



Saint Anthony Catholic School

529 Chalan San Antonio, Tamuning, Guam 96913 Tel: (671) 647-1140/43 Fax: (671)649-7130



Pale Michael Crisostomo
ST. ANTHONY CATHOLIC CHURCH PASTOR

Mrs. Angie Susuico
RESOURCE ADMINISTRATOR

Mrs. Maricon Reyes
CURRICULUM ADMINISTRATOR

NEW STUDENT ENROLLMENT REQUIREMENTS

1.	MANDATORY SUBMISSION OF UPDATED IMMUNIZATION/SHOT RECORD (NOT LATER THAN JULY 29, 2022)	
2.	PHYSICAL EXAMINATION (FORM PROVIDED) FOR INITIAL ENTRY STUDENTS (BY ON ISLAND PHYSICIAN –MUST INCLUDE CURRENT TB SKIN TEST) (NOT LATER THAN JULY 29, 2022)	
3.	MANDATORY FOR ALL FOREIGN STUDENTS THAT THEY PRESENT THEIR PASSPORT/VISA UPON REGISTRATION	
4.	FINAL REPORT SHOWING PROMOTION STATUS MUST BE SUBMITTED NOT LATER THAN FRIDAY, MAY 27, 2022 FOR GRADES ENTERING 1ST TO 8TH	
5.	Birth Certificate (Catholic students only - if student is to receive 1 st Communion)	DUE BY JULY 20, 2022
6.	Baptismal Certificate (Catholic students only - if student is to receive 1 st Communion)	DUE BY JULY 29, 2022



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2022/2023 SY Financial Responsibilities

**REGISTRATION FEE AND ALL APPLICABLE FEES
ARE DUE FOR COMPLETION OF REGISTRATION (✓)
FEES ARE NON-REFUNDABLE/NON-TRANSFERABLE**

REGISTRATION FEE Grades Kinder to 8 th Grade	\$650.00 per student (✓)
RENWEB FEE	\$20.00 PER FAMILY (✓)
IXL FEE	\$24.00 PER STUDENT (✓)
CAPITAL IMPROVEMENT FEE	\$100.00 PER STUDENT (✓)
ACHIEVE 3000 & E-science fee (4 th to 8 th grade only)	\$70.00 PER STUDENT (✓)
ARCHDIOCESE FEE	\$169.00 PER STUDENT (✓)
CONSUMABLE BOOK FEE	\$200.00 PER STUDENT (✓)
GRADUATION DUES (for 8 th Grade only)	\$250.00 PER STUDENT (✓)
SCHOOL YEARBOOK	\$75.00 PER STUDENT (optional)

REGISTRATION FEES

Installment payments may begin upon submission of registration form and **MUST BE PAID IN FULL NOT LATER THAN JULY 29, 2022**

TUITION FEES

5% discount if paid in full by 8/15/22

ONE STUDENT	\$400.00 per month x 10 = \$4,000.00 Annually	\$ 3,800.00
TWO STUDENTS	\$700.00 per month x 10 = \$7,000.00 Annually	\$ 6,650.00
THREE STUDENTS	\$1,015.00 per month x 10 = \$10,150.00 Annually	\$ 9,642.50
FOUR STUDENTS	\$1,265.00 per month x 10 = \$12,650.00 Annually	\$12,017.50

METHOD OF PAYMENT

- PAYPAL - using this method of payment will result in SACS billing you for PAYPAL fees charged (this must be paid in Check or Cash form to the Business Office)
- CREDIT CARD via St. Anthony Church will result in Merchant Fee charges added to your payment amount (must be present to use)
- CHECK - via drop box by gate entry or directly to the Business Office
- CASH - DIRECTLY to the Business Office



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STUDENT REGISTRATION FORM

STUDENT NAME: _____ **Date of Application:** _____
LAST FIRST MIDDLE

Mailing Address: _____ MALE: _____ FEMALE: _____

Home Address: _____ Home Phone: _____ Ethnicity: _____

Date of Birth: _____ Age: _____ Place of Birth: _____ Religion: _____ Citizenship: _____

MANDATORY: FOREIGN STUDENTS MUST PRESENT PASSPORT/VISA UPON REGISTRATION

Primary Language at HOME: _____ Living with: () PARENTS () FATHER () MOTHER () GUARDIAN

Last school attended: _____ Last grade completed: _____

Address of last school attended: _____ Grade entering SACS: _____

FATHER'S NAME: _____ **Religion:** _____
LAST FIRST MIDDLE INITIAL

CITIZENSHIP: _____ EMAIL ADDRESS: _____ OCCUPATION: _____

WORK PHONE: _____ CELL PHONE: _____ WORK ADDRESS: _____

EMPLOYMENT: _____ Private Sector _____ Local Government _____ Federal Government

MOTHER'S NAME: _____ **Religion:** _____
LAST FIRST MIDDLE INITIAL

CITIZENSHIP: _____ EMAIL ADDRESS: _____ OCCUPATION: _____

WORK PHONE: _____ CELL PHONE: _____ WORK ADDRESS: _____

EMPLOYMENT: _____ Private Sector _____ Local Government _____ Federal Government

BROTHERS/SISTERS CURRENTLY ATTENDING SAINT ANTHONY CATHOLIC SCHOOL

MUST IDENTIFY:

- Caucasian
- Chinese
- Filipino
- Indian
- Japanese
- Korean
- Chamorro
- Pacific Islander
- Chuucese
- Palauan
- Kosraean
- Marshallese
- Pohnpeian
- Yapese
- Hispanic
- African American

<i>Name / Grade:</i>	<i>Name / Grade:</i>
<i>Name / Grade:</i>	<i>Name / Grade:</i>

MUST IDENTIFY:

MILITARY ACTIVE DUTY ONLY:

- Air Force
- Army
- Coast Guard
- Marines
- Navy

Please assist us in compiling a Business Listing for our SACS Families by providing us the following if APPLICABLE:

Type of BUSINESS OWNED: () Retail () Restaurant () Advertisement () Printing

() Other, please specify: _____ Contact Number: _____

Mailing Address of Business: _____ Fax Number: _____



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**IF STUDENT IS LIVING WITH A GUARDIAN, PLEASE FILL IN THE FOLLOWING:
(pls attach a copy of power of attorney or guardianship documents)**

GUARDIAN'S NAME: _____ Relationship to student: _____
Guardian's Home phone: _____ Work Phone: _____ Occupation: _____
Guardian's Mailing Address: _____ Village: _____

PERSON RESPONSIBLE FOR THE FINANCIAL OBLIGATION/S OTHER THAN PARENT/GUARDIAN:

PRINT Name: _____ Relationship to child: _____
Mailing address: _____ Village: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ **Signature:** _____

ENROLLMENT AGREEMENT FOR 2022/2023 SCHOOL YEAR

Student/s is/are hereby accepted by Saint Anthony Catholic School enrolled for the above school year, subject to terms of this Agreement. In consideration, the undersigned parent/s / guardian/s **AGREE** to pay the amount required for Tuition Fee, Registration Fee, RenWeb Fee, IXL Fee, Capital Improvement Fee, Achieve 3000/eScience Fee, Archdiocese Fee, Consumable book Fee, Graduation dues(when applicable) and **ALL** other required Fee/s for the above school year.

initial

Ten (10) months payment plan: **FIRST PAYMENT DUE AUGUST 1, 2022 with the remainder of payments due on the FIRST OF EACH MONTH, FINAL PAYMENT DUE PRIOR TO FINAL EXAMS. Payments made after the 15th of each month will result in a 10% late fee penalty.**

initial

The Parent/s / Guardian/s shall make all payments when they become due, and if not made within sixty days (60), then the Parent/s / Guardian/s shall be in default of this agreement and the school shall have the right to terminate this enrollment and disallow the student/s to attend further classes or activities at the School.

initial

Further, the school shall be entitled to collect and receive all remaining balances due under this agreement regardless of the Student's withdrawal, transfer or dismissal. Failure to make payments will result in the account being forwarded to the collections agency to include any and all collection fees.

initial

Accounts with delinquent financial obligations **WILL NOT** have access to exams.

initial

It is further understood that should payments be made with personal checks, which are returned unpaid for any reason Saint Anthony Catholic School will automatically refer the account (without notice to Parent/s / Guardian/s) to the collections agency for collection as provided by law.

