

"Teach the children in the way they should go; even when old, they will not swerve from it." ~Proverbs 22:6

Welcome to St. Thomas the Apostle Catholic School!

Our beloved St. Thomas the Apostle Catholic School (STA) is accredited by the Florida Catholic Conference and the National Council for Private Schools. Moreover, this year, we were one of six schools in the state of Florida awarded the coveted National Blue Ribbon School of Excellence title for the 2020 school year. Located in the heart of South Miami, St. Thomas opened its doors in September of 1964 to students in kindergarten through 4th grade. Since, it has grown exponentially to meet the needs of the growing community and currently educates students from pre-K2 through 8th grade. The school prides and distinguishes itself through stellar academics and a beloved faith-based community.

We thank you for considering our school for your child's education and are delighted you have chosen to take our virtual open house. Our mission, here at STA, 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. This is the driving force behind all of our spiritual and academic goals for our students and our community.

St. Thomas the Apostle students can begin their educational journey as early as age two. Students experience the joys of learning through play and exploration. Encouraging creativity and individuality, their early childhood teachers introduce readiness skills, and the friendly and nurturing environment enhances each child's self-esteem and

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love for learning. In kindergarten through 5th grade, the curriculum focuses on the development of the whole child as an investigator and problem solver of their world. Teachers' transdisciplinary model of learning uses knowledge and skills to teach globally aware students. The middle school program provides a framework of learning, which encourages students to become creative, critical, and reflective thinkers. It emphasizes intellectual challenge, encouraging students to make connections between their studies in traditional subjects and the world around them. The curriculum in all grade levels includes the core academic subjects (English language arts/reading, mathematics, science, and social studies). In addition, all students are provided with instruction in music, art, technology, Spanish, physical education, and religion.

To meet the needs of the general student body, STA implements multiple forms of differentiated instruction. In addition to the general education program, STA offers specialized services and instruction to meet the needs of gifted learners and students with Specific Learning Disability, Attention Deficit Hyperactivity Disorder, and other exceptionalities.

In 2017, to further incorporate 21st century learning and prepare students for the future, STA began working towards Science, Technology, Religion, Engineering, Arts, and Mathematics (STREAM) accreditation through the Florida Catholic Conference. The STREAM approach encourages teachers and students to use an interdisciplinary method to enhance authentic and deep learning, while encouraging students to create, problem solve, engineer, and collaborate.

At the heart of STA, there exists a deep level of commitment to advance students' Catholic identity; the integration of the "religion"

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component referenced in STREAM is cross-curricular and visible in all core subjects. Students actively participate in many service projects to help those less fortunate. Further, our Tornado students participate in many student-initiated, led, and produced service projects. In addition to service learning projects and direct instruction in the Catholic religion, students' faith formation is further enhanced through prayer and weekly liturgy, as well as integrated throughout the teaching and learning process

St. Thomas the Apostle Catholic School is proud to share our beautiful learning environment with you.

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 <u>www.stamiami.org</u>. Thank you once again for your interest in St. Thomas the Apostle Catholic School and May God Bless you.

In Christ,

f. Figuredo

Mrs. Lisa M. Figueredo '89 Principal

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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,

Figuredo

Mrs. Lisa Figueredo Principal

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

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 (lease – year 1 \$700, year 2 \$400, year 3 \$400), and additional training. New 8th graders will be able to rent the tablet as year 1 for \$700.

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

In Christ, L'Figuredo

Mrs. Lisa M. Figueredo Principal

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New Families

Pre-Application: \$150.00 per child.

