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

1.	**Child MUST be 4 years old by August 31st of school year entering**
2.	MUST BE POTTY TRAINED
3.	Must be a U.S. Citizen, Permanent Resident
4.	Birth Certificate / Baptismal Certificate
5.	Mandatory submission of: **DUE TWO (2) WEEKS PRIOR TO THE FIRST DAY OF CLASSES** • ***Immunization required for age 4*** 1. DTaP - 5 doses 2. IPV (Polio) – 4 doses 3. HepB – 3 doses 4. MMR – 2 doses 5. TB Clearance (valid for one (1) year from the date of their clearance) A) PPD skin test: must provide proof of a negative PPD skin test result (shot record copy or a PPD skin test clearance document from their Pediatrician or Clinic) B) For those with a personal history of a (+) Positive PPD Skin test, a 2-Step LTBI Clearance is required: Step 1: An LTBI form must be completed by a medical provider with a copy of either a chest x-ray or a chest CT scan report attached. Step 2: Obtain the TB clearance report from Guam Dept of Public Health and Social Services TB program located in Norther Regional Community Health Center • Medical Shot Records and Medical Clearance form will be reviewed by SACS Nurse. • Recommended Vaccinations: 1. Var (Chickenpox) – 2 doses 2. HepA – 2 doses 3. PCV 13 – 4 doses • Medical Clearance form- must be done by an on-island physician

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2025/2026 SY
7:30AM to 3:30PM
PRE-K4 PROGRAM
Financial Responsibilities

FEES ARE NON-REFUNDABLE/NON-TRANSFERABLE

REGISTRATION FEE	$600.00 per student	**Due upon SUBMISSION OF FORM**
ARCHDIOCESE FEE **(subject to change)**	$169.00 per student	due by 7/25/25
INSTRUCTIONAL FEE	$250.00 per student	due by 7/25/25
CAPITAL IMPROVEMENT FEE	$250.00 per student	due by 8/01/25

Other fees

EXTENDED CARE PROGRAM MONTHLY RATE 3:30PM TO 5:00PM	$300.00 per student	due 1st of each month
EXTENDED CARE DROP IN PROGRAM 3:30PM TO 5:00 PM *If your child is not registered under the extended care program and gets picked up after 3:45pm you will be charged $25.00 every five (5) minutes, including those registered for extended care who get picked up after 5:00pm.*	$25.00 per student/ per day	due 1st of each month
TESTING FEE	$50.00 per student	due prior to testing

TUITION FEE

ONE STUDENT	$575.00 per month x 10 = $5,750.00 Annually

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.

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)

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STUDENT REGISTRATION FORM PRE-K4 PROGRAM

STUDENT NAME: ____ **Date of Application:**___________
LAST **FIRST** **MIDDLE**

Mailing Address: ____ MALE:_____FEMALE:_______

Home Address: _______________________________Home Phone:_____________ Ethnicity: ___________________

Date of Birth: _______________Age: _____ Place of Birth: ___________ Religion:__________ Citizenship:____________

MANDATORY: FOREIGN STUDENTS MUST PRESENT PASSPORT/VISA UPON REGISTRATION

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

Last school attended:____ Last grade completed:______________

Address of last school attended: ______________________________________ Grade entering SACS: ______________

FATHER'S NAME: ____Religion: ___________
LAST FIRST MIDDLE INITIAL

CITIZENSHIP:________EMAIL ADDRESS:__________________OCCUPATION: ______________________

WORK PHONE:_____________ CELL PHONE: _____________WORK ADDRESS: ____________________

EMPLOYMENT: ____ Private Sector ____ Local Government ____ Federal Government

MOTHER'S NAME: ____Religion: ___________
LAST FIRST MIDDLE INITIAL

CITIZENSHIP:________EMAIL ADDRESS:__________________OCCUPATION: ______________________

WORK PHONE:_____________ CELL PHONE: _____________WORK ADDRESS: ____________________

EMPLOYMENT: ____ Private Sector ____ Local Government ____ Federal Government

BROTHERS/SISTERS CURRENTLY ATTENDING SAINT ANTHONY CATHOLIC SCHOOL

MUST IDENTIFY:

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

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

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: ____

****

PER-K4 STUDENT 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 $575.00 per student/per month for ten (10) months, Registration Fee $600.00 per student, Archdiocese Fee $169.00 per student (subject to change), Instructional Fee $250.00 per student, Capital Improvement Fee $250.00 per student, Extended Care/Drop-In Fees (if applicable) along with ALL other required Fee/s (when applicable) for the above school year. Those under grant programs must pay SACS, then seek reimbursement on your own from the applicable grant source.*

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 SY 2024/2025 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**___________________________________

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 2/28/25)

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