initial

It is understood and agreed that by signing this Agreement for the current academic year, the Parent/s / Guardian/s hereby **ASSUMES, WARRANTS and GUARANTEES** payment of the tuition and all fees required and **AGREES** and **ACCEPTS** the rules and regulations of the school, and **AGREES** to carry forth that the Student/s complies with said rules and regulations.

initial

A THIRD-PARTY IS NOT RECOGNIZED TO ACT ON MY/OUR BEHALF.

initial

Father's Signature *Date*

Mother's Signature *Date*

DO NOT WRITE HERE FOR BUSINESS OFFICE USE ONLY:

// Birth Certificate
// Baptismal Certificate
// Final Report Card
// Medical/Physical Form
// Immunization Record

Rec'd By: _____
Date: _____



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SACS LEARNING PLATFORM

For School Year 2022/2023 SACS will continue to be delivering learning services in two (2) platforms

This information is essential in student assignment to classes.

Due to limited class sizes for the FACE TO FACE platform please be reminded that this preference is

ON A FIRST COME, FIRST SERVED BASIS

BASED ON THE DATE YOU SUBMITTED YOUR CHILD'S/CHILDREN'S REGISTRATION FORM.

Kindly complete the form below and **SUBMIT ALONG WITH YOUR REGISTRATION FORM.**

PLATFORM sheet SUBMITTED WITHOUT THE OFFICIAL REGISTRATION FORM WILL NOT BE HONORED.

+++++
DO NOT CUT ABOVE

STUDENT NAME/S	GRADE ENTERING	PLATFORM PREFERENCE	
		() FACE TO FACE	() REMOTE LEARNING
		() FACE TO FACE	() REMOTE LEARNING
		() FACE TO FACE	() REMOTE LEARNING
		() FACE TO FACE	() REMOTE LEARNING

Print parent/guardian name: _____ (if signed by a Guardian – please indicate)

Parent/Guardian Signature _____ date: _____



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MEDICAL/ATHLETIC CLEARANCE FOR SCHOOL ADMISSION - Please submit on or before 1st day of school

STUDENT NAME _____ DATE CLEARANCE COMPLETED _____

DATE OF BIRTH _____ AGE _____ SCHOOL YEAR _____ GRADE ENTERING _____

HOME ADDRESS _____

HOME PHONE _____ E-MAIL ADDRESS _____

FATHER'S NAME _____ CELL PHONE _____ WORK PHONE _____

MOTHER'S NAME _____ CELL PHONE _____ WORK PHONE _____

PART 1: PHYSICAL EXAMINATION

HEIGHT _____	WEIGHT _____		T _____	P _____	R _____
BLOOD PRESSURE _____	VISION: RT _____	LT _____	HEARING: RT _____	LT _____	
<i>CHECK EACH LINE</i>	<i>Normal</i>	<i>Abnormal</i>	<i>Not Examined</i>	<i>Describe suspicious or abnormal findings</i>	
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Skin: Hair, Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eyes: External(pupils-cornea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Optic fundus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Muscle balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ears: External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Auditory acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tympanic Membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tympanogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pure Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nose, Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pharynx, Larynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teeth, Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Neck, Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Genito-Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Musculo-Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Scoliosis Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PART 2: IMMUNIZATION RECORD: PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORD

Please check one: / / *in Good Health* / / *Specific Problem/s Noted* / / *Child with a disability -please specify* _____

This child is physically fit to participate in physical education and/or athletic events and related activities: / / YES / / NO

Name of Physician (PRINT) _____ Signature _____ date _____

Clinic _____ Email address _____

PPD -date given _____ PPD - date read _____ Results _____

PARENT/GUARDIAN CONSENT

I hereby give permission for the physician to examine my child so that he/she may obtain medical clearance to participate in athletic activities. Therefore, neither the examining physician nor the school is to be held liable for any abnormalities not detected in this examination. Permission is also granted to my child (NAME) _____ to participate in the athletic activities approved by the Physician as initialed below for SCHOOL YEAR _____.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



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MEDICAL INFORMATION

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MEDICAL HISTORY: Please check "NO" or "YES" appropriately.

		NO	YES
ALLERGIES: FOOD, MEDICATION, ETC.	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
HEART PROBLEMS OR HEART DISEASE	IF, YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
CHEST PAINS	IF, YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	IF, YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
SHORTNESS OF BREATH	IF, YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
HEAD INJURIES	IF, YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURES	IF, YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
WEAK JOINTS OR BACK PROBLEMS		<input type="checkbox"/>	<input type="checkbox"/>
TAKING MEDICATION	IF YES, WHAT KIND? _____	<input type="checkbox"/>	<input type="checkbox"/>
SURGERY	IF YES, WHAT TYPE? _____	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD DISORDER		<input type="checkbox"/>	<input type="checkbox"/>
HERNIA		<input type="checkbox"/>	<input type="checkbox"/>
RHEUMATIC FEVER		<input type="checkbox"/>	<input type="checkbox"/>
DIABETES		<input type="checkbox"/>	<input type="checkbox"/>
HEARING PROBLEMS	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
VISION PROBLEMS: GLASSES/CONTACTS NEEDED		<input type="checkbox"/>	<input type="checkbox"/>
CONVULSION/SEIZURES OR BREATHING SPELLS	IF YES, WHEN? _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER SERIOUS INJURY OR ILLNESS	IF YES, PLEASE EXPLAIN BELOW	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

To the best of my knowledge, the information on this page is accurate and complete.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____



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COVID-19 2022/2023 SY PRE-SCREENING QUESTIONNAIRE

The pre-screening form must be submitted to the front office or via e-mail prior to the return of face-to-face learning.
Parents must complete a form for each child attending Saint Anthony Catholic School

Student Name: _____ Grade _____

1. Has the student, parent or any members of the household traveled outside of GUAM within the last fourteen (14) days?
YES or NO (please circle) * If you answered "NO", please skip Question #2 and answer Questions 3, 4, and 5

If so, please provide timeline. Student? *Please circle* YES or NO

Family Member Name: _____ Relationship to student: _____

Family Member Name: _____ Relationship to Student: _____

Family Member Name: _____ Relationship to Student: _____

A. Dates: From _____ To _____ B. DESTINATION: _____

2. Was the travel to multiple destinations? *please circle* YES or NO

• If NO please skip C and go to Question #3

B. Please provide location of travel:

Location: _____ From: _____ To: _____

Location: _____ From: _____ To: _____

Location: _____ From: _____ To: _____

3. Was the student of anyone else in the same household sick within the last 14 days? *please circle*: YES or NO

If so, when? Date: _____

4. Were you exposed to someone who was lab-confirmed COVID-19 positive? *please circle*: YES or NO

5. Did the student, parent(s), or any other members of the household recently test positive for COVID-19 or had a previous COVID-19 infection?

please circle: YES or NO if so when? Date: _____

You may be asked to provide the school with a copy of the COVID-19 isolation clearance form by Guam Department of Public Health or the healthcare provider in order to return to the campus.



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6. Is your child currently experiencing any symptoms? *Please mark YES or NO. If "YES" please indicate onset date:*

Onset DATE: _____

	YES	NO
Fever of 100.4 F or higher/felt feverish		
Coughing		
Shortness of breath/difficulty breathing		
Chest pain		
Runny Nose		
Sore throat		
Sneezing		
Nasal congestion		
Loss of taste, smell or appetite		
Chills		
Muscle pain		
Fatigue		
Headache		
Weakness		
Diarrhea		
Joint pain		
Other symptom/s please specify		
<p>Comments: if you have vital information the school should be made aware of please indicate it here. You may be contacted by our administration department/school nurse.</p>		

NOTE: Saint Anthony Catholic School follows FERPA and HIPAA policies. We continue to practice safety and privacy. All information continues to remain CONFIDENTIAL.

If you suspect you or your child may have COVID-19, please contact GDPHSS immediately. Dial 311 and PRESS 1 for "Medical Questions"; you will be assisted by medical personnel. Please dial 911 for medical emergencies. You must notify our front office and/or school nurse of any potential or confirmed COVID-19 infection. We continue to remind parents and guardians that your child remains at home if he/she is ill (COVID-19 related or not).

Please call 671-647-1140 to report your child's/children's absence from school due to illness. You will be asked to provide a clearance letter from their healthcare provider for return to school. You child/children may continue remot learning while they are physically out of school.

Acknowledged by:

 PRINT PARENT/GUARDIAN NAME

 SIGNATURE

 DATE