Contract Fees due upon acceptance.

| New Family Registration Fee | 950.00 | Per Family |
|--|--------|------------|
| Raffle Ticket | 215.00 | Per Family |
| Materials / Book/Insurance/Supplies for PK3 to 8 th Grade | 990.00 | Per Child |
| Materials / Book/Insurance/Supplies for PK2 | 325.00 | |

Rates for PK3 to 8th

| | 1 st Child | 2 nd Child | 3 rd Child | 4 th Child | 5 th Child |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family Discount on Tuition | 0% | 15% | 20% | 25% | 30% |
| Tuition | 9,289.00 | 7,895.65 | 7,431.20 | 6,966.75 | 6,502.30 |
| Student Fees | 1,600.00 | 1,600.00 | 1,600.00 | 1,600.00 | 1,600.00 |
| Family Fees | 1,800.00 | | | | |
| | | | | | |
| | Per 1 Child | Per 2 Children | Per 3 Children | Per 4 Children | Per 5 Children |
| Total: | \$12,689.00 | \$22,184.65 | \$31,215.85 | \$39,782.60 | \$47,884.90 |

Rate for PK2

| Tuition | 9,289.00 |
|--------------|-------------|
| Student Fees | 1,000.00 |
| Family Fees | 1,800.00 |
| Total: | \$12,089.00 |

Kinder Graduation Fee: \$125.00

8th Grade Graduation Fee: \$300.00

Fees are nonrefundable

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Returning Families

Registration Fee / Letter of Intent: \$625.00 per family, due on **November 10th, 2021**

Contract Fees due March 17, 2022.

| Raffle Ticket | \$215.00 | Per Family |
|--|----------|------------|
| Materials / Book/Insurance/Supplies for PK3 to 8 th Grade | \$990.00 | Per Child |
| Materials / Book/Insurance/Supplies for PK2 | \$325.00 | |

Rates for PK3 to 8th

| | 1 st Child | 2 nd Child | 3 rd Child | 4 th Child | 5 th Child |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family Discount on Tuition | 0% | 15% | 20% | 25% | 30% |
| Tuition | 7,945.00 | 6,753.25 | 6,356.00 | 5,958.75 | 5,561.50 |
| Student Fees | 1,600.00 | 1,600.00 | 1,600.00 | 1,600.00 | 1,600.00 |
| Family Fees | 1,800.00 | | | | |
| | | | | | |
| | Per 1 Child | Per 2 Children | Per 3 Children | Per 4 Children | Per 5 Children |
| Total: | \$11,345.00 | \$19,698.25 | \$27,654.25 | \$35,213.00 | \$42,374.50 |

Rate for PK2

| Tuition | 7,945.0 |
|--------------|-------------|
| Student Fees | 1,000.00 |
| Family Fees | 1,800.00 |
| Total: | \$10,745.00 |

Kinder Graduation Fee: \$125.00

8th Grade Graduation Fee: \$300.00

Fees are nonrefundable

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Commitment Letter

School Year 2022 -2023

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 and contribute to Church Stewardship (time, talent, and treasure).

2. We will contribute twenty hours of volunteer service for school events, two of which are at the festival.

3. We agree to abide by and understand that continued enrollment at STA is subject to the requirements of the St. Thomas the Apostle Catholic School Parent/Student Handbook, and any policies or procedures adopted by STA or the Archdiocese of Miami.

4. We 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.

5. Note that teachers and staff are hired on an annual basis based on enrollment for the school year. Therefore, in the case of any early withdrawal of a student(s) during the school year the parent will be billed for and be responsible to pay the full year of tuition and fees for each student withdrawn, and any amounts paid in advance will not be refunded.

6. We are aware that all financial responsibilities must be current before any report cards, Portals and/or other school records are released.

7. We are 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.

8. 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 and Church Stewardship (time, talent, and treasure) for the previous 24 month period. 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 academic year.

| Family Name | Parish Family Number |
|---|----------------------|
| Student/s Names | |
| Entering Grade/s for the school term of 2022 – 2023 | |
| Parent's Signature | Date |

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Attach 4x6 Family Picture Here

