



SAINT MONICA

CATHOLIC SCHOOL

Phone: 210.658.6701

www.saintmonica.net

Application for Registration:

Student Name _____ School Year _____ - _____

New Student Registration Checklist (For office use only)

Referred by: _____

Government Documentation

☐ Official State Birth Certificate* ☐

Registration Information

☐ Student Application for Admission*

☐ Student Health Form*

☐ Household Income verification*

☐ Home Language survey

☐ Covid/Media Consent Form

☐ Current Immunizations*

Educational Information

☐ Student?Parent Handbook Form*

☐ Official Cumulative Academic
Records/Transcripts/Conduct/Attendance

Payment Information

☐ Must sign up with FACTS (online tuition
collection)

☐ Payment of Enrollment Fee

Religious Information

☐ Parish Affiliation ☐

☐ Baptismal Certificate

☐ First Eucharist Certificate

☐ First Reconciliation Certificate

Would you like for your child
to receive the Sacraments?

☐ Yes

☐ No

Family Documentation

☐ Criminal Background Check(s)*

☐ Parent(s)/Guardian(s) Drivers License(s)*

☐ Court Certified Copy of the Custody Section of
any existing Divorce/Separation Decree

☐ Proof confirming Military Status

*Required

Registration Payment

Date: ____ / ____ / ____ Amount: _____ Check # _____



Cash



FACTS ☐

Admission Policy: Registration is incomplete and enrollment will not proceed until the Registration Checklist above has been completed and approved. Failure to provide copies of all requested records could affect enrollment status with the student being denied admission or asked to withdraw. *Any misrepresentation or incomplete information on these forms may result in immediate dismissal.

Before any student is accepted to St Monica Catholic School, an acceptance qualification assessment will be conducted by the school administration. This assessment is made in consultation with the family, examining the student's past academics, attendance, and conduct records. Enrollment is Complete upon receipt of your Notification of Acceptance.

All new students are conditionally admitted for their first 9 weeks.

I(We) accept the Admission Policy and would like to apply for enrollment at St Monica Catholic School. I(We) understand that I(We) assume full financial responsibility. I(We) understand that the application process will only proceed upon receipt of all documentation and payment of the registration fee.

Parent/Guardian signature _____ Date: ____ / ____ / ____

Parent/Guardian signature _____ Date: ____ / ____ / ____

515 North Street
Converse, TX 78109

bookkeeper@saintmonica.net
office@saintmonica.net



SAINT MONICA

CATHOLIC SCHOOL

Phone: 210.658.6701

www.saintmonica.net

<http://online.factsmgt.com/signup/45CZ7>

School code: SMC-TX

ST MONICA CATHOLIC SCHOOL 2022-2023 New Student Application for Admission

Enclosed is information about the enrollment options for the 2022-2023 school year. There is a \$450 registration fee for returning families, and a \$500 registration fee for new families.

Student's Name	Male/Female	Date of Birth	Grade (2022-2023)

Please initial your billing preference:

_____ 10 month payment plan, beginning in August and ending in May

_____ 11 month payment plan, beginning in July and ending in May

_____ 12 month payment plan, beginning in June and ending in May

Please initial any discounts that apply:

_____ 10% tuition discount for each sibling

_____ 5% tuition discount for military families per child

Will you need After School Care

_____ Yes, monthly \$200 starting in August

_____ Yes, Drop in- as needed \$10 hour

_____ No, I do not anticipate the need

Parent /Guardian Name

Parent/Guardian Signature

Date

Parent /Guardian Name

Parent/Guardian Signature

Date

2022-2023 New Student Application for Admission

Grade ASC Summer

STUDENT INFORMATION

NAME _____

LAST NAME FIRST NAME MIDDLE

BIRTH DATE / / SEX PLACE OF BIRTH
MO DAY YEAR CITY, STATE

STUDENT HOME ADDRESS _____
STREET ADDRESS CITY STATE ZIP CODE COUNTY

STUDENT FAITH

RELIGION _____ DATE BAPTIZED _____ / _____ / _____
MO DAY YEAR

BAPTISMAL CHURCH

NAME	CITY	STATE
------	------	-------

CURRENT
PARISH/CHURCH _____

NAME	CITY	STATE
------	------	-------

STUDENT CENSUS DEMOGRAPHICS

ETHNICITY: ☐ Hispanic ☐ Non Hispanic

RACE: ☐ African American ☐ White/Caucasian ☐ Native Hawaiian
☐ Asian ☐ Native American Indian ☐ Multi-Racial

