Admission Process

The school will begin accepting applications for the 2022-2023 school year for students in PreK-3 through 8th grade beginning January 31, 2022 and ongoing.

PAPERWORK REQUIRED FOR APPLICATION SCHOOL YEAR 2022-2023

Grades PreK-3 through 8:

- Copy of Birth Certificate
- Copy of Baptismal Certificate (required if child has been Baptized)
- Copy of First Communion Certificate (required if child has received First Communion)
- Health and Immunization (Original Forms 680 and 3040 Vaccines must be up-to-date before the first day of school; this is a State Mandate.)
- Copy of Student's Social Security Card
- Copy of Report Card Grades in all subject areas from the past two years to present grade (or appropriate marking period)
- Copy of Standardized Test Scores from past two years to present
- Application Fee: Non-refundable \$100.00 (Per Student)

Placement testing will be scheduled individually. Information and testing times will be given when complete application has been submitted.

Please note: Child must be 3 years of age on or before September 1, 2022 for PreK-3, 4 years of age on or before September 1, 2022 for PreK-4, and 5 years of age on or before September 1, 2022 for Kindergarten. Child must be toilet-trained prior to starting school.

Applications will not be accepted without complete paperwork.

For questions regarding admission please contact Susan Jaen, Director of Admissions, at (954) 942-3500 or admissions@stcoleman.org

SCS Tuition and Fees 2022-2023

Non-Refundable Fees

Registration Fee

\$500.00 per student

Tuition

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

PreK3 – 7th Grade \$10,500.00 per student \$10,800.00 per student

Multi-child Discount \$2,000.00 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 the *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 potential financial aid. Late and/or incomplete applications will not be taken into consideration.

Application for Enrollment

Siblings Currently						
Attending						
Saint Coleman School						
		ĺ				
Yes		No				
		-				

Saint Coleman Catholic School

2250 Southeast 12th Street Pompano Beach, Florida 33062 Office: (954) 942-3500 Fax: (954) 785-0603 **Entering Grade**

Student's Name: First:	All information below refo	ers to the family address at w	which the student resid	des.		
Home Phone:	Student's Name: First:	Last:		S.S.#	//	
School Last Attended:					Zip:	
Does your child have an IEP? Yes No Does your child have a scholarship? Yes No If yes, what scholarship do they currently have? Race (optional):	Home Phone:	Gender:	Date of Birth: _	//		
Does your child have a scholarship? Yes No If yes, what scholarship do they currently have? Race (optional):	School Last Attended:		City, State:			
If yes, what scholarship do they currently have? Race (optional):	Does your child have an IE!	P? Yes No				
Race (optional): American Indian / Native Alaskan	Does your child have a scho	olarship? Yes No				
American Indian / Native Alawaii / Pacific	If yes, what scholars	ship do they currently have? _				
Envelope#: City, State: Year: 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: State: Zip: Phone: Cell#: Mother's Signature: Father's Signature: Address: Cell#: Address: Cell#: Address: Cell#:	□American Indian / Native	□Native Hawaii / Pacific □W	Vhite	□His	spanic / Latino	
Envelope#: City, State: Year: 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: State: Zip: Phone: Cell#: Mother's Signature: Father's Signature: Address: Cell#: Address: Cell#: Address: Cell#:	Religion:	Church Atte	ending:			
Baptized:	Envelope#:					
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: State: Zip: Phone: Cell#: Mother's Signature: Father's Signature:	Baptized: Yes No					
Name of Church for Communion:	Name of Church for Baptisi	m:	City	y, State:		
Primary Contact / Email for FACTS Account (tuition billing): Name: Address: City: Phone: Cell#: Mother's Signature: Father's Signature:	Communion Yes N	Jo Date of Communion: Mc	onth:	Y6	ear:	
Name:	Name of Church for Comm	union:	Cit	y, State:		
Address:	Primary Contact / Email f	for FACTS Account (tuition	billing):			
Address:	Name:					
Phone: Cell#: Mother's Signature: Father's Signature:						
Mother's Signature:Father's Signature:	City:		State:		Zip:	
	Phone:		Cell#:			
	Mother's Signature:		Father's Signature	:		
Email for 17C 15 / Account.						

SIBLING INFORMATIO	N: (please print)						
No Siblings Currently Atter	nd St. Coleman Schoo	l:					
OR							
Name and Grade of Sibling	(s) Currently Attendin	g St. Coleman School:					
Name:			Grade:				
Name:			Grade:				
Name:			Grade:				
MOTHER'S INFORMAT	ION: (please print)						
Mother's Name (First and L	.ast)						
FATHER'S INFORMATI	ON: (please print)						
Father's Name (First and La	ast)						
Father's Cell#							
Father's Occupation:							
Student lives with:	If student does NC	T reside with both parents, p	lease fill out additional contact				
		•					
Both Parents:				_			
Mother: Father:			City, State				
Other:			Zip:				
Referred by:							
•							
OFFICE USE ONLY							
Application Fee: \$100.00	Check#		Date / /				
Registration Fee: \$500.00	Check#		Date / /				