Application Due Date – 11/16/2021

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

| Date | | | | | | Entering | g Grade _ | |
|-----------------------------|------------|-------|----------|------------------|----------------------|-----------|------------|----------|
| Student Information | | | PLEA | SE PRINT OR TYPE | | | | |
| Student Last Name | First | | Middle | Month | /Day/Year of Birth | Place | of Birth | |
| Student Street Address | City | | Zip Code | Studen | t Home Phone | Stude | nt Religio | n |
| Family Information | | | | | | | | |
| Father's /Guardian's Last I | Name Firs | t | Middle | Mother's | / Guardian's Last Na | ime F | irst | Middle |
| Father's /Guardian's Stree | et Address | City | Zip Code | Mother's | / Guardian's Street | Address | City | Zip Code |
| Father's /Guardian's Place | of Birth | Relig | ion | Mother's | / Guardian's Place o | of Birth | Religio | on |
| Father's / Guardian's Occu | upation | Wor | k Phone | Mother's | / Guardian's Occup | ation | Work | Phone |
| Father's / Guardian's E-ma | ail | Cell | Phone | Mother's | / Guardian's E-mail | | Cell Pl | none |
| Parish Information | | | | | | | | |
| Registered in this Parish? | Yes | | No | Saint Thomas th | he Apostle Church E | nvelope I | Number_ | |
| If no, Parish Registered In | | | | | | | | |
| Student Sacramental Info | rmation | | | | | | | |
| BaptismYes | No | | | Church | | | | |
| First CommunionYes | No | | | | Name | C | ity | |
| | NO | | | Church | Name | C | ity | |
| ConfirmationYes | No | | | Church | Name | | ity | |
| | | | | | Name | C | ity | |

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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.

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| Family Co | de | | (for offic | <u>e use only)</u> | | | | |
|--|--|----------------------------------|-------------------------------------|---|---|--------------------|---------------------------------|--------------------------------|
| Student | Inform | ation: S | School Yea | ar: | Date | | Entering Gr | ade: |
| Name: | | | | | | Religio | n: | |
| Name:I | Last | Fi | irst | Middle | | 8 | | |
| Date of | | | Yr. | Birth: | | _ Place of Birth: | | Age: |
| | | | | tates? Yes / N gration status of | | | | |
| Is this stu | dent Hisp | anic/Latir | no? | Yes / N | 10 | | | |
| What is th American Asia Black or A | Indian/Ala | aska Nat | | Native Ha | | ner Pacific Island | der | |
| Student L | ives With: | Both | Parents | _MotherFathe | erGuardian | Mother/Stepfa | therFather/ | Stepmother |
| order and this form a rights rela | /or any otl along with nted to any | ner docur complet child as | nentation ed HIPAA a result o | setting forth the FERPA form. Th f any proceeding | se requiremen nis includes an gs whatsoever | | hed to and su of parental an | bmitted with d/or custodial |
| Name of I | Person(s) | with who | om studen | t lives: | | | | |
| Home Ad | dress: | | | | | | | |
| Home Tel | ephone: _ | | | Er | nail Address: | | | |
| Has the s | tudent rec | eived the | e following | sacraments? | | | | |
| Baptism: | Yes / N | o Nan | ne of Chui | ch | | | _Date | |
| | | | | | | | | |
| | | | | | | | | |
| What par | ish does | the stud | ent's fam | ily attend? | | | | |
| | | | | | | anguage Spoke | | |
| | | | | | | sychological an | | |
| evaluatio | n, IQ, Spe | eech and | l Languaç | je evaluation, a | and/or Occupa | ational therapy | evaluation. | Yes / No |
| If yes, ple | ease spec | ify | | | | | | |