STUDENT RESIDES WITH(CHECK ALL THAT APPLY):

☐ Both Parents ☐ Mother ☐ Father ☐ Mother & Stepfather

☐ Father & Stepmother ☐ Guardian ☐ Other: _____

St. Monica Catholic School
2022-2023 New Student Application for Admission

SCHOOL DISTRICT INFORMATION

Public School

Assigned: _____ District _____

Previous

School _____

NAME

CITY

STATE

YEAR(S) ATTENDED _____ GRADE LEVEL(S) _____

Previous

School _____

NAME

CITY

STATE

YEAR(S) ATTENDED _____ GRADE LEVEL(S) _____

ACADEMIC SUPPORT

Has your child ever received any interventions to support learning?

☐ 504 Plan

☐ IEP

☐ Speech Services

☐ Gifted or talented

☐ Bilingual/ESL

☐ Dyslexia

☐ Title 1 Math

☐ Title 1 Reading

☐ Any other academic or medical interventions (ADHD, Retained a Grade Level, etc.)? Explain:

ADDITIONAL SUPPORT SERVICES

Has your child ever received any additional support services?

☐ Campus Counselor

☐ Campus Behavior Interventionist

☐ Other: _____

Please provide any necessary academic or behavioral information to support your student (skipped a grade, suspensions, dismissals, etc), Thorough information helps us support you.

St. Monica Catholic School
2022-2023 New Student Application for Admission

LEGAL PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN _____
LAST NAME FIRST NAME MAIDEN NAME

RELATIONSHIP TO CHILD

☐ Birth Parent ☐ Adoptive Parent ☐ Step Parent ☐ Guardian ☐ Grandparent

☐ Other: _____

ID/LICENSE NUMBER: _____ STATE for LICENSE _____
Must Provide Copy to Office

HOME ADDRESS _____
STREET ADDRESS CITY STATE COUNTY

PERSONAL EMAIL _____@_____

WORK EMAIL _____@_____

PHONE NUMBERS HOME (____) _____ -- _____

CELL (____) _____ -- _____ WORK (____) _____ -- _____

EMPLOYER _____ OCCUPATION/TITLE _____

EDUCATION: ☐ High School ☐ College ☐ University ☐ Other: _____

MARITAL STATUS ☐ Single/Never Married ☐ Now Married ☐ Divorced

☐ Separated ☐ Widowed ☐ Other: _____

RELIGION _____

St. Monica Catholic School
2022-2023 New Student Application for Admission

LEGAL PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN _____
LAST NAME FIRST NAME MAIDEN NAME

RELATIONSHIP TO CHILD

☐ Birth Parent ☐ Adoptive Parent ☐ Step Parent ☐ Guardian ☐ Grandparent

☐ Other: _____

ID/LICENSE NUMBER: _____ STATE for LICENSE _____
Must Provide Copy to Office

HOME ADDRESS _____ Date _____
STREET ADDRESS CITY STATE COUNTY

PERSONAL EMAIL _____@_____

WORK EMAIL _____@_____

PHONE NUMBERS HOME (____) _____--_____

CELL (____) _____--_____ WORK (____) _____--_____

EMPLOYER _____ OCCUPATION/TITLE _____

EDUCATION: ☐ High School ☐ College ☐ University ☐ Other: _____

MARITAL STATUS ☐ Single/Never Married ☐ Now Married ☐ Divorced

☐ Separated ☐ Widowed ☐ Other: _____

RELIGION _____

St. Monica Catholic School
2022-2023 New Student Application for Admission

How did you first hear about SMCS: (check all that apply)

- ☐ Open House ☐ A Current SMCS FAMILY, Name _____
- ☐ Website ☐ Church ☐ A Current Team Member, Name _____
- ☐ Social Media Ad ☐ Other: _____

