



ST. FRANCIS CATHEDRAL SCHOOL

K-8th Grade Registration Information

2025 - 2026 School Year – K-8th Grade Registration

Please note: Only completed registration applications will be considered in determining your child's acceptance to St. Francis Cathedral School. The application will not be considered complete until all the necessary paperwork has been submitted, including **immunization records, previous school records, Tuition Policy signature page, Parent-Student Handbook form and registration fees.** Final determination of your child's acceptance, based on your registration application, will be communicated to you by the school's administration.

Age Requirement:

- Students registering for Kindergarten must be 5 years old on, or before, October 1, 2025. There are no exceptions.
- Students registering for First Grade must be 6 years old on, or before, October 1, 2025. There are no exceptions.

Birth Certificate: A copy of your child's Birth Certificate is needed for verification of the date of birth.

Baptismal Certificate: A copy of your child's Baptismal Certificate is needed. If baptized at St. Francis Cathedral you do not need to provide a copy of the certificate.

Student Records: When registering your child in K-8 grade, include copies of IEP, Section 504 plan, progress reports, etc. Also, for students in 2nd to 8th grades, include 2 years of report cards and standardized test scores.

Immunization Policy: Our School Policies (2.5.1) from the Diocese of Metuchen-Office of Schools states that the immunization of each pupil is required, and students cannot be present in its Diocesan schools unless the student is immunized, which is in alignment with N.J.A.C. 8:57-4, Immunization of Pupils in School.

Legal Custody: If you are a **separated, divorced or never married** parent, it is a diocesan directive that the child's record shows a copy of the court order mandating custody of a child.

Registration Fees: Make checks or money orders payable to St. Francis Cathedral School.

- **\$440** for the first child | **\$325** for each additional child

Home School Association Requirements:

- **Volunteer Hours:** All Families are expected to volunteer for a minimum of **6 hours** for the Tricky Tray. Another **2 hours** will be dedicated to other school events..
- **Tricky Tray Basket:** Each family will donate a **Tricky Tray Basket** with a value of \$50. A monetary donation will be accepted in lieu of the basket.

RaiseRight (Formerly known as SCRIP): A **\$600** fundraising fee will be added to each family's tuition. It is possible through the Scrip Program to earn some or all of the \$600 back. This is a per family fee.

Non-Refundable Fees/Tuition:

- Registration Fees are non-refundable
- If your child is going to be out of school for any length of time, we will not give credit towards tuition. Tuition is a yearly fee.

St. Francis Cathedral School creates a Catholic atmosphere where children are challenged to develop respect, justice, and responsibility while growing intellectually and spiritually into leaders of the 21st Century.



ST. FRANCIS CATHEDRAL SCHOOL

Registration Form

Registration Date: _____

Student Information:

Student's Legal Name: _____ Grade as of 9/2025 _____
First Middle Last

Student's Address: _____
Number & Street City State Zip Code

Main Phone # _____ Date of Birth: ____/____/____ Gender M / F
cell | home | work (*circle one*) DOB Verified: Yes | No

Student's Religion: _____ Family's Parish: _____

Previous School Attended: _____

Race* (*circle one*): African American | Asian | White | Native American | Hawaiian/Pacific Islander | Multi-Racial
(*Please see "U.S. Census Bureau Race and Ethnicity Reporting" page for descriptions)

Ethnicity: Is this student Hispanic? Yes | No Primary Language spoken at home _____

Mother/Guardian Information:

Mother's/Guardian 1's Name: _____ Religion _____
First Middle Last

Mother's/Guardian 1's Address*: _____
(*if different from student) *Number & Street City State Zip Code*

Employer: _____ Occupation: _____

Primary phone number: _____ Secondary phone number: _____
cell | home | work (*circle one*) cell | home | work (*circle one*)

Email Address: _____ Mother's/Guardian 1's Place of Birth: _____

Father/Guardian Information:

Father's/Guardian 2's Name: _____ Religion _____
First Middle Last

Father's/Guardian 2's Address*: _____
(*if different from student) *Number & Street City State Zip Code*

Employer: _____ Occupation: _____

Primary phone number: _____ Secondary phone number: _____
cell | home | work (*circle one*) cell | home | work (*circle one*)

Email Address: _____ Father's/Guardian 2's Place of Birth: _____

ST. FRANCIS CATHEDRAL SCHOOL

Registration Form

U.S. Census Bureau Race and Ethnicity Reporting:

*DESCRIPTIONS/EXPLANATIONS REGARDING RACE:

The U.S. Census Bureau categories allow people to identify as many races as they wish – but ultimately the reporting for those who circle several of the racial categories will be listed as “two or more races” (Multi-Racial). Students should be counted in the category of which they are most characteristic. Racial classification definitions are provided below:

American Indian and Alaskan Native: people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian: people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)

Black or African American: people having origins in any of the Black racial groups of the U.S., Africa or other parts of the world.

Native Hawaiian/Other Pacific Islander: includes native Hawaiians living anywhere in the US (but not non-Hawaiian residents of Hawaii) also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, and Polynesia.

White: Caucasians from any part of the world (inc the Middle East) who do not identify with any of the other racial groups.

Multi-Racial (two or more races): those who identify with any combination of the above racial (not ethnic) categories.