MATERNAL INFORMATION

| Home Phone Cell Phone City State Zip Occupation (please specify if self-employed) | Mother's Full Name _ | | Maiden Name |
|---|-------------------------|--------------------------------------|--|
| Home Phone | Home Address | | |
| City State Zip Occupation (please specify if self-employed) Name of Employer | | | _Home E-mail |
| City State Zip Name of Employer | Home Phone | | Cell Phone |
| Name of Employer | City St | tate Zip | Occupation (please specify if self-employed) |
| Employer's Address | | | |
| City State Zip Country of Origin | Work Phone | Work | E-mail |
| Country of Origin | Employer's Address | | |
| 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) MarriedSeparatedDivorcedWidowed 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 EmployerTitle Work PhoneCell Phone | | | |
| Marital Status of Mother (please check one) MarriedSeparatedDivorcedWidowed 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 | | | |
| MarriedSeparatedDivorcedWidowed 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 | Baptism Yes | / No First Communion Yes / No | No Confirmation Yes / No |
| 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 Work Phone Cell Phone | Marital Status of Mo | ther (please check one) | |
| 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 EmployerTitle Work PhoneCell Phone | Married | SeparatedDivo | orced Widowed |
| Please fill in if applicable: Name of Stepfather Occupation (please specify if self-employed) Name of Employer Work Phone | If married, year and p | place of marriage | |
| Name of Stepfather | If married, in the Cath | holic Church? Yes / No Name o | f Church |
| Occupation (please specify if self-employed)TitleTitle | Please fill in if appli | cable: | |
| Occupation (please specify if self-employed)TitleTitle | Name of Stepfather | | |
| Work PhoneCell Phone | | pecify if self-employed) | |
| | | | |
| Employer's Address | | | |
| | Employer's Address | | |

PATERNAL INFORMATION

| Father's Full | Name | | | | |
|----------------|-------------------------|------------------------|---------------|-------------------------|--|
| Home Addres | SS | | | | |
| | | | Home E | -mail | |
| City | State | ZipC | | Phone | |
| Occupation (p | please specify if self | -employed) | | | |
| Name of Emp | ployer | | | Title | |
| Work Phone | | | Work E-ı | nail | |
| Employer's A | ddress | | | | |
| City | | State | | Zip | |
| Country of Or | rigin | | | | |
| High School / | Attended | | | | |
| | | | | | |
| Father's Relig | gion | | | | |
| Has the stude | ent's father received | the following sa | craments? | | |
| Baptis | sm Yes / No Firs | t Communion Ye | s / No Confi | rmation Yes / No | |
| Marital Statu | us of Father (please | check one) | | | |
| Marrie | edSepar | ated | Divorced | Widowed | |
| If married, ye | ar and place of mai | riage | | | |
| If married, in | the Catholic Church | n? Yes / No Nan | ne of Church_ | | |
| Please fill in | if applicable: | | | | |
| Name of Step | pmother | | | | |
| | | | | | |
| | | | | Title | |
| Work Phone | | | Cell | Phone | |
| Employer's A | ddress | | | | |
| | | | | | |
| | | | | | |

City

Siblings:

| Name | | Age | School Attending |
|---------------------------------------|----------------------|--------------|------------------|
| | | | |
| | | | |
| | | | |
| If the student has or has had relativ | /es in our school, p | lease list: | |
| Name of Relative | | Relationship | Years Attended |
| | | | |
| | | | |
| | | | |
| To whom shall school corresponde | ence 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-I 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 applyin | g: | | | |
| 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?

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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

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ST. THOMAS THE APOSTLE CATHOLIC SCHOOL EMERGENCY CONTACT FORM

FAMILY INFORMATION

| Last Name | Telephone | Year 2022-2023 |
|---------------------|--------------------|-------------------|
| Home Address | City | Zip Code |
| Father's First Name | Employer | |
| Work Address | Work Telephone | Cell Phone |
| Mother's First Name | Employer | |
| Work Address | Work Telephone | Cell Phone |
| E-Mail Address | Alternative E-Mail | |

| PUPIL INFORMATION | Children live with | : 🗌 Both | Parents 🗌 Mother 🗌 Father |
|-------------------|--------------------|----------|-------------------------------------|
| Pupil First Name | Pupil's Birth Date | Grade | Precautions/ Allergies/ Medications |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EMERGENCY CARE INFORMATION

| Name of Doctor | Telephone |
|----------------|-----------|
| Address | City |

CONSENT

| I understand that the school does not assume responsibility for payment of a physician. | | |
|---|------|--|
| Parent Signature | Date | |

AUTHORIZED TO PICK UP MY CHILDREN

| Name | Relationship | Telephone |
|------|--------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |