

**Notre Dame Academy
1709 Bull Street
Savannah, GA 31401**

Phone: 912.232.5473 • Fax: 912.232.3352
Email: cforan@notredamesav.comcastbiz.net

"We've Come This Far by Faith."



Carole F. Foran
Principal

**Notre Dame Academy
APPLICATION REQUIREMENTS
2012-2013**

Notre Dame Academy's admission process is two-fold. Phase I is the academic screening portion. When a completed application packet is returned to NDA, an interview will be scheduled.

Application requirements for New Students to Notre Dame Academy

- Copy of most recent Report Card
- Copy of all Academic and Behavioral Paperwork (Rtl, SST, Speech, Discipline, etc)
- Copy of Social Security Card
- Signed Code of Conduct
- Registration Form
- Registration Fee (Checks will not be cashed until after the Interview Process.)
- Emergency Form



Student is ready for the Interview Portion of Application (Initialed by school official)

Please note:

- ✓ New students to Notre Dame Academy may be required to take a placement test.
- ✓ Applications may be printed off our website.
- ✓ Applications may be picked up and returned to NDA
- ✓ No records will be returned. Submit only copies.
- ✓ Only **completed packets** will be accepted. All items listed above are considered a complete packet.

Important dates:

January 29, 2012 Catholic Schools Week Kick-Off Mass, Sacred Heart, 11:00 am
January 29, 2012 Hot Chocolate Social and **Open House**, NDA, 12:00 pm
February 1st, 8th, 15th, 22nd, 29th, 2012 Wednesday **Open Houses** 9:30 – 11:30 am
March 1, 2012 Deadline for submitting Financial Aid Application to FACTS
March 1, 2012 Deadline for submitting Pre-Registration Fee of \$100
July 15, 2012 Deadline for submitting Activity Fee \$300/student

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Principal

January 13, 2012

"We've Come This Far by Faith."

Dear Parents,

We are well into the second semester and we continue to experience a successful year thanks to outstanding teachers, supportive parents, and children that are a joy to teach. As is customary this time of year, it's time to let us know of your **intentions to return next year**. Our budget for next year will be based on the information we receive during this intent/pre-registration period. We saw marked improvement this year and we anticipate continuing to grow. It is imperative that all available student vacancies be filled so that we will experience a fiscally sound year in 2012-2013.

Please complete the attached pre-registration form and payment option form and return along with your check no later than Thursday, **March 1st**. We will only hold spaces for those students who have pre-registered and have paid the \$100 non-refundable pre-registration fee. Checks will not be deposited until April 1 to assist you with your 2012 financial planning.

A **Parish Subsidy Request** (attached) is required at this time to receive the participating Catholic tuition rate for the 2012-2013 school year. All Catholic families attending Notre Dame Academy must have this form completed and signed by their pastor. This form replaces the Participating Parishioner Card. Please submit no later than **April 1, 2011** in order to receive the Catholic tuition rate for 2012-2013.

All students wishing to receive financial aid in the 2012-2013 school year must apply through FACTS by March 1, 2012.

Open House for New Students: In order to see what a typical school day is like at Notre Dame Academy, an open house will be held weekly on **Wednesdays** during the month of **February from 9:30 – 11:30 am**. Additionally, we will host prospective students during our **Catholic Schools Week Kick-Off on Sunday, January 29th @ 12:00 pm**. We will be guests of **Sacred Heart Parish during their 11:00 Mass**. Fr. John is inviting us to sing during this Mass. We will have a Hot Chocolate Social in the school immediately following. Please encourage interested parents and students to attend this event. We are currently accepting registration for all new students.

As we build enrollment for next year, we will continue to guard our **low teacher-pupil ratio in accordance with SACS/FCC standards**. We will accept students based on the following priorities:

- Students currently enrolled and pre-registered by **March 1, 2012**.
- New students whose families are participating Catholics (must have Parish Subsidy Request by **March 1st**.)
- New students who are non-participating Catholics or families of other faiths.

We look forward to an even better year as a strong, academic school and a wonderful faith community. We hope you will join us. Please let us know of your intentions no later than **Thursday, March 1, 2012**.

