



St. Thomas the Apostle Catholic School

Welcome

Thank you for considering St. Thomas the Apostle Catholic School for your child's education. We are honored that you have chosen to visit us. Our mission at St. Thomas the Apostle Catholic School is to foster a community of life-long learners, led by the Faith of the Roman Catholic Church, through a transdisciplinary-approach to learning, initiated by inquiry in which the students will think globally and display acts of compassion through service.

St. Thomas the Apostle Catholic School is proud to share our beautiful learning environment with you. Today you will be given a guided tour of the school while classes are in session. This will provide you with the opportunity to have a glimpse of the wide spectrum of learning programs that are available.

Our curriculum is set forth by the Archdiocese of Miami Department of Schools and is implemented in a challenging and motivational manner in the attainment of level goals. St. Thomas the Apostle Catholic School is an International Baccalaureate World School in both the Primary Years and Middle Years. The school is fully accredited by the State of Florida, the Florida Catholic Conference and International Baccalaureate Organization.

Attached for your convenience is the Schedule of Tuition and Fees for a New Parishioner and Schedule of Tuition and Fees for Active Parishioners. Please feel free to contact us for further information at the School Office 305-661-8591. For additional information, we invite you to visit our website at www.stamiami.org. Thank you once again for your interest in St. Thomas the Apostle Catholic School and May God Bless you.

In Christ,

A handwritten signature in cursive script that reads "L. Figueredo".

Mrs. Lisa M. Figueredo '89
Principal

St. Thomas the Apostle - Pray for us

7303 SW 64 Street Miami, FL 33143 | 305.661.8591 | www.stamiami.org

FULLY ACCREDITED BY THE FLORIDA CATHOLIC CONFERENCE



St. Thomas the Apostle Catholic School

Dear Parents,

The fundamental goal of religious education at St. Thomas the Apostle is to instill in your child the personal love God has for him or her. We arrive at this goal through study, prayer, sacraments, and service. A sacrament is a sacred sign and cause of grace instituted by Christ in the Church to continue the saving action of God through the Holy Spirit. The sacraments will be a part of your child's spiritual formation.

In the event your child has not completed his or her sacraments of initiation (Baptism, First Holy Communion, Confirmation) we will assist you with religious formation so that we can facilitate the inception of the sacraments. This will be done through their daily religion classes and, if necessary, additional classes. Generally, First Holy Communion is received in the 2nd Grade and Confirmation is received in the 7th Grade.

Thank you for considering St. Thomas the Apostle Catholic School for the spiritual formation of your child. I look forward to working with you as we nurture in our students a sincere faith and love for Jesus and his teachings.

In Christ,

A handwritten signature in blue ink that reads "Mrs. Tania Gonzalez".

Mrs. Tania Gonzalez
Director of Religious Education

St. Thomas the Apostle - Pray for us

7303 SW 64 Street Miami, FL 33143 | 305.661.8591 | www.stamiami.org

FULLY ACCREDITED BY THE FLORIDA CATHOLIC CONFERENCE



Commitment Letter

School Year 2017 -2018

I am fully aware of the following commitments as a parent of a student(s) of St. Thomas the Apostle Catholic School:

1. My family will attend weekly Sunday Mass.
2. We will contribute twenty hours of volunteer service for Parish and/or school events.
3. I understand that all families are required to use the FACTS payment system for Tuition, Development Fund, and Incidentals. I will follow the payment guidelines and all regulations provided by FACTS, for example, regards to late payments and NSF.
4. I am aware that all financial responsibilities must be current before any report cards, Edline or other school records are released.
5. I am aware that all students new to St. Thomas the Apostle School in any grade level will be considered probationary for the first ninety school days.
6. Families that have been Active Parishioners at St. Thomas the Apostle Catholic Church for at least 24 months prior to enrollment at St. Thomas the Apostle Catholic School will pay the Active Family Tuition rates and fees. An "Active Parishioner" is a family that is registered at St. Thomas the Apostle and meets the established mass attendance requirements for the previous 24 month period.
7. Families that are New Parishioners for the 24 month period prior to enrollment will pay the New Parishioner Tuition rates and fees for the first ten (10) months of their enrollment at STA.