The factor(s) most influencing us to apply/return to SMCS: (check all that apply)

- ☐ Cost ☐ Location ☐ Quality of Teaching ☐ Discipline ☐ Academic Standards
- ☐ Displeasure with previous school/local schools ☐ Desire to attend Faith Based School
- ☐ Other: _____

APPLICATION VERIFICATION

I/We certify that no information relevant to my child's application has been withheld and agree to support and abide by SMCS regulations and guidelines not only at the time of admission but also throughout subsequent years of attendance. We/I understand that acceptance of this application by SMCS in no way guarantees enrollment. All students are considered in accordance with the official admission policy, and final decision will be made by the administration of SMCS.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

St. Monica Catholic School
2022-2023 New Student Application for Admission

FAMILY INFORMATION

How siblings does your student have? _____

How many siblings live with your student? _____

SIBLING			
LAST NAME	FIRST NAME	AGE	SEX

Currently student at St. Monica's? _____

SIBLING			
LAST NAME	FIRST NAME	AGE	SEX

Currently student at St. Monica's? _____

SIBLING			
LAST NAME	FIRST NAME	AGE	SEX

Currently student at St. Monica's? _____

SIBLING			
LAST NAME	FIRST NAME	AGE	SEX

Currently student at St. Monica's? _____

We love volunteers!

Do any of the family members of your student have talents or skills they would like to volunteer to support our community? Please list name and areas adult would like to support (i.e. career/vocation day, fundraising, tech improvements, graphic design, grant writing, event planning/hosting, etc.).



Department of Catholic Schools
Archdiocese of San Antonio
2718 W. Woodlawn Ave
San Antonio, TX 78228
210-734-2620 • Fax 210-734-9112
www.sacatholicschools.org

STUDENT HEALTH FORM

School Year: _____ Grade: _____ Homeroom Teacher: _____

Student's Name: _____ M / F
Last Name First Name M.I. Date of Birth Gender

Primary Address: _____
Street Address City State Zip

It is the Texas Catholic Conference of Bishops policy that every student in a Catholic School in the State of Texas be immunized against vaccine preventable diseases caused by infectious agents in accordance with the immunization schedule adopted by the Texas Department of State Health Services.

Children will be screened as set forth by the Texas Department of State Health Services for hearing, vision, scoliosis and acanthosis nigricans. The school follows the required screening schedule from the State of Texas.

WHERE CAN PARENTS/GUARDIANS BE REACHED?

Mother/Guardian Name: _____ Primary Phone: _____

Address if different: _____ Secondary Phone: _____

Work Place: _____ Work Phone: _____

Work Address: _____ Email: _____

Father/Guardian Name: _____ Primary Phone: _____

Address if different: _____ Secondary Phone: _____

Work Place: _____ Work Phone: _____

Work Address: _____ Email: _____

Please list designated persons allowed to assume temporary care of your child if you are not available. **ONLY** the designated individuals listed below will be able to pick-up your child/children from school. *Changes or additions to this form must be made in writing.*

1) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

2) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

** You may list additional Authorized Persons to assume temporary care of your child/children on the reverse.
ONLY the designated people will be able to pick up your child/children from school.**

Student's Name: _____

3) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

4) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

* Is any person, including mother or father, legally restrained from picking up this child? Yes / No

If yes, please give a brief description of the restrictions in the space below:

CONDITION	Moderate	Severe	COMMENTS
Allergy - Drug/Other			
Asthma			
Accident or Illness**			
Blood Disorder			
Cardiac Disease/Problem			
Chicken Pox (date required)			
Congenital Deformity			
Diabetes			
Hearing Loss			
Hypertension			
Neurological Disorder			
Otitis Media (Ear Infection)			
Seizure Disorder (Epilepsy)**			
Surgery – Serious**			
Urinary Problem			
Vision Loss			
INJURIES			
Head**			
Back**			
OTHER:			

** Details required, please use COMMENTS section.

List all medications (prescription, over-the counter, and herbal) that your child takes regularly: _____

Primary Physician's Name: _____ Phone: _____

Hospital Preference: _____

Dentist: _____ Phone: _____

In the case of accident or illness, I request the school contact me. If the school is unable to reach me, the school has permission to take whatever action they deem necessary for the health and welfare of my child in the event of an emergency. I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Confidential Household Income Verification Worksheet

Judson ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

Student ID:	Student Birthdate:
Student Name:	
Student Grade:	Campus:
Parent/Guardian Name:	

Section A

Do you receive Supplemental Nutrition Assistance (SNAP)?

