# _______/_______/______
Address: __________________________________________ City: ______________________ Zip: ____________
Home Phone: ______________________ Gender: ______ Date of Birth: _____/_____/_______
School Last Attended: __________________________ City, State: ______________________________

Does your child have an IEP? ☐ Yes ☐ No

Race (optional):
☐ American Indian / Native Alaskan
☐ Black / African American
☐ Native Hawaii / Pacific Islander
☐ Asian
☐ White
☐ Two or More Races

Ethnicity (optional):
☐ Hispanic / Latino
☐ Non-Hispanic / Latino

Religion: __________________________ City, State: __________________________
Envelope#: ______________________ City, State: __________________________
Baptized: ☐ Yes ☐ No Date of Baptism: Month: __________________________ Year: ______________
Name of Church for Baptism: __________________________ City, State: __________________________
Communion ☐ Yes ☐ No Date of Communion: Month: __________________________ Year: ______________
Name of Church for Communion: __________________________ City, State: __________________________

Primary Contact / Email for FACTS Account (tuition billing):
Name: __________________________________________________________
Address: _______________________________________________________
City: __________________________________ City: ______________________ State: ______________________ Zip: ____________
Phone: ______________________ Cell#: ______________________
Mother’s Signature: __________________________ Father’s Signature: __________________________
Email for FACTS Account: ________________________________________

The School is Authorized Under Federal Law to Enroll Nonimmigrant Alien Students
(8 C.F.R & 214.3(j))
**SIBLING INFORMATION:** (please print)

No Siblings Currently Attend St. Coleman School: _____

OR

Name and Grade of Sibling(s) Currently Attending St. Coleman School:

Name: ___________________________________________ Grade: _______

Name: ___________________________________________ Grade: _______

Name: ___________________________________________ Grade: _______

**MOTHER’S INFORMATION:** (please print)

Mother’s Name (First and Last) _______________________________________________________________

Mother’s Cell# ___________________________________________________________________________

Mother’s Work# __________________________________________________________________________

Mother’s Email: _________________________________________________________________________

Mother’s Religion: ______________________________________________________________________

Mother’s Occupation: _____________________________________________________________________

**FATHER’S INFORMATION:** (please print)

Father’s Name (First and Last) _____________________________________________________________

Father’s Cell# __________________________________________________________________________

Father’s Work# __________________________________________________________________________

Father’s Email: _________________________________________________________________________

Father’s Religion: ______________________________________________________________________

Father’s Occupation: _____________________________________________________________________

**Student lives with:**

Both Parents: ___

Mother: ___ Father: ___

Other: ___

**If student does NOT reside with both parents, please fill out additional contact information:**

Relationship: ____________________________

Name: ______________________________________

Address: _________________________________ City, State __________

Home Phone: _____________________________ Zip: __________

**OFFICE USE ONLY**

Application Fee: **$100.00**

Check# ____________ Cash _______ Date _____ / ____ / ______

Registration Fee: **$500.00**

Check# ____________ Cash _______ Date _____ / ____ / ______