Family Name _____ Parish Family Number _____

Student/s Names _____

Entering Grade/s for the school term of 2017 – 2018 _____

Parent's Signature _____ Date _____



St. Thomas the Apostle
Catholic School

NEW FAMILIES

GENERAL INFORMATION FOR PARENTS OF CHILDREN IN ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

ACADEMIC YEAR 2017-2018

IMPORTANT DATES

January 2017 Acceptance letters mailed

March 2017 Payment due thru FACTS

Wednesday, May 24th, 2017 Mandatory School Meeting for new families
8:00am STA Media Center

NON-REFUNDABLE REGISTRATION FEE PER CHILD FOR SCHOOL YEAR 2017-2018

Registration Fee: 950.00 + \$215.00 per family + \$990.00 per child

(New Family Fee, Raffle Tickets and Fees for testing, books and supplies)

TUITION PER CHILD FOR SCHOOL YEAR 2017-2018

Tuition rate includes Tuition Fee, Lunch, Technology, Activity and Graduation Fee as applicable.

*Pre-K 2 Program: \$10,614.00 per child

*Pre-K 3 & Pre-K 4 \$10,889.00 per child

*Kindergarten Program: \$11,014.00 per child

*Grades 1 to 7 \$10,889.00 per child

*Grades 8: \$11,189.00 per child

ADDITIONAL FAMILY FEE WILL APPLY

Development Fund \$1,350.00 + Security Fee \$350.00

Tablet fee will apply as applicable.

St. Thomas the Apostle - Pray for us

7303 SW 64 Street Miami, FL 33143 | 305.661.8591 | www.stamiami.org

FULLY ACCREDITED BY THE FLORIDA CATHOLIC CONFERENCE



St. Thomas the Apostle Catholic School

RETURNING

GENERAL INFORMATION FOR PARENTS OF CHILDREN IN ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

ACADEMIC YEAR 2017-2018

IMPORTANT DATES

March 2017 Payment due thru FACTS

NON-REFUNDABLE REGISTRATION FEE PER CHILD FOR SCHOOL YEAR 2017-2018

Registration Fee: 625.00 + \$215.00 per family + \$990.00 per child

(Letter of Intent, Raffle Tickets and Fees for testing, books and supplies)

TUITION PER CHILD FOR SCHOOL YEAR 2017-2018

Tuition rate includes Tuition Fee, Lunch, Technology, Activity and Graduation Fee as appropriate

- *Pre-K 2 Program: \$9,270.00 per child
- *Pre-K 3 & Pre-K 4: \$9,545.00 per child
- *Kindergarten Program: \$9,670.00 per child
- *Grades 1 to 7: \$9,545.00 per child
- *Grades 8: \$9,845.00 per child

ADDITIONAL FAMILY FEE WILL APPLY

Development Fund \$1,350.00 + Security Fee \$350.00

Tablet fee will apply as applicable.

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. Additionally, parishioners may be eligible for a multi-child discount as follows:

- Two children enrolled in school: \$595.88 reduction per child
- Three children enrolled in school: \$926.92 reduction per child
- Four children enrolled in school: \$1,191.75 reduction per child

St. Thomas the Apostle - Pray for us

7303 SW 64 Street Miami, FL 33143 | 305.661.8591 | www.stamiami.org

FULLY ACCREDITED BY THE FLORIDA CATHOLIC CONFERENCE



St. Thomas the Apostle Catholic School

Attach 4x6 Family Picture Here

Application Due Date – 11/10/16

(Screening /Testing fee of \$150.00 payable to: St. Thomas the Apostle Catholic School is due with the Application)

Date _____

Entering Grade _____

PLEASE PRINT OR TYPE

Student Information

Student Last Name _____ First _____ Middle _____ Month/Day/Year of Birth _____ Place of Birth _____

Student Street Address _____ City _____ Zip Code _____ Student Home Phone _____ Student Religion _____

Family Information

Father's /Guardian's Last Name _____ First _____ Middle _____ Mother's / Guardian's Last Name _____ First _____ Middle _____

Father's /Guardian's Street Address _____ City _____ Zip Code _____ Mother's / Guardian's Street Address _____ City _____ Zip Code _____

Father's /Guardian's Place of Birth _____ Religion _____ Mother's / Guardian's Place of Birth _____ Religion _____