☐ Yes ☐ No

Do you receive Temporary Assistance to Needy Families (TANF)?

☐ Yes ☐ No

If you answered Yes on either of the above, skip Section B and continue to the Signature section.

Section B (Complete only if all answers in Section A are No)

How many members are in the household (include all adults and children)? _____

Total Yearly Income before deductions of ALL household members (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (before any type of deductions).

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 – \$23,606.00 | <input type="checkbox"/> \$48,470.01 – \$56,758.00 | <input type="checkbox"/> \$81,622.01 – \$89,910.00 |
| <input type="checkbox"/> \$23,606.01 – \$31,894.00 | <input type="checkbox"/> \$56,758.01 – \$65,046.00 | <input type="checkbox"/> \$89,910.01 – \$98,198.00 |
| <input type="checkbox"/> \$31,894.01 – \$40,182.00 | <input type="checkbox"/> \$65,046.01 – \$73,334.00 | <input type="checkbox"/> \$98,198.01 – \$106,486.00 |
| <input type="checkbox"/> \$40,182.01 – \$48,470.00 | <input type="checkbox"/> \$73,334.01 – \$81,622.00 | <input type="checkbox"/> \$106,486.01 and above |

Signature

Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

- ☐ I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.
- ☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print):	
Parent/Guardian Signature:	Date:

St. Monica Catholic School
2021-2022 New Student Application for Admission

HOME LANGUAGE SURVEY

CUESTIONARIO DEL IDIOMA QUE SE HABLA EN EL HOGAR

Student Name/ Nombre de estudiante

1. Is a language other than English spoken in your home? ¿Se habla otro idioma que no sea el inglés en su casa?

☐ No ☐ Yes/ Sí _____ (specify language/ especifique idioma)

2. Does your child communicate in a language other than English? ¿Habla el estudiante un idioma que no sea el inglés?

☐ No ☐ Yes/ Sí _____ (specify language/ especifique idioma)

3. Which language did your child learn first?

¿Cuál fué el primer idioma que aprendió su hijo/a?

_____ (specify language/ especifique idioma)

4. In which language do you prefer to receive information from the school?

¿En que idioma prefiere recibir comunicaciones de la escuela?

_____ (specify language/ especifique idioma)

St. Monica Catholic School
Archdiocese of San Antonio

Acknowledgement Relating to Coronavirus/COVID-19

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, restricted the congregation of groups of people.

St. Monica Catholic School (the "School") has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **participation in any school activities could increase your child(ren)'s or your risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in any school activity at the School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, School employees, volunteers, and program participants and their families. I agree I will not take my child to the School if my child displays any symptoms of COVID-19 or is he/she has been exposed to anyone with COVID-19. I will notify the School immediately if my child is exposed to or develops any symptoms. I agree to comply with the rules, directives, and guidance of the School and will actively encourage my child to do the same.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student

Student Media Consent

August 1, 2021

Dear Dragon Families,

Our new website will be live this week! We have a proud tradition of celebrating our student accomplishments by sharing them with our community. According to our 2021-2022 Handbook, any guardian that does not wish for their student to be featured on our media platforms is to send an email to Mrs. Martinez at smartinez@saintmonica.net . We are sending this consent form as an addendum in order to secure all student privacy.

We will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes biographical data including full student name, video, photo, residential addresses, e-mail addresses, and phone numbers.

Please understand that your child will be asked to make accommodations if you do not want your student featured. For example, your student may be asked to step out of a class picture. We support your request with vigilance. If you wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Principal, Sara Martinez, and such rescission will take effect upon receipt. **Please complete the information requested below.**

Name of Student _____ Grade Level _____

Parent/Guardian is to check one response below:

I grant St. Monica Catholic School to use the photos, videos, audio recordings, interviews or work/artwork of my child for the purposes of promoting students and St. Monica Catholic School in the following ways:

- School Communications including school newsletter, yearbook and classroom displays.
- Promotional and informational materials on public media sites, (such as Facebook, Twitter, Instagram) as well as school website, pamphlets or videos.
- Print and electronic newspaper and media articles, photographs, interviews and videos by the Archdiocese and news media.

____ Yes, I approve the release of such information.

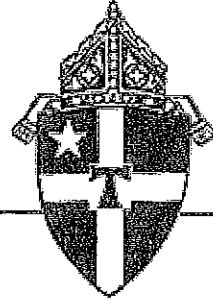
____ No, I do not approve the release of such information.

******Please note that approval is for all forms of media.******

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date _____

THE ARCHDIOCESE OF SAN ANTONIO



CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

****Please print as neatly as possible and fill out both sides. Illegible forms will be returned.**

Name: _____
 First Middle Last

Other last names used in the past five years: _____

Current address: _____
 Street City State Zip

Work phone #: _____ Home phone #: _____

E-Mail Address: _____

Date of birth: _____ Gender: Male _____ Female _____

Driver's license #: _____ State _____

Name of Parish, School, or Agency: _____

Name of Volunteer Position or Job Title with Parish, School or Agency: _____

Will this position require you to work or volunteer consistently (more than one time) with minors? Yes _____ No _____

FOR OFFICE USE ONLY:

This form entered into EappsDB system. _____

Additional Information:



You must answer the following:

Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.) ☐ YES ☐ NO.

If you answered "YES", please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:

I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.

I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement, and investigations.

I understand that a criminal background check will be conducted every three years, or as needed, per Archdiocesan policies, and I hereby give permission to the Archdiocese to conduct future criminal background checks without further written authorization.

I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.

The statements made by me on this form are true, correct, accurate and complete and are made in good faith.

I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.

Signature: _____ Date: _____



Payment Plan Through FACTS

As a Catholic school, our desire is always to concentrate our available human and financial resources on our primary mission of education. To help us meet this goal, we will continue to be co-sourcing through FACTS Management Company for payment of tuition. It will also provide us a billing platform for fees incurred throughout the year. Our families will be able to access their account online and:

- Receive reminder emails
- Switch payment methods
- Pay ahead online
- Add Authorized Parties

A Sensible Plan

We are proud to partner with FACTS; this system is used by over 13,000 other institutions. It is not a loan, there is no debt, no interest or finance charges are assessed, and there is no credit check. The FACTS annual enrollment fee will be deducted from your account prior to the first scheduled tuition payment (\$50 per family for monthly or quarterly payments, or \$20 for tuition payment in full or semiannual). Tuition is handled conveniently and securely through a preauthorized automatic bank payment from checking or savings or automatic charge to credit card with 2.85% service fee.

Payment Plan Options

- ❖ **Monthly payments through FACTS :** 10 payments August -May, 11 payments July to May, or 12 payments June to May. Automatic bank payment or automatic charge to credit card with 2.85% service fee on the 5 or 15th of the month. \$50 FACTS annual enrollment fee.
- ❖ **Payment in Full through FACTS:** Automatic bank payment or automatic charge to credit card with 2.85% service fee on August 5 or 15th. \$20 FACTS annual enrollment fee.

Convenient Online Enrollment

You can enroll in the FACTS Payment Plan online by linking from the school's Web site. Enrolling online is simple and secure. Look for the FACTS logo to link to our customized online sign-in page.

Be sure to have the following information ready:

- The name, street address, and e-mail address of the person responsible for making the payments.
- Account information for the person responsible for payment: bank name, account number, and the bank routing number. Most of this information is located on your check. You may also elect FACTS to use a credit card with 2.85% service fee.

To protect your privacy, you will be asked to create your own unique FACTS user ID and Password. Before you click the Submit button, please carefully read through the Final Review and the Terms and Conditions. Notification confirming your online enrollment in a FACTS payment plan will be sent to you, and the annual enrollment fee will be automatically deducted from your account within the next 14 days after your school finalizes your payment plan.

