Saint Anthony Catholic School

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

Mrs. Angie Susuico
Principal/Director

Mrs. Christy Borja
Vice Principal

NEW STUDENT ENROLLMENT DOCUMENT REQUIREMENTS

1.	**STUDENT ENTERING KINDERGARTEN must be five (5) years of age by December 31st of the school year entering (copy of Birth Certificate)**
2.	Mandatory Final Report card copy showing promotion status into grade level entering
3.	Mandatory for foreign students that they present their passport as proof of citizenship • Must be U.S. Citizen • Maintain a valid Visa
4.	Mandatory submission of: **DUE TWO (2) WEEKS PRIOR TO THE FIRST DAY OF CLASSES** • **Completed Medical Clearance form – must be done by an on-island physician** • **Updated immunization record – to INCLUDE A CURRENT TB TEST** **STUDENT WILL NOT BE PERMITTED TO ATTEND CLASSES UNTIL MEDICAL CLEARANCE IS COMPLETED ALONG WITH SUBMISSION OF UPDATED IMMUNIZATION RECORDS**
5.	Copy of Birth Certificate and Baptismal Certificate for CATHOLIC STUDENTS • If receiving Reconciliation, First Holy Communion, or Confirmation

A proud member of the National Catholic Education Association
Accredited by the Western Association of Schools & Colleges, the Western Catholic Educational Association, Cognia and its affiliated organizations.

OFFICIAL SCHOOL UNIFORM SOLE DISTRIBUTOR

RoyalBics

PRE-K4 TO 8TH GRADE

- **Official school uniforms**
- **Official school jackets**
- **P. E. Uniforms**

Please Read/Download a copy of our Parent/Student handbook on our website to understand the School Uniform Policy

Located across Atkins Kroll in Tamuning
671-646-6500 or 671-642-2427

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Mrs. Christy Borja
Vice Principal

2025/2026 SY

Financial Responsibilities

FEES ARE NON-REFUNDABLE/NON-TRANSFERABLE

REGISTRATION FEE Kinder to 8th Grade	$700.00 per student	Due upon SUBMISSION OF FORM
ARCHDIOCESE FEE Kinder to 8th Grade (subject to change)	$169.00 per student	due by 7/25/25
INSTRUCTIONAL MATERIALS Kinder to 8th Grade	$250.00 per student	due by 7/25/25
CAPITAL IMPROVEMENTFEE/MAINTENANCE FEE Kinder to 8th Grade	$250.00 per student	due by 8/01/25
TECHNOLOGY FEE Kinder to 8th Grade	$350.00 per student	due by 8/01/25
ENDOWMENT FEE Kinder to 8th Grade	$25.00 per student	Due by 8/01/25
GRADUATION FEE 8th grade	$400.00 per student	due by 8/01/25
YEARBOOK FEE (optional)	$80.00 per student	due by 8/01/25

Other fees

SPORTS FEE 6th to 8th Grade	75.00 applicable per team member participating per quarter EXCLUDING SPORTS UNIFORM	due by quarter
EXTENDED CARE PROGRAM MONTHLY RATE – upon availability	$300.00 per student	due 1st of each month
EXTENDED CARE DROP IN PROGRAM restrictions apply – no more than two (2) days per week	$25.00 per student/ per day	due 1st of each month
RECONCILIATION FEE 2nd Grade	$50.00 per student	due by 12/19/25
FIRST HOLY COMMUNION FEE 3rd Grade	$75.00 per student	due by 12/19/25
CONFIRMATION FEE 8th Grade	$100.00 per student	due by 12/19/25
EARLY OR LATE EXAM FEE	$75.00 per student	due prior to administration of exam
ENROLLMENT REFERRAL BONUS CLARIFICATION EFFECTIVE 07/10/25	$100.00 tuition credit PER FAMILY and for one (1) month only and will be applied to MAY TUITION	FAMILY must officially register for one (1) full school year

TUITION FEES

Tuition is due the 1st of the month, with a grace period to the 15th, however if the 15th falls on a week-end, tuition will be due the working day before.

5% discount if paid in full by 8/15/25

ONE STUDENT	$450.00 per month x 10 = $4,500.00 Annually	$4,275.00
TWO STUDENTS	$800.00 per month x 10 = $8,000.00 Annually	$7,600.00
THREE STUDENTS	$1,160.00 per month x 10 = $11,600.00 Annually	$11,020.00
FOUR STUDENTS	$1,470.00 per month x 10 = $14,700.00 Annually	$13,965.00

METHOD OF PAYMENT

- CHECK – payable to SACS via drop box by front gate entry or directly to the Business Office
- CASH – DIRECTLY to the Business Office
- PAYPAL - using this method will result in a 2.99% PayPal fee deduction which will mean a balance will remain outstanding
- CREDIT CARD : VISA OR MASTERCARD 2.8% Merchant fee will be added on top of amount charged (must be present to use)

as of 07/10/25

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2025/2026 SCHOOL YEAR FEE DESCRIPTION

REGISTRATION FEE COVERS:

Payroll processing fees, electricity, water, solid waste, security alarm and monitoring, Accreditation licenses, bank service charges, sanitary permits, postage, advertising, hospitality and appreciation, stipends, xerox lease and supplies, workshop expenses, School play licenses, student certificates

ARCHDIOCESE FEE COVERS:

Supports Office of Catholic Education

INSTRUCTIONAL MATERIALS COVERS:

Supplies, instructional materials, consumable books, textbooks, subscriptions, references, equipment rental and maintenance

CAPITAL IMPROVEMENTFEE/MAINTENANCE FEE COVERS:

Property and other commercial liabilities, motor vehicles registration, workers compensation, janitorial and housekeeping supplies, comprehensive equipment, small tools and appliances, building repairs, outside contract services, fuel for vehicles and maintenance

TECHNOLOGY FEE COVERS:

RENWEB, IXL LEARNING, BEABLE, telephones, internet, technology supplies

ENDOWMENT FEE COVERS:

Additional operating cost, Interest earned used for tuition assistance

TUITION FEE COVERS:

Employee payroll

SPORTS FEE COVERS:

IIAAG membership fee, sports supplies (balls, nets, paint etc.), coach stipend

GRADUATION FEE COVERS:

Diploma printing, diploma cover, graduation gown, class T-shirt, flowers, banquet ticket for students only, awards, fun day, retreat

RECONCILIATION FEE COVERS:

Clergy stipend, certificate, gift

FIRST HOLY COMMUNION FEE COVERS:

Clergy stipend, mass flowers, program, certificate, gift

CONFIRMATION FEE COVERS:

Clergy stipend, mass flowers, program, certificate, gift

EARLY OR LATE EXAM FEE COVERS:

Administering early or late exams by a proctor

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STUDENT REGISTRATION FORM

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

Mailing Address: _____ MALE:_____FEMALE:_____

Home Address: _____ Home Phone:_____ Ethnicity: _____

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

MANDATORY: FOREIGN STUDENTS MUST PRESENT PASSPORT/VISA UPON REGISTRATION

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

Last school attended:_____ Last grade completed:_____

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

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

CITIZENSHIP:_____EMAIL ADDRESS:_____OCCUPATION: _____

WORK PHONE:_____ CELL PHONE: _____WORK ADDRESS: _____

EMPLOYMENT: ____ Private Sector ____ Local Government ____ Federal Government

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

CITIZENSHIP:_____EMAIL ADDRESS:_____OCCUPATION: _____

WORK PHONE:_____ CELL PHONE: _____WORK ADDRESS: _____

EMPLOYMENT: ____ Private Sector ____ Local Government ____ Federal Government

BROTHERS/SISTERS CURRENTLY ATTENDING SAINT ANTHONY CATHOLIC SCHOOL

Name / Grade:	***Name / Grade:***
Name / Grade:	***Name / Grade:***

MUST IDENTIFY:

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

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

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

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

Mailing Address of Business: _____ Fax Number: _____

MUST IDENTIFY:

MILITARY ACTIVE DUTY ONLY:

Air Force
Army
Coast Guard
Marines
Navy

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

GUARDIAN'S NAME:_____ Relationship to student:_____

Guardian's Home phone:_____ Work Phone:_____ Occupation:_____

Guardian's Mailing Address:_____ Village:_____

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

PRINT Name:_____ Relationship to child:_____

Mailing address:_____ Village:_____ Home Phone:_____

Work Phone:_____ Cell Phone:_____ Email Address:_____

Signature: _____

****

ENROLLMENT AGREEMENT FOR 2025/2026 SCHOOL YEAR

Student/s is/are hereby accepted by Saint Anthony Catholic School enrolled for the above school year, subject to terms of this Agreement. In consideration, the undersigned parent/s / guardian/s **AGREE** to pay the amount required for Tuition Fee, Registration Fee, Archdiocese Fee, Instructional Materials, Capital Improvement Fee/Maintenance Fee, Technology Fee, Endowment Fee, Graduation Fee (when applicable) along with ALL other required Fee/s (when applicable) for the above school year. **In addition it is agreed and understood that all fees are NON-REFUNDABLE and NON-TRANSFERABLE.** initial

Ten (10) months payment plan: **FIRST PAYMENT DUE AUGUST 1, 2025 with the remainder of payments due on the FIRST OF EACH MONTH, FINAL PAYMENT DUE PRIOR TO FINAL EXAMS. Payments made after the 15th of each month will result in a 10% late fee penalty.** initial

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

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

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

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

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

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

_____

Father's Signature ***Date***

_____

Mother's Signature ***Date***

DO NOT WRITE HERE FOR BUSINESS OFFICE USE ONLY:

Rec'd By: _____

Date _____

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AGREEMENT RESPONSE

Please make sure that you read the handbook online before signing this form.
Registration form will NOT BE official until this form is signed and attached upon registration.