Father's / Guardian's Occupation _____ Work Phone _____ Mother's / Guardian's Occupation _____ Work Phone _____

Father's / Guardian's E-mail _____ Cell Phone _____ Mother's / Guardian's E-mail _____ Cell Phone _____

Parish Information

Registered in this Parish? _____ Yes _____ No **Saint Thomas the Apostle Church Envelope Number** _____

If no, Parish Registered In _____

Student Sacramental Information

Baptism _____ Yes _____ No Church _____

Name _____ City _____

First Communion _____ Yes _____ No Church _____

Name _____ City _____

Confirmation _____ Yes _____ No Church _____

Name _____ City _____

Transfer School Information

Name of last school attended _____ Grade _____

Street Address _____ City _____ State _____ Zip Code _____

Name of person responsible for tuition and fees _____

The Archdiocese of Miami is authorized under Federal law, to enroll non-immigrant alien students and issue I-20 Certificates, in order for students to obtain F-1 status. If you need assistance, please inform the office at the time of registration.



St. Thomas the Apostle
Catholic School

All applications must be received by November 10th, 2016.

Screening/Testing Dates

Tuesday, November 15th, 2016

for grades 1st-8th at 8:15 am

All parents and students will be greeted in
the Family Center Foyer.

Wednesday, November 16th, 2016

Pre-K2, PreK-3, PreK-4 and Kindergarten screenings will be completed on an individual basis. The School Staff will contact you to set up an appointment for November 16, 2016 All parents and students will be greeted in the Family Center Foyer.

St. Thomas the Apostle - Pray for us

7303 SW 64 Street Miami, FL 33143 | 305.661.8591 | www.stamiami.org

FULLY ACCREDITED BY THE FLORIDA CATHOLIC CONFERENCE



St. Thomas the Apostle
Catholic School

Family Code _____ **(for office use only)**

Student Information: School Year: _____ Date _____ Entering Grade: _____

Name: _____ **Religion:** _____
 Last First Middle

Date of Birth: _____ **Place of Birth:** _____ **Age:** _____ **Sex:** _____
 Mo. Day Yr.

Is the student a citizen of the United States? **Yes / No**
 If the answer is No, please give Immigration status of the student: _____

Is this student Hispanic/Latino? **Yes / No**

What is the student's race?
 American Indian/Alaska Native _____ Native Hawaiian or Other Pacific Islander _____
 Asia _____ White _____
 Black or African American _____

Student Lives With: ___Both Parents___Mother___Father___Guardian___Mother/Stepfather___Father/Stepmother

If custodial rights of children are subject to any legally imposed requirements/schedules, the applicable court order and/or any other documentation setting forth these requirements must be attached to and submitted with this form along with completed HIPAA/FERPA form. This includes any determination of parental and/or custodial rights related to any child as a result of any proceedings whatsoever.

Name of Person(s) with whom student lives: _____

Home Address: _____

Home Telephone: _____ Email Address: _____

Has the student received the following sacraments?

Baptism: **Yes / No** Name of Church _____ Date _____

First Communion: **Yes / No** Name of Church _____ Date _____

Confirmation: **Yes / No** Name of Church _____ Date _____

What parish does the student's family attend? _____

Name of Last School Attended _____ Language Spoken at Home _____

Has this child undergone a Neurological, Psychological (Neuropsychological and/or Psycho Educational) evaluation, IQ, Speech and Language evaluation, and/or Occupational therapy evaluation. **Yes / No**

If yes, please specify _____

MATERNAL INFORMATION

Mother's Full Name _____ Maiden Name _____

Home Address _____

_____ Home E-mail _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation (please specify if self-employed) _____

Name of Employer _____ Title _____

Work Phone _____ Work E-mail _____

Employer's Address _____

City

State

Zip

Country of Origin _____

High School Attended _____

College Attended _____

Mother's Religion _____

Has the student's mother received the following sacraments?

Baptism **Yes / No** First Communion **Yes / No** Confirmation **Yes / No**

Marital Status of Mother (please check one)

Married Separated Divorced Widowed

If married, year and place of marriage _____

If married, in the Catholic Church? **Yes / No** Name of Church _____

Please fill in if applicable:

Name of Stepfather _____

Occupation (please specify if self-employed) _____

Name of Employer _____ Title _____

Work Phone _____ Cell Phone _____

Employer's Address _____

City

State

Zip

PATERNAL INFORMATION

Father's Full Name _____

Home Address _____

Home E-mail _____

City State Zip

Home Phone _____ Cell Phone _____

Occupation (please specify if self-employed) _____

Name of Employer _____ Title _____

Work Phone _____ Work E-mail _____

Employer's Address _____

City State Zip

Country of Origin _____

High School Attended _____

College Attended _____

Father's Religion _____

Has the student's father received the following sacraments?

Baptism **Yes / No** First Communion **Yes / No** Confirmation **Yes / No**

Marital Status of Father (please check one)

____ Married ____ Separated ____ Divorced ____ Widowed

If married, year and place of marriage

If married, in the Catholic Church? **Yes / No** Name of Church _____

Please fill in if applicable:

Name of Stepmother _____

Occupation (please specify if self-employed) _____

Name of Employer _____ Title _____

Work Phone _____ Cell Phone _____

Employer's Address _____

City State Zip

Siblings:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the student has or has had relatives in our school, please list:

Name of Relative	Relationship	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

To whom shall school correspondence be sent?

_____ Father and Mother _____ Father only _____ Mother only

To whom should bills be sent?

_____ Father and Mother _____ Father only _____ Mother only

I / We hereby acknowledge that the information provided in this form is true and accurate furthermore I / We acknowledge that I / We have read, understand and agree to abide by the policies and procedures set forth in the Saint Thomas the Apostle Catholic School handbook as may be amended from time to time.

Parent Signature and Date

Parent Signature and Date

The Archdiocese of Miami is authorized under federal law to enroll nonimmigrant alien students and issue I-20 certificates in order for students to obtain F-1 status. If you need assistance please let the school know at registration.



Pastoral Questionnaire (to be completed only if you are not a current parish family)

Parent(s) / Guardian(s) please complete this section

Family Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Church _____

Address _____ City _____ State _____ Zip _____

Names of children and grades for which applying:

- 1. (Name) _____ (Grade) _____
- 2. (Name) _____ (Grade) _____
- 3. (Name) _____ (Grade) _____
- 4. (Name) _____ (Grade) _____
- 5. (Name) _____ (Grade) _____
- 6. (Name) _____ (Grade) _____

Pastor/Church Leader complete this section

The above family has applied to our Catholic School. It is our desire to develop a supportive relationship between home, school, and church. Please assist us by answering the brief questionnaire below. In this way we will gain more insight into the family and you in turn might be able to use any updated material which appears above on our form. Kindly return this form directly to the school within 7 days to aid in the application process. You are free to make a copy of the questionnaire and share its contents with the family if you so desire.

1. Do you personally know the family? For how long?

2. How long has the family been in attendance at your church?



St. Thomas the Apostle
Catholic School

3. Beyond attendance, how involved is this family in your church's other ministries/programs?

4. Describe their worship service attendance.

5. Describe Sunday school attendance, if applicable.

6. Are members of the family active in the work of the church? Yes ___ No ___ If "yes" please explain.

7. Based on your personal knowledge of this family, would you recommend that we accept this family into our school? Yes ___ No ___ Why?

8. Please feel free to add further comments or suggestions on how we may improve this step of our application process:

Pastor's Signature _____ Date _____

Please mail to: St. Thomas the Apostle Catholic School
7303 S.W. 64th Street
Miami, FL 33143



St. Thomas the Apostle Catholic School

Academic Year 2017/2018

Dear Parents,

We are very excited about the upcoming year. Please note that our sixth, seventh, and eighth graders participate in a Tablet Program. Once your child has been accepted you will receive additional correspondence in regards to the tablet program – such as Open Box Day, the mandatory meeting in which your child will receive their tablet, costs (this year's lease - 3 years at \$500.00 per year), and additional training.

We look forward to seeing you in the next academic year.

In Christ,

A handwritten signature in blue ink that reads "L. Figueredo".

Mrs. Lisa M. Figueredo
Principal

St. Thomas the Apostle - Pray for us

7303 SW 64 Street Miami, FL 33143 | 305.661.8591 | www.stamiami.org

FULLY ACCREDITED BY THE FLORIDA CATHOLIC CONFERENCE