Note: Hispanics/Latinos-Information Regarding Ethnicity: Race and ethnicity are considered separate and distinct identities. Only one distinct category of ethnicity is collected – and that is the number of Hispanic/Latinos. Hispanics/Latinos may be of any race and should also respond to the race section according to how they self-identify. Thank you!

Note: Muslims and Arabs: The U.S. Census Bureau does not classify Muslims or Arabs as racial categories; these are ethnic and religious categories; such respondents should select the racial categories with which they self-identify.

Other Children Enrolled at St. Francis Cathedral School:

Total number of Children in St. Francis Cathedral school: _____

1) Name: _____ Gender (*circle one*): M | F
First MI Last

Date of Birth: ____/____/____ Grade:_____

2) Name: _____ Gender (*circle one*): M | F
First MI Last

Date of Birth: ____/____/____ Grade:_____

3) Name: _____ Gender (*circle one*): M | F
First MI Last

Date of Birth: ____/____/____ Grade:_____

ST. FRANCIS CATHEDRAL SCHOOL

Registration Form

Custody Information:

Home Status (*circle one*): Married | Separated* | Divorced* | Widowed* | Never Married*

*Re-married: Yes | No

Student resides with (*circle one*): Both Parents | Mother* | Father* | Mother & Step Father*

Father & Step Mother* | Guardian(s)*

***Custodial Rights** (*circle one*): Joint/Shared | Mother | Father | Guardian(s)

** Must include a copy of signed court documents*

Emergency Contacts: (*other than parent(s)/guardian(s)*)

Emergency contact #1: _____
First Name Last Name Relationship to Child

Primary Number _____ Secondary Number _____
cell | home | work (circle one) cell | home | work (circle one)

Emergency contact #2: _____
First Name Last Name Relationship to Child

Primary Number _____ Secondary Number _____
cell | home | work (circle one) cell | home | work (circle one)

Emergency contact #3: _____
First Name Last Name Relationship to Child

Primary Number _____ Secondary Number _____
cell | home | work (circle one) cell | home | work (circle one)

ST. FRANCIS CATHEDRAL SCHOOL

Registration Form

Media Release: (Directions: Please check one of the options below)

I, the parent/legal guardian of _____, understand that there are many occasions wherein the students in the School are photographed for and/or named in area/community newspapers as well as the school's newspaper, website and yearbook.

_____ **YES: I grant my express permission to exhibit the above-named student's photograph or likeness and publish his/her name.**

_____ **NO: I do not grant my expressed permission to exhibit the above-named student's photograph or likeness and publish his/her name.**

By granting permission, the undersigned parent/guardian hereby releases and forever discharges this School and the Diocese of Metuchen and the trustees, officers, agents and employees of the School and Diocese from and against any and all claims, damages or suits which may arise from the use of the School publications, press/media releases, or website, including but not limited to, the exhibition of the above-named students' photograph or likeness or publication of the student's name.

Parent/Guardian Name

Parent / Guardian Signature

Date

Sacramental Records

Baptism: Date Received ____/____/____ Church Name: _____

Church Address: _____

First Penance: Date Received ____/____/____ Church Name: _____

Church Address: _____

Holy Eucharist: Date Received ____/____/____ Church Name: _____

Church Address: _____

Confirmation: Date Received ____/____/____ Church Name: _____

Church Address: _____

Certification of Registration Form:

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Parent/Guardian Name

Parent / Guardian Signature

Date



ST. FRANCIS CATHEDRAL SCHOOL

Financial Form

2025-2026
School Year
Updated
1/16/2025

STUDENT(s) INFORMATION

Circle Grade Entering:

1. STUDENT'S NAME: _____	<table><tr><td colspan="4">PK3: 3DAYS</td><td colspan="4">PK3: 5DAYS</td><td></td></tr><tr><td colspan="4">PK4: 3DAYS</td><td colspan="4">PK4: 5DAYS</td><td>K</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>	PK3: 3DAYS				PK3: 5DAYS					PK4: 3DAYS				PK4: 5DAYS				K	1	2	3	4	5	6	7	8
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PK4: 3DAYS				PK4: 5DAYS				K																			
1	2	3	4	5	6	7	8																				

PARENT INFORMATION

Mother Name: _____ Mother Email: _____

Father Name: _____ Father Email: _____

RELIGION INFORMATION – *All Families please Check the appropriate box. (DOM = Diocese of Metuchen)*

- ☐ Our FAMILY is Roman Catholic & Registered at a Parish in the DOM –
(continue to Parish Information below)
- ☐ Our FAMILY is Not Roman Catholic **OR** is Roman Catholic but Not Registered at a Parish in the DOM –
(continue to Tuition Tiers/Fees on reverse side of this form)

PARISH INFORMATION – (check one option) *Note: *Parish Verification is required to finalize tuition rates.*

- ☐ Our Family is Registered at St. Francis Cathedral*, Metuchen.
***We will contact the Cathedral to verify your registration & tithing amount.**
- ☐ Our Family is Registered at another Parish* in the DOM.
***Attach a letter from your Parish, verifying your registration & 2024 tithing amount.**

~ please also review and sign on the reverse side ~

TUITION TIERS/FEES

Kindergarten thru 8th Grade (K-8) TUITION	K-8 TIER 1 RATES <u>3 Pre-Requisites:</u> 1. Roman Catholic 2. Verified Registration at a DOM Parish 3. Verified 2024 contribution (tithing) of \$500+.	K-8 TIER 2 RATES <u>3 Pre-Requisites:</u> 1. Roman Catholic 2. Verified Registration at a DOM Parish 3. Verified 2024 contribution (tithing) of \$0-\$499.	K-8 TIER 3 RATES <u>Pre-Requisites:</u> 1. Non-Catholic, <u>or</u> 2. Roman Catholic but Not Registered at a Parish in the DOM
<i>K-8 - 1st Child</i>	\$6,100	\$7,300	\$7,300
<i>K-8 - 2nd Child</i>	\$4,900	\$5,850	\$7,300
<i>K-8 - 3rd Child</i>	\$3,650	\$4,400	\$7,300
<i>K-8 - 4th+ Child</i>	Free	Free	\$7,300

K-8 FUNDRAISING FEE (Raise Right)	
Per K-8 Family	\$600

Pre-Kindergarten (PK)	3 DAYS/Week (Monday/Wednesday/Friday)	5 DAYS/Week (M-Tu-W-Th-F)
<i>PK 3-year-olds - per Child</i>	\$5,200	\$6,650
<i>PK 4-year-olds - per Child</i>	\$5,200	\$6,650

PAYMENT PLANS (*check one option*)

- OPTION 1 = Single Payment Plan - September 1st
(K-8 Families paying via Option 1 will receive a \$50 Tuition Discount)
- OPTION 2 = Two Payment Plan - September 1st and December 1st
- OPTION 3 = Monthly Payment Plan – monthly payments begin in July, and end in April

- All Tuition and Fundraising Fees are paid via a FACTS Tuition Payment Account.
- FACTS Management Company charges an Annual Setup Fee for *all* accounts (new and renewed).
- The current FACTS fees are OPTION 1 = \$10; OPTION 2 = \$15; OPTION 3 = \$50.
- If you have an existing SFCS FACTS account, it will renew with the previous Payment Plan Option.
- If you do not have an existing SFCS FACTS account, you will be sent information to open one.

The Diocese of Metuchen offers Tuition Assistance for families in need. For consideration apply at online.factsmgt.com/aid by the annual deadline.

NOTE: TUITION AND FEES ARE NON-REFUNDABLE

Parent Name

Date

Parent Signature

Office Use Only:				PK3DAY rate	PK5DAY rate
Date Rec'd	Check #	Amount	Option	T1 rate	T2 rate T3 rate



ST. FRANCIS CATHEDRAL SCHOOL
Nurse's Packet (Kindergarten - 8th Grade)

Parent(s)/Guardian(s) completing this packet:

Student Name_____ Grade_____

Check if you are a New Family ☐

Please return the following forms, completed and together, to the attention of School Nurse. All forms must be returned and all immunizations must be completed and documented before school begins or your child will not be permitted to start school.

Any questions, please call the School Nurse, 732-548-3162

Please check:

_____ School Health Services Program Consent Form

_____ Emergency Procedure Form

_____ Physician Physical Form (Physicals must be dated after January, 2024)

_____ Health History Record

_____ Immunization Records (Please be sure your child has received all required immunizations and documentation is submitted from Physician)

_____ IF needed, Food Allergy and Anaphylaxis Emergency Care and/or Asthma Treatment Plan



ST. FRANCIS CATHEDRAL SCHOOL

Nurse's Packet (Kindergarten - 8th Grade)

Dear Parents/Guardians:

Welcome to St. Francis Cathedral School! Attached are the forms that are required for your child's health record.

KINDERGARTEN AND NEW STUDENTS MUST HAVE ALL PAPERWORK RETURNED BY JUNE 1st.

YOUR CHILD'S REGISTRATION IS NOT CONSIDERED COMPLETE UNTIL ALL HEALTH FORMS ARE RETURNED TO THE SCHOOL NURSE.

REMINDERS:

1. Please call the Health Office **each day** your child is absent. Phone: **732-548-3162**.
2. Any medication to be given in school must be in the original, appropriately labeled prescription bottle. Permission papers must be completed. This is New Jersey State Law.
3. Immunizations must be up-to-date as required by New Jersey State Law.
Please notify the nurse when your child receives any immunizations – and provide documentation from your health care provider. Furthermore, no child shall be admitted to school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A.26:1A-9. Proper immunization is a condition of admission to the school. All immunizations must be received and documentation sent to school nurse **in order for child to start school**.
4. Physicals are required when entering kindergarten and for **all new students** and every three years thereafter (usually 3rd Grade and 6th Grade). ***No student may start school without the required physical.***
5. Please inform the nurse if your child has severe allergies, asthma or other serious health issues. Parents must submit a Food Allergy and Anaphylaxis Emergency Care Plan if a student needs to have an epi-pen in school and/or and Asthma Treatment Plan before the start of school. Forms are available on the school's website under "From Our Nurse".
6. Please inform the nurse if there are any changes in your child's health.

We are looking forward to a healthy and happy school year.

Sincerely,

A handwritten signature in blue ink that reads "Jay Locquiao".

Dr. Jay Locquiao
Principal at St. Francis Cathedral School
Diocese of Metuchen



ST. FRANCIS CATHEDRAL SCHOOL

Nurse's Packet (Kindergarten - 8th Grade)

FOR SCHOOLS AND PARENTS: K-12 IMMUNIZATION REQUIREMENTS



NJ Department of Health (NJDOH) Vaccine Preventable Disease Program

Summary of NJ School Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ school.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/cd/imm_requirements/acode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

Grade/level child enters school:	Minimum Number of Doses for Each Vaccine						
	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B	Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)
Kindergarten – 1 st grade	A total of 4 doses with one of these doses on or after the 4 th birthday <u>OR</u> any 5 doses [†]	A total of 3 doses with one of these doses given on or after the 4 th birthday <u>OR</u> any 4 doses [‡]	2 doses [§]	1 dose	3 doses	None	None
2 nd – 5 th grade	3 doses NOTE: Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Td. For use of Tdap, see footnote [‡]	3 doses	2 doses	1 dose	3 doses	None	See footnote [‡]
6 th grade and higher	3 doses	3 doses	2 doses	1 dose	3 doses	1 dose required for children born on or after 1/1/97 <u>given no earlier than ten years of age[¶]</u>	1 dose required for children born on or after 1/1/97 [¶]

* Children who did not receive any vaccines would need at least one dose of each required vaccine to enter school provisionally.



ST. FRANCIS CATHEDRAL SCHOOL

Nurse's Packet (Kindergarten - 8th Grade)

DTaP: Children who previously attended child care/preschool should have received 4 doses since the requirement to receive the fourth birthday booster dose (5 dose) does not th apply until they attend Kindergarten. However, if one of these 4 doses was given on or after the 4 birthday, an additional dose is not needed for Kindergarten. Alternatively, any 5 doses are acceptable.

Children seven years and older who are not fully immunized with DTaP vaccine should have a history of receiving at least three doses of DTaP, Td, and/or Tdap or should use the CDC Catch-Up schedule to get caught up. Tdap given at ages 10 and older can count towards the sixth-grade school requirement. For CDC schedules and catch-up guidance, visit <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>.

Polio: Children who previously attended child care/preschool should have 3 doses since the requirement to receive the fourth birthday booster dose (4th dose) does not apply until th they attend Kindergarten. However, if one of these 3 doses was given on or after the 4 birthday, no additional doses are needed for Kindergarten. Alternatively, any 4 doses are acceptable.

MMR: Children are required to receive two doses of measles, one dose of mumps, and one dose of rubella once they enter Kindergarten. Since single antigen (separate components of the vaccine) is not readily available, most children will have two MMR vaccines.

The Antibody Titer Law (Holly's Law, NJSA 26:2N-8-11), passed on January 14, 2004, requires the New Jersey Department of Health (NJDOH) to accept serologic evidence of protective immunity to measles, mumps and rubella in lieu of the second ACIP recommended measles, mumps and rubella vaccine. For more information, please visit http://nj.gov/health/cd/documents/antibody_titer_law.pdf.

Varicella vaccine is only required for children born on or after January 1, 1998. Children who previously had chickenpox do not need to receive the varicella vaccine as long as a parent/guardian can provide the school with one of the following: 1) Documented laboratory evidence showing immunity (protection) from chickenpox, 2) A physician's written statement that the child previously had chickenpox, or 3) A parent's written statement that the child previously had chickenpox.

Meningococcal and Tdap vaccines are required for all entering 6th graders who are 11 years of age or older. If in 6th grade and under age 11, children must receive the vaccines within 2 weeks of their 11th birthday. Meningococcal (MenACWY) vaccines administered at age 10 or older will be accepted for NJ school attendance. As of the 2020-2021 school year, children who receive a Tdap before age 10 would need to receive an additional dose to meet NJ's immunization requirements for sixth grade and higher. Note, ACIP no longer recommends a minimum interval between a dose of Tdap and a tetanus-diphtheria-containing vaccine, however, current rule [N.J.A.C. 8:57-4.10(i)] states a minimum of five years must have elapsed from the last tetanus-and diphtheria-containing dose.

NOTE: NJ also accepts valid medical and religious exemptions (reasons for not showing proof of immunizations) as per the NJ Immunization of Pupils in School regulations, (N.J.A.C. 8:57-4). Children without proof of immunity as defined by ACIP, including those with medical and religious exemptions, may be excluded from a school, preschool, or child care facility during a vaccine preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee. In addition, anybody having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable disease, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school. The Department of Health shall provide guidance to the school of the appropriateness of any such prohibition.

This document is meant to be a quick resource. For more information "NJ Immunization Requirements Frequently Asked Questions", please visit https://nj.gov/health/cd/imm_requirements/.



ST. FRANCIS CATHEDRAL SCHOOL

Nurse's Packet (Kindergarten - 8th Grade)

SCHOOL HEALTH SERVICES PROGRAM

During the school year, the health program will include the services listed below. Please read and review these services prior to signing this permission form. For your child to participate in this program, this form must be returned to the school nurse.

TUBERCULOSIS TESTING: In accordance with the current New Jersey State Department of Health guidelines, the school nurse will notify you if this test is necessary.

PHYSICAL EXAMINATION: Applicable to all new students and those students who have not had an exam in the last three years. Examination by your family doctor is required and a certificate must be presented to the school nurse.

HEIGHTS & WEIGHTS: Will be checked annually by the school nurse.

MEDICATION POLICY: Any medication to be given during school hours must be accompanied by a physician's or dentist's note with the prescribed medication in the original container. The prescribed medication must be administered by the school nurse or authorized adult if the nurse is not present. Please refer to the school handbook.

SCREENING TESTS: Will be conducted by the school nurse or trained volunteers. The tests include:

- | | | |
|----|------------|------------------------------|
| a. | Hearing: | All students – K-3, 7 |
| b. | Vision: | All students – K, 2, 4, 6, 8 |
| c. | Scoliosis: | All students, grades 5 and 7 |

Please document and report any health concerns of your child to the school nurse.

This consent form will be kept with your child's records while a student at St. Francis Cathedral School.

SCHOOL HEALTH SERVICES CONSENT FORM

I give permission for my child _____ to participate fully in the School Health Program as stated above. School personnel are authorized to administer necessary first aid treatment to my child.

Date

Signature of Parent/Guardian



ST. FRANCIS CATHEDRAL SCHOOL

Nurse's Packet (Kindergarten - 8th Grade)

HEALTH HISTORY

2025 - 2026

Student's Name _____ Date of Birth _____ Grade _____

Parent's Name _____ Address _____

Phone _____

Physician Name _____ Address _____

Phone _____

A. Family History

1. Are the child's parents both in good health? Yes ____ No ____
If no, describe _____

2. List ages, sex, and general health of brothers and sisters:

3. Are there any significant family or mental problems?

4. Do any family members have a history of: Diabetes____ Tuberculosis ____ Nervous
Breakdown____
Hay Fever____ Asthma____ Retardation____ Convulsions____ Migraine____

B. Sleep Pattern

1. How many hours of sleep does your child get each night? _____
2. Does your child have difficulty falling asleep? _____
3. Does your child have any of the following: (Please circle)?
Insomnia sleepwalking wakefulness during the night

C. Feeding and Digestion

1. Is the child's appetite usually good? Yes____No____
2. Do any foods disagree with him/her? Yes____No____
3. Does he/she often have diarrhea? Yes____No____
4. Does he/she have frequent stomachaches? Yes____No____

D. Any Serious Accidents? (indicate) _____

E. Hospitalization? (for what purpose) _____

F. Other/ _____

G. Is your child now taking medication? Please list: _____



ST. FRANCIS CATHEDRAL SCHOOL

Nurse's Packet (Kindergarten - 8th Grade)

H. Infections and Illnesses

1. Frequent earaches? Yes____No____
2. Frequent sore throats? Yes____No____
3. Frequent colds? Yes____No____
4. Urinary infections or related problems? Yes____No____
5. Convulsions? Yes____No____
6. High Fevers? Yes____No____
7. Problems with hearing? Yes____No____
8. Problems with vision? Yes____No____
9. Wheezing or asthma? Yes____No____
10. Eczema or hives? Yes____No____
11. Allergies or reactions to any medication? Yes____No____

Describe allergies or reactions:

12. Circle any of the following which the child has had, and indicate in blanks at what age:

____Measles ____Roseola ____Mumps
____German Measles ____Whooping Cough ____Broken Bones
____Chicken Pox ____Pneumonia ____removal of tonsils and/or adenoids

I. Development

1. At what age did the child walk alone? _____
2. At what age did the child talk? _____

J. Behavior

1. Does the child exhibit any of the following: (please circle)?
Nail Biting Nightmares Breath holding Thumb Sucking
Sleep Problems Fearful Bed Wetting
2. Have you had any difficulty with your child? If so, describe the problem and age that the child's difficulty was first noticed? _____

- K. Is there any other information** which would be helpful in understanding your child better, thus enabling him to benefit fully from school experience?

- L. Country child was born in** if child was born outside the United States: _____

Name of School previously attended, if applicable _____



ST. FRANCIS CATHEDRAL SCHOOL
Nurse's Packet (Kindergarten - 8th Grade)

Physician's Report of Physical Examination

Name _____ Birthdate _____ Grade _____

Height _____ Weight _____ Pulse _____ Resp. _____ BP _____

****REQUIRED**

Medical History (eg. Asthma, Seizures, freq OM, etc.) _____

Surgical History _____

Trauma or Injuries _____

General Appearance _____ Skin _____

Head and Neck _____ Lungs _____

Heart _____

Abdomen _____ Genitalia _____

Musculoskeletal _____

Extremities _____

Other _____

Impressions _____

Immunizations given on this date _____

Physician's Name, Address, Phone (please Print)

Physician's Signature

Date of Examination



ST. FRANCIS CATHEDRAL SCHOOL

Nurse's Packet (Kindergarten - 8th Grade)

2025 - 2026 EMERGENCY CONTACT FORM

Last Name: _____ Home Phone: _____

Address: _____

Child(ren) #1) _____ Gr. _____ #2) _____ Gr. _____

#3) _____ Gr. _____ #4) _____ Gr. _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

Please complete the following using numbers to indicate order of procedure to be followed in the event of illness or injury to your child/children at school:

() Contact: _____ Mother (circle one) Home | Cell | Work

() Contact: _____ Father (circle one) Home | Cell | Work

() Contact: _____ Relationship to student : _____ Phone # _____
(circle one) Home | Cell | Work

() Contact: _____ Relationship to student : _____ Phone # _____
(circle one) Home | Cell | Work

() Contact: _____ Relationship to student : _____ Phone # _____
(circle one) Home | Cell | Work

() Contact: _____ Relationship to student : Physician Phone # _____
(circle one) Office | Cell

Does the student have health insurance? Yes | No Name of Insurance Company: _____

Take student to nearest hospital? Yes | No Name of Preferred Hospital: _____

Please list any medical conditions/allergies/medications: _____

I give permission for medical information about my child/children be shared with school staff on a need-to-know basis: Yes | No

Contact via e-mail for non-emergency communication: Yes | No email address _____

In case of a serious emergency to the above-named student and in the event neither parent/guardian can be reached by telephone, I hereby authorize a representative of the school to act in my child/children's best interests.