STUDENT NAME	HMRM	STUDENT NAME	HMRM
STUDENT NAME	HMRM	STUDENT NAME	HMRM

STUDENTS:

I do hereby certify that I have read the Saint Anthony Catholic School Student/Parent Handbook for **2025/2026 SY**. I, hereby agree to abide by, support and be governed by the philosophy, principles, rules and regulations enunciated therein.(see attached Cell Phone and Truancy policies). INITIALS

I recognize that my conduct both on and off campus and at all times while I am studying at Saint Anthony Catholic School must be in a manner consistent with the philosophy, principles, rules and regulations stated herein. INITIALS

I further acknowledge and accept that Saint Anthony Catholic School may suspend, expel, or terminate my enrollment and/or impose any appropriate sanction that Saint Anthony Catholic School so desires against me because of my failure to adhere to and abide by the philosophy, principles, rules and regulations of Saint Anthony Catholic School. INITIALS

PARENTS/GUARDIANS:

I/We _____ and _____ parent/s- guardian/s do hereby, certify that I/We have read the Saint Anthony Catholic School Student/Parent Handbook for **2025/2026 SY** and agree to abide by, support and be governed by the philosophy, principles, rules and regulations enunciated therein. In addition to this agreement and attached Truancy and Cell phone policies, an Administrator or designee may require a student suspected of possessing a controlled or illegal substance, a weapon or stolen property, to empty his or her locker, book bag, wallets, purse, or pockets. We pledge our support as parents/guardians and will fulfill our obligations and financial responsibilities to the school; and shall endeavor to participate actively in the spiritual and social functions as manifested in the School Calendar of Events and other special announcements. INITIALS

MORNING DROP OFF BY 7:15 AM INITIALS

I/We promise to pick up our child/ren right after school between 3:00 pm and 3:30 pm. If our child/ren is/are a member of any after school activity, e.g. Honor Choir, Interscholastic Sports, Math Counts, Spelling Bee, NatStuco, NJHS, Campus Ministry, Lego Robotics, Chess Club, ACB, Art Club and/or Lead roles (Christmas or Spring Concert) we promise to pick him/her up after the activity, the time of which will be made **KNOWN TO US BY OUR CHILD OR BY THE TEACHER/ADVISOR.** INITIALS

I/We recognize that our child/ren must conduct himself/herself both on and off campus and at all times while attending Saint Anthony Catholic School in a manner consistent with the philosophy, principles, rules and regulations of Saint Anthony Catholic School. INITIALS

Furthermore, we grant permission to have our child's/children's name published in the school's yearbook and in the event exemplary academic, athletic, and/or accomplishments to be featured in the local media and school newsletter.

While every effort is made to ensure the accuracy of the information contained in the Saint Anthony Catholic School Student/Parent Handbook, the administration reserves the right to make necessary changes without prior notice. Parents will be informed of any revisions through our newsletters, memorandums, Facts Sis and/or School Website.

_____ **Father's /Guardian's Signature**

_____ **Mother's / Guardian's Signature**

_____ **Date**

as of 02/28/25

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MEDICAL/ATHLETIC CLEARANCE FOR SCHOOL ADMISSION

STUDENT NAME _____ **GRADE ENTERING**_____

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

HOME ADDRESS_____

HOME PHONE_____**E-MAIL ADDRESS**_____

FATHER'S NAME_____**CELL PHONE**_____**WORK PHONE**_____

MOTHER'S NAME_____**CELL PHONE**_____**WORK PHONE**_____

PART 1: PHYSICAL EXAMINATION

HEIGHT_____ **WEIGHT**_____ **T**_____ **p**_____ **R**_____

BLOOD PRESSURE_____ **VISION: RT**_____ **LT**_____ **HEARING: RT**_____**LT**_____

CHECK EACH LINE	*Normal*	*Abnormal*	*Not Examined*	*Describe suspicious or abnormal findings*
General Appearance	☐	☐	☐	
Skin: Hair, Nails	☐	☐	☐	
Eyes: External(pupils-cornea)				
Optic fundus	☐	☐	☐	
Muscle balance	☐	☐	☐	
Ears: External				
Auditory acuity	☐	☐	☐	
Tympanic Membrane	☐	☐	☐	
Tympanogram	☐	☐	☐	
Pure Tone	☐	☐	☐	
Nose, Mouth	☐	☐	☐	
Pharynx, Larynx	☐	☐	☐	
Speech	☐	☐	☐	
Teeth, Gums	☐	☐	☐	
Neck, Lymph Nodes	☐	☐	☐	
Thyroid	☐	☐	☐	
Cardiovascular	☐	☐	☐	
Respiratory	☐	☐	☐	
Gastrointestinal	☐	☐	☐	
Genito-Urinary	☐	☐	☐	
Musculo-Skeletal	☐	☐	☐	
Scoliosis Screening	☐	☐	☐	

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

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

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

Name of Physician (PRINT)_____ **Signature**_____ **date**_____
Clinic_____ **Email address**_____
PPD –date given _____**PPD – date read** _____**Results**_____

PARENT/GUARDIAN CONSENT

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

PARENT/GUARDIAN SIGNATURE_____**DATE** _____

MEDICAL INFORMATION

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME**_____

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

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

REMARKS:

_____

_____

_____

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

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

as of 02/28/25