



Saint Agatha School

Dear Parents,

St. Agatha School would like to thank you for your interest in our school. Enclosed are all the forms and information necessary for the Admissions process at our school.

St. Agatha School is a Christian Catholic Community that excels in education. Our school opened in 1941 and was located on Fr. Carney Drive in Milton. The school was then relocated to its current spot in 1951. Our mission is to clearly articulate the foundational principles upon which our every objective, policy and action as teachers of The People of God rests.

St. Agatha School is New England Association of Schools & Colleges (NEASC) accredited. Our students receive a strong, moral, spiritual, academic, and social foundation that challenges each and every one of them to be the best they can be.

If you have any additional questions, or would like to participate in a tour of our school, please contact Mrs. Cronin in the School Office (617-696-3548).

Sincerely,

Maureen C. Simmons
Principal



Saint Agatha School
Celebrate Christian Values ~ Excel in Education
440 Adams Street
Milton, Massachusetts 02186
Telephone: 617-696-3548
Fax: 617-696-6288
E-mail: School@StAgathaParish.org

APPLICATION FOR ST. AGATHA SCHOOL 2010-2011

GRADE ENTERING IN 2010 _____

Child's Name _____ Male _____ Female _____

Date of Birth _____ Place of Birth _____ State/Country _____

Parent/Guardian E-Mail Address _____

Father's Name _____ Place of Birth _____

Father's Address _____ Religion _____
Include Zip Code

Mother's Name _____ Maiden Name _____

Mother's Address _____ Religion _____
Include Zip Code

Father's Phone Number's: Home _____ Work _____ Cell _____

Mother's Phone Number's: Home _____ Work _____ Cell _____

Child is living with: Both Parents _____ Mother _____ Father _____ Other _____

Relation (if other) _____ Phone Number _____

Address _____

If new to St. Agatha School but a member of the Parish please write your Parish Envelope # here in order to receive the In-Parish rate of Tuition _____

Name of Church your family attends _____

Our family's Ethnic Background is: Black _____ Asian _____ Hispanic _____ White _____ Other _____

Please refer to the following check-list when handing in your application; these items must be included in your application packet:

PERMANENT RECORD CARD _____ GRADE IN SEPTEMBER 09 _____

COPY OF BIRTH CERTIFICATE _____ COPY OF BAPTISMAL RECORD _____

NON REFUNDABLE APPLICATION FEE OF \$200 _____

IMMUNIZATION/HEALTH RECORDS _____

NAME OF SCHOOL NOW ATTENDING _____

Board of Health Form
525 Canton Avenue
Milton, Massachusetts 02186
617-696-5812

School Entrance Questionnaire

Registering for (Circle One) Kindergarten Grade 1 2 3 4 5 6 7 8

Student's Name: _____ M__ F__ Date of Birth: _____

Place of Birth: _____

Home address: _____ City/Town _____ Tel. No.: _____

Father or Guardian's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Family Physician: _____ Tel. No: _____

Insurance Provider: _____ Policy # _____

Person Other Than Parent Who May Be Contacted in Emergency:

Name	Address	Tel. No.
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Currently Attending: _____ School

Address: _____ Tel. No.: _____

Does your child have any medical problems that the school should be aware of? _____

Please list any medications your child is taking: _____

Does your child have any allergies? _____

REQUIREMENTS WHEN ACCEPTED

Kindergarten: Physical Exam within one (1) year, and a complete record of immunizations *before school begins*.

Grade 1-8: Copy of health record from previous school *before school begin*

Grade 7: Updated physical within the year, Tetanus-Diphtheria Booster within the last 5 years, one dose of varicella vaccine- or history



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**TUITION PAYMENT
 PREFERENCE FORM 2010/2011**
**THIS FORM ALONG WITH THE (APPLICATION/RE-REGISTRATION)
 FORM MUST BE RETURNED WITHIN 10 DAYS.**

DATE GIVEN/SENT _____

P L E A S E P R I N T

NAME OF PARENT/GUARDIAN: _____

Phone number (include area code) Mother's (Guardian's)

Home: _____ Work: _____ Cell: _____ Beeper: _____

Phone number (include area code) Father's (Guardian's)

Home: _____ Work: _____ Cell: _____ Beeper: _____

ADDRESS: _____

Street

City/Town

Zip

Please Check One: (St. Agatha IN Parish Envelope Number: _____) (OUT OF PARISH:)

If you wish to receive In Parish Tuition it is necessary for you to be registered with the parish and using envelopes for ONE YEAR as of September 1st of the year your child will be entering our school.

Student(s) Name(s)

1. _____ Male Female Grade Entering in Sept. 2010 _____
2. _____ Male Female Grade Entering in Sept. 2010 _____
3. _____ Male Female Grade Entering in Sept. 2010 _____
4. _____ Male Female Grade Entering in Sept. 2010 _____

PLEASE CHECK ONE: TUITION FOR THE 2010-2011 SCHOOL YEAR WILL BE PAID BY:

OPTION ONE - SINGLE PAYMENT PLAN DUE JULY 1ST 3% discount ONLY if payment is received by July 1st.

TOTAL TUITION AMOUNT DUE FOR YEAR:	Full Tuition	\$ _____
	(Minus re-registration fee for current students only)	\$ _____
	= Tuition Balance DUE July 1 st	\$ _____

OPTION TWO - TWO PAYMENT PLAN - DUE JULY 1ST & DECEMBER 1ST

TOTAL TUITION AMOUNT DUE FOR YEAR:	\$ _____
(Minus re-registration fee for current students only)	\$ _____
Balance divided by two payments	\$ _____

=Tuition Balance Due July 1st \$ _____ =Tuition Balance Due December 1st \$ _____

OPTION THREE - FACTS MONTHLY PAYMENT PLAN. An automatic Tuition Payment Agreement will be forwarded for your completion if this plan is chosen. An annual enrollment fee is deducted by FACTS on receipt of your agreement.

TOTAL TUITION AMOUNT DUE FOR YEAR:	\$ _____
(Minus re-registration fee for current students only)	\$ _____
=Tuition Balance	\$ _____

BUDGET OVER 10 MONTH PERIOD \$ _____ monthly payment beginning in July.
 Withdrawal can be made on either 5th or the 20th of the month (please check date you wish to start).

Please Note: if you select opt 1 or 2 & payment is not made by due date, payment will have to be made through FACTS
 I agree to make tuition payment for the school year according to the option designated above.

PARENTS SIGNATURE: _____ DATE: _____