If you have questions about enrolling in FACTS please contact the business office at 210-658-6701. Once you have a FACTS plan set up, you may contact FACTS directly 866-441-4637 or view your agreement online through your Consumer Portal Account. To access the Consumer Portal, follow the instructions located on the FACTS Confirmation Notification or e-mail. FACTS customer service representatives are available Monday -Friday, 7:00 am to 9:00 pm (CT), and Saturday, 8:00 am to 2:00

Frequently Asked Questions

1. When and what time will the funds be withdrawn from my bank account?

While FACTS transacts each payment on the date you have specified, it is your financial institution that determines the time of day the payment is debited. FACTS recommends checking with your financial institution to determine how far in advance funds should be deposited into your account to ensure the automatic payment clears. If a payment date falls on a weekend or banking holiday, the payment will be transacted the following business day.

2. How will I be notified of my payment information?

Once your agreement is posted to the FACTS system and the School enters the net tuition amount, you will receive a confirmation notification of your payment amount by e-mail or letter in approximately 10 days. Payments will be processed until the total balance is paid in full. The notification has important information you must have to log on to the Consumer Portal Account. You will receive a reminder email 4 business days prior to the upcoming payment and have the option to change payment method or pay ahead online. **FACTS needs two business days' notice of any changes prior to your next scheduled payment.**

3. What happens if FACTS attempts to process my payment and there are not enough funds in my account?

Should an automatic bank payment or credit card payment be returned, a \$30.00 FACTS Returned Payment Fee will be automatically assessed to your account. This is in addition to any interest penalty the school may assess. You will be notified by FACTS of the returned payment via e-mail or postal mail. The payment will be reattempted approximately 15 days later. If unexpected circumstances arise, please contact the school office 2 business days prior to payment to discuss a change to your upcoming payment.

4. What about enrollment in the FACTS payment plan in future years?

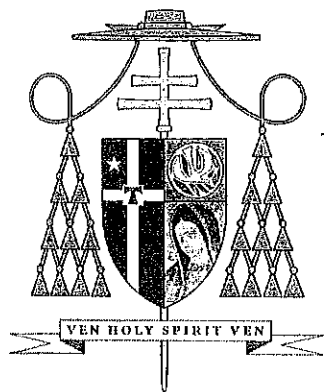
The FACTS payment plan enables the school to automatically reenroll families in payment plans over successive years, saving time for both the school office and your family. Should your tuition payments be made through FACTS the following year, you would be notified in advance by the school.

5. How will I pay other expenses at the school?

You will receive an email notice from FACTS that incidental fees are due, directing you to your secure parent's portal for a listing of the fees due.

We Look Forward to Serving You Better!

St Monica Catholic School looks forward to our partnership with FACTS and the efficiency and technology it brings to our school. Should you have any questions regarding this plan, please contact the school office at (210)658-6701 or FACTS at (866)-412-4637.



ARCHDIOCESE OF SAN ANTONIO

OFFICE OF THE ARCHBISHOP

2718 W. Woodlawn Avenue | San Antonio, Texas 78228-5124 | 210-734-2620 | Facsimile 210-734-0708

Ven, Holy Spirit, Ven!

May 2016

My brothers and sisters in Christ,

The Archdiocese of San Antonio is unconditionally committed to the protection of children, youth, and vulnerable populations within our community. In order to assure their protection from harm, it has been mandated that all adults who minister to children must receive Safe Environment Training every three years. It is also mandated that all children and youth enrolled in religious education or in Catholic Schools must also receive Safe Environment Training on a yearly basis.

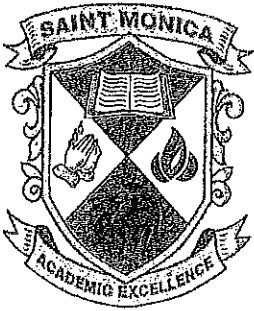
The Archdiocese of San Antonio is currently using Protecting God's Children by Virtus in order to train adults on abuse prevention. This training is available at our parishes, schools, and online. Protecting God's Children discusses the complexities of abuse and the steps necessary to protect children and youth. The children and youth are educated using the Yello Dyno program and the Child Lures program. These programs are intended to educate, inform, and empower the children and youth in our Archdiocese.

I cannot protect all children and youth alone; it is important that all Catholics ensure that we are following the mandate of Jesus, and "Let the little children come to Me." All adults, including parents, are encouraged to receive Safe Environment Training. Children and youth need trusted and loving adults in whom they can confide any concern or fear.

We have chosen to act vigorously against interpersonal violence. If you have any questions, concerns, or ideas on ways to create a Safe Environment in your parish, school, or institution, please call the Office of Victim Assistance & Safe Environment at 210-734-7786 or email at ovase@archsa.org and get involved. This is a responsibility we all must accept in order to protect all of God's children.

With every best wish, I remain sincerely yours in the Lord,

Most Reverend Gustavo Garcia-Siller, M.Sp.S.
Archbishop of San Antonio



St. Monica Catholic School



Phone: (210) 658-6701

Fax: (210) 658-6945

www.saintmonica.net

Volunteer Form

In accordance with Archdiocesan policy, all adults volunteering must be current with an Archdiocese-approved criminal background check and VIRTUS training (required every three years). Please allow at least two weeks for approval. It is recommended that you submit the background check at the beginning of the school year.

Please go to the following website for the VIRTUS training online:
www.virtusonline.org and choose the following training at the bottom of the page.

1. Protecting God's Children
2. Sexual Harassment
3. Vulnerable Adults

Any questions may be directed to Norma Alvarado at (210)734-7786 or 1(877)700-1888.

Please bring your certificate as proof of VIRTUS training to the school office or email a copy to secretary@saintmonica.net to keep on file.

Please fill out the attached criminal background form.



2022-2023 SCHOOL YEAR

TUITION AND FEES

ALL PAYMENTS ACCEPTED THROUGH FACTS

ST. MONICA'S REGISTRATION FEES (NON-REFUNDABLE)



CURRENT
FAMILIES \$450



NEW
FAMILIES \$500



ST. MONICA
DRAGONS



ST. MONICA
CATHOLIC SCHOOL



210 658 6701

PRE-K 3 AND PRE-K 4 PROGRAM INFORMATION



frogstreet

PRE-K 3 AND PRE-K 4 UTILIZE
A SPECIAL PROGRAM CALLED
"FROG STREET" CURRICULUM
WHICH COVERS MATH,
SCIENCE, READING AND
LANGUAGE ARTS, SOCIAL
STUDIES, AND SOCIAL
EMOTIONAL SKILLS.

K-8th Please refer to www.hopeforthefuture.org
for tuition assistance.

PRE-K - 8TH GRADE TUITION BREAKDOWN

10-MONTH PAYMENT PLAN	11-MONTH PAYMENT PLAN	12-MONTH PAYMENT PLAN
1 CHILD \$535.00	1 CHILD \$486.36	1 CHILD \$445.83
2 CHILDREN \$1,016.50	2 CHILDREN \$924.09	2 CHILDREN \$847.08
3 CHILDREN \$1,498.00	3 CHILDREN \$1,361.82	3 CHILDREN \$1,248.33
4 CHILDREN \$1,979.50	4 CHILDREN \$1,799.55	4 CHILDREN \$1,649.58

2022-2023 ANNUAL TUITION: \$5,350

OTHER FEES/EXPENSES/DISCOUNTS

**BEFORE AND AFTER
SCHOOL CARE**
BEFORE SCHOOL:
FREE

AFTER SCHOOL:
\$200/MO.
\$10/HR DROP-IN RATE

**PARTICIPATION IN
AIAL SPORTS FEE
(5TH-8TH GRADE)**
\$100/ONE SPORT
\$50/EACH ADDITIONAL
BILLED THE FIRST
MONTH OF THE SPORT
BEING PLAYED

**8TH GRADE
GRADUATION FEE**
\$75.00
PER STUDENT

MILITARY DISCOUNT
5%

**CATHOLIC LIFE
RAFFLE TICKETS**
FAMILIES MUST SELL AT
MINIMUM \$150 WORTH
OF TICKETS.
100% OF PROCEEDS ARE
PAID BACK TO SMCS

THANK YOU FOR BEING A PART OF OUR DRAGON FAMILY!