Parent/ Guardian Name

Parent / Guardian Signature

Date

**Individual Student Request Form
2025-2026**

Individual Student Request For Loan Of Textbooks	
Date	
Public School District	Nonpublic School St. Francis Cathedral School
Address	Address 528 Main Street
	Metuchen, NJ 08840
Name of Student	
Grade	
Name of Parent	
<p>Under the provisions of <i>N.J.S.A. 18A: 58-37.1 et seq.</i>, I hereby request the _____ (Public School District) to loan textbooks to the <u>SFCS</u> _____ (Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.</p>	
<p>Signature of Parent/Guardian: _____</p> <p>Date: _____</p>	

(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)
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Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic school for each student for which transportation services are being requested. Submit a separate application for each student.

Note:

- If there is a change of home address, a new application shall be submitted to the public school district of residence.
- If there is a change in the nonpublic school of attendance, a new application shall be submitted to the public school district of residence.
- Complete this application and return it to the nonpublic school on or before March 10th preceding the school year in which transportation is being requested.
- Late applications — Any application received after March 10th will be a late application and must be accompanied by a statement of the reason for lateness. Eligible students will receive transportation or aid in lieu of transportation based on the date the application is received by the public school.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as the determination of each application by August 1st.
- A district board of education shall pay aid in lieu of transportation to the parent or guardian of an eligible student only after receiving a signed "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

Nonpublic School Transportation Application Form

School Year: Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: St. Francis Cathedral School

Phone: 732-548-3107

Address of School: 528 Main St., Metuchen, NJ 08840

Area code + number

Student's grade for the coming year:

Shortest one-way mileage between home and school:

(shortest route along public roadways or walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy):

Date school closes (mm/dd/yy):

School hours:

AM to

PM

Name of school of attendance in prior year:

Address:

Signature:

Date (mm/dd/yy):

Public School Use Only (Do *not* write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

☐ Transportation will be provided

☐ You are eligible for payment in lieu
of transportation

☐ Ineligible

Reason:

Title:

Signature:

Date (mm/dd/yy):



ST. FRANCIS CATHEDRAL SCHOOL

Student Tuition and Fees Payment Policy/Agreement

I. Statement of Policy and Purpose

The success of St. Francis Cathedral School hinges upon the commitment of families to make Catholic education a financial priority, be involved in their child's education, and make their tuition and fees payments on a timely basis. The school relies upon tuition and fee payments to provide an excellent spiritual and educational program operating on a balanced budget.

The school has full-year contractual and financial obligations that must be met, such as teacher salaries, heating, and electric bills, building maintenance and improvements, and other expenses. Families that seek their children's initial and continuing enrollment are required to satisfy the annual tuition by specified due dates. In addition to tuition, families are responsible for timely payment of registration fees and incidental fees, such as club and activity fees, lunch fees, fundraising or fees for before or after school care.

Yearly tuition rates and registration fees are determined by February.

Effective with the 2024/2025 School Year: **all** Tuition Payments must be made automatically online, **via an SFCS FACTS Tuition Management account**. Parents/Guardians are required to have or open an SFCS FACTS Tuition Management account by the date indicated at registration; and are responsible for any FACTS fees. Parents/guardians are given three options for tuition payment:

- Option 1 – Single Payment Plan (*this option includes a \$50 discount per FAMILY*)
- Option 2 – Two Payment Plan
- Option 3 – Monthly Payment Plan (*monthly payments begin in July and all payments must be completed by April 30th each year*)

Effective with the 2025/2026 School Year: K-8 Tuition Rates will be determined as follows:

- TIER 1 - Catholic family registered & contributing* at a parish in the Diocese of Metuchen.
- TIER 2 - Catholic family registered at a parish in the Diocese of Metuchen but not contributing*.
- TIER 3 - Catholic family not registered at a Diocese of Metuchen parish, or a Non-Catholic family

**Contributing is a family who tithed \$500 or more in the previous year to their Diocese of Metuchen parish, as evidenced by a Receipt of Contribution signed and dated by their parish Pastor. This receipt must be submitted at registration each year.*

St. Francis Cathedral School encourages all responsible parties to maintain open communication with the Business Manager to ensure a complete understanding of each family's financial obligations. The goal of the school is to provide a Catholic school education to every student that desires one, but only by mutual cooperation can we make certain that this goal is met.

Parental non-payment or delinquency in meeting students' financial obligations creates an additional burden for the school.

II. Procedure to Address Delinquent Payments

When payments are not made in accordance with the selected tuition option, the following steps will take place:

15 days past due:

When an account becomes 15 days past due under the selected tuition payment option, the financially responsible party will be contacted by the Business Manager by telephone and letter notification requesting that tuition be brought current or that they contact the school to offer an alternative tuition payment for the school's approval.

It is the responsibility of the family and/or financially responsible party to promptly contact the Business Manager to bring the account up to date or to create an alternative tuition payment plan for school approval.

30 days past due:

When an account becomes 30 days past due under the selected tuition payment option, the Business Manager will issue the financially responsible party a written notice by certified letter and by telephone message. The notice will reiterate the terms of the selected financial commitment and request immediate attention to the matter.

III. Remedies/Exclusions

When an account becomes 30 days past due, in addition to the notification of delinquency sent by the Business Manager, the following remedies/exclusions immediately shall become available to the school:

Student(s) will not be permitted to pre-register for the following academic year or to return after the current semester until the balance is paid in full or an alternative plan has been approved.

Non-payment of any part of a prior year's tuition will result in non-admission for the following school year.

All tuition and fees must be current in accordance with the selected payment plan on the first day of class or the student(s) will not be enrolled.

Student(s) will be dismissed at the end of a semester for non-payment of financial obligations.

During the school year, students will not be allowed to make payments for/or participate in any field trips and/or other school sponsored extracurricular activities.

Eighth graders cannot take part in special events and graduation exercises, nor receive any scholarship awards that are presented at the graduation ceremony.

Notwithstanding any other provision of this Policy/Agreement that may be applicable. All amounts due and owing for an eighth grade student must be made satisfied no later than May 20th in order for the student to participate in graduation exercises and/or field trips.

To effectuate the provisions of this section, St. Francis Cathedral School reserves the right to cancel the registration of any student whose parents/guardians fail to satisfactorily meet tuition payments. The school will inform any family failing to pay their tuition according to their agreement with the school, and who have been unwilling to make alternative arrangements suitable to the school, that their children are not allowed admittance or re-admittance to the school. All tuition and fees paid prior to such cancellation of registration are non-refundable.

IV. Good Faith Attempt at Satisfying Financial Obligations:

The school understands that unexpected situations can and do arise and the school strives to work with families. In the event of unforeseen financial circumstances, families are responsible for contacting the Business Manager as soon as possible to review the financial hardship and seek a mutually agreeable alternative tuition payment plan. Parents/guardians must request a face-to-face conference with the Business Manager. No alternative arrangements will be discussed or approved over the phone.

However, this opportunity comes with the obligation to make a good faith attempt to satisfy educational financial obligations. A “good faith attempt” at meeting tuition payments includes, at a minimum, that the family formally has applied for school tuition assistance from the Diocese of Metuchen, pursuant to established diocesan procedures. This procedure includes disclosure of tax forms, W-2 statements, and any other financial information the Diocese may deem relevant in assessing whether the applicant is eligible to receive diocesan financial assistance. In the absence of specific proof that such an application has been made to the diocese by a delinquent party, no special circumstances or other consideration will be allowed by the school for payment of tuition and the Remedies/Exclusion terms in Paragraph III above shall apply.

IV. Other Available Remedies

While a sincere and charitable effort will be made to collect overdue tuition, the school reserves the right to use any legal means necessary to remedy tuition delinquencies, including using a third-party collection agency and/or legal proceedings. All fees or costs incurred in collecting amounts owed may be included in the balance due.

V. Requirement of Signed Agreement on File

A signed copy (with original signatures) of this Student Tuition and Fees Payment Policy/Agreement is required to be in the school's file for every student attending St. Francis Cathedral School. It is the parent's or other responsible person's obligation to provide the school with a signed copy of this policy/agreement for the school's file. However, the failure of a parent or other responsible person to return a copy of this policy/agreement does not prevent full enforcement of this policy/agreement in accordance with its provisions. Receipt of this policy/agreement, with or without signatures, constitutes full notice of its provisions and terms.

VI. Effective Date:

This policy/agreement is effective January 1, 2018 and immediately applies to any delinquent tuition, fee or other school payment that exists on January 1, 2018, as well as to all future delinquencies.

Acknowledgment and Agreement:

I, _____, have received and reviewed this Student Tuition and Fees Payment Policy/Agreement and agree to its terms and conditions.

Printed Name (Parent/Guardian)

Signature (Parent/Guardian)

Date

Student's Name _____

Student's Grade as of the date of Signature above _____



ST. FRANCIS CATHEDRAL SCHOOL

Parent-Student Handbook Acknowledgement

Directions:

1. Please review the Parent-Student Handbook uploaded on our website:
www.stfranciscathedralschool.org.
2. Upon review of the parent-student handbook, all parent(s)/guardian(s) must sign below certifying the acknowledgement statement.
3. Students in 5th grade or older must review the parent-student handbook with their parents and initial below.

Acknowledgement Statement:

We have read and agree to abide by the contents of the St. Francis Cathedral School Parent-Student Handbook.

Parent/ Guardian Printed Name

Parent / Guardian Signature

Date

Parent/ Guardian Printed Name

Parent / Guardian Signature

Date

Student's Name: _____ Homeroom _____ ST Initial: _____
First Last

Student's Name: _____ Homeroom _____ ST Initial: _____
First Last

Student's Name: _____ Homeroom _____ ST Initial: _____
First Last

Student's Name: _____ Homeroom _____ ST Initial: _____
First Last



St. Francis Cathedral School

Home School Association

The Home School Association is an important part of our school community and continues to strive to always help and give back to our students with our many fundraisers throughout the year. We are beyond blessed to have such supportive families that continuously dedicate their time and effort to make each fundraiser a success!

All school families are **required** to volunteer **eight (8) hours** each year towards HSA fundraisers. There will be many opportunities to fulfill these hours. Please see below:

2 VOLUNTEER HOURS	6 TRICKY TRAY HOURS
SUPER 50/50 <ul style="list-style-type: none">• Ticket sales at masses BOOK FAIR <ul style="list-style-type: none">• Setup• Clean up• Sales• Student assistance SANTA'S WORKSHOP <ul style="list-style-type: none">• Setup• Cleanup• Sales• Student assistance GERTRUDE HAWK <ul style="list-style-type: none">• Chocolate distribution	<u>Prior to the event:</u> <ul style="list-style-type: none">-Basket wrapping-Setup the day before the event-Organization of ticket containers, bags and other supplies for the event-Decorations (at home kits)-Trip Ticket sales at masses-Sponsor outreach <u>The day/night of the Tricky Tray:</u> <ul style="list-style-type: none">-Setup-Spotters-Greeters at the Front Entrance-Basket transport-Ticket sales per level-50/50 ticket sales-Trip ticket sales-Basket running-Clean up after the event

A few other fundraisers that happen at SFCS are:

- **Box Tops** (Scan store receipts to earn extra money for the school)
- **Spirit wear** (Fall and Spring sales are great gifts)
- **Dine Out to Donate events** (This is a great way to give back to the school and have a free night without having to cook!)

The HSA also has other wonderful events throughout the year to look forward to such as:

- **Parent's Night Out**
- **Mom's Night Out**
- **Dad's Night Out**
- **Family Christmas Dinner**
- **Daddy Daughter Dance**
- **Mother/Son Night**

We strongly encourage you to get Volunteer Certified as soon as possible. Please follow the steps on our website (<https://stfranciscathedralschool.org/volunteering>).

We look forward to seeing you! Thank you!
Questions? Feel free to email HSA@stfranciscathedralschool.org



St. Francis Cathedral School

Home School Association

Volunteer Requirements:

- I. Each family is responsible for eight (8) service hours: Six (6) hours will be fulfilled in preparation for, or the night of, the Tricky Tray. The remaining two (2) hours will be dedicated to other school fundraising events such as: Book Fair, Super 50/50, Santa's Workshop, Gertrude Hawk or Fun Day.
- II. Each family will donate a basket for the Tricky Tray with a value of at least \$50. A monetary donation will be accepted in lieu of the basket.

Acknowledgment of Volunteer Hours and Donation Requirements:

I acknowledge that I have reviewed and understand the importance of fulfilling my required eight volunteer hours and donation responsibilities for the school year. I recognize that these contributions directly support our school community and will be monitored throughout the school year.

I have read and agree to the HSA requirements at St. Francis Cathedral School.

Parent / Guardian Name

Parent / Guardian Signature

Date

Parent / Guardian Name

Parent / Guardian Signature

Date

Students Enrolled at SFCS

Family Last Name _____

Student's Name: _____ Homeroom _____
First Last

Student's Name: _____ Homeroom _____
First Last

Student's Name: _____ Homeroom _____
First Last

Student's Name: _____ Homeroom _____
First Last



ST. FRANCIS CATHEDRAL SCHOOL

Before/After Care Program Registration Form 2025-2026

St. Francis Cathedral School offers both Before Care and After Care Programs. Both programs are staffed by St. Francis Cathedral School teachers.

- Before Care Program (available to SFCS students from PreK 3 years old through 8th Grade).
 - Available from 7:00 a.m. - 7:40 a.m. in the Main School building
 - Drop off to a teacher in the breezeway from 7am -7:10 am.
 - For drop off from 7:10am – 7:40am please **KNOCK** on 1A's window and a teacher will come up to get your child.
 - The fee for the Before Care Program is \$5.00 per day per child.
- After Care Program (available to SFCS students from PreK 3 years old through 8th Grade). *
 - Available from dismissal until 6pm sharp
 - Held in the C.Y.O. Building. The children are walked over by a teacher.
 - Homework: Homework time is scheduled. **All homework should be checked each night by a parent/guardian.**
 - Snack: Snack time is scheduled; students **must bring a snack from home.**
 - The fees for the After Care Program:
 - On 2:30pm dismissal days:
\$20.00 for one child and \$29.00 for 2+ children.
 - On Noon dismissal days:
\$25.00 for one child and \$33.00 for 2+ children.

**Please Note: on occasion PK will have a Noon dismissal when the K-8 grades do not. On those days, aftercare will not be available for PK students.*

ST. FRANCIS CATHEDRAL SCHOOL

Before/After Care Program Registration Form 2025-2026

Family Name: _____

Phone Number: _____ Cell Phone: _____

Child's Name: _____ Grade as of 9/2025: _____

Child's Name: _____ Grade as of 9/2025: _____

Child's Name: _____ Grade as of 9/2025: _____

Child's Name: _____ Grade as of 9/2025: _____

Please check off which program you would like your child(ren) to participate in, and what days of the week they will be participating.

_____ Before Care Program M _____ T _____ W _____ Th _____ F _____

_____ After Care Program M _____ T _____ W _____ Th _____ F _____

_____ Both Before & After Care Program M _____ T _____ W _____ Th _____ F _____

Additional Comments:

<u>AFTER CARE PROGRAM</u>	<u>BEFORE CARE PROGRAM</u>	<u>12:00 NOON DISMISSAL</u>
2:30 PM TO 6:00 PM \$20.00 (Daily Fee) - One Child \$29.00 Two or More Children	7:00 AM TO 7:40 AM \$5.00 Daily	* 12:00 PM to 6:00 PM \$25.00 (Daily Fee) - One Child \$33.00 Two or More Children * 12-3pm before Thanksgiving, Christmas & Easter and 2:30-4pm on Halloween