Sincerely,

Carole Foran, Principal

NOTRE DAME ACADEMY

Pre-registration Form Pre-K-8

2012-2013 School Year

If we do not receive this form by April 1, we will assume you are NOT returning and will fill vacancies as parents register.

Parent's Name: _____

Address: _____ Zip: _____

Phone Number: (work) _____ (home) _____

Please return this form for your child(ren) **regardless** of whether you plan to return next year.

Check the appropriate areas.

A. My child/children will return to Notre Dame Academy for the 2012-2013 school year. \$100 registration fee **per family**.

Name (s)	Grade for next year (2012-2013)

B. I have a child(ren) that will enter Notre Dame Academy for the **first time** next year. Their registration **must** be completed by January 27 to be considered for acceptance in the first phase of registration.

Name (s)	Grade for next year (2012-2013)

C. We will **not** be returning next year.

Name (s)	Grade for next year (2012-2013)	Reason for not returning

Return this form by **March 1, 2012**. If you would like a reserved space for your child(ren), it must be accompanied by a check payable to Notre Dame Academy.

Notre Dame Academy Parish Subsidy Request

DO NOT RETURN THIS FORM TO THE SCHOOL WITHOUT MEETING WITH YOUR PASTOR FOR APPROVAL.

THE PARENTS OR GUARDIANS OF CATHOLIC STUDENTS MUST COMPLETE THIS FORM IN ORDER TO BE CONSIDERED FOR THE CATHOLIC TUITION RATE AND SUBSIDY FROM THE PARISH WHERE THEY ARE MEMBERS.

Please fill out the form below, sign and date it, and return it to the pastor of your church. **You MUST meet with your pastor to obtain approval for the Catholic rate and subsidy then return this form to the school no later than the last Friday in May.**

We the undersigned parent(s) or guardian(s) of the registered students(s) of Notre Dame Academy School listed below do certify that we are registered members of _____ Parish.	
(Name of Parish)	
We hereby apply for the active Catholic rate and parish subsidy. Our church Envelope number is _____.	
Father's full name _____	(Please print)
Mother's full name _____	(Please print)
Guardian's full name _____	(Please print)
Name(s) of students(s):	
_____	Grade _____
(Please print full name)	
_____	Grade _____
(Please print full name)	
_____	Grade _____
(Please print full name)	
_____	Date _____
Parent/Guardian Signature	

TO BE COMPLETED BY PASTOR

I, the undersigned Pastor of the parish named above, do hereby approve (<input type="checkbox"/>) disapprove (<input type="checkbox"/>) the request for Active Catholic status and subsidy from the parish of the above signed parents/guardians.	
Pastor _____	Date _____

NOTRE DAME ACADEMY

1709 Bull Street
Savannah, Georgia 31401
912-232-5473

January 1, 2012

Dear Parents/Guardians:

Financial aid applications for the upcoming 2012-2013 school year are now available online at www.factstuitionaid.com. In an effort to “be green” and save costs, we are encouraging you to fill out the application for the upcoming school year online. We do have a limited number of paper applications available in the office. Tuition assistance awards are available for Catholic and non-Catholic **REGISTERED** students. Again this year we will be utilizing the services of **FACTS Grant and Aid Assessment Service** to determine eligibility for tuition assistance. **The deadline for application submittal is March 01, 2012.** The following forms of aid will be available from this single application:

Diocese of Savannah:

1. *African/Native American* – students in Pre-K through 8th grades of any religious denomination are eligible for this assistance.
2. *Hispanic Scholarship* – students in Pre-K through 8th grades of any religious denomination are eligible for this assistance.
3. *Ambassadors to Catholic Education Scholarship* – students registered in Notre Dame Academy in grades PK – 8th grades are eligible for this assistance.
4. *G.R.A.C.E. Scholars* – students entering Catholic school for the first time from a Georgia public school or entering Kindergarten or an accredited Pre-K program, of any denomination, are eligible. In addition to completing the FACTS application, a G.R.A.C.E. Scholars Family Registration Form must be submitted to the school. This form may be downloaded from www.gracescholars.org.
5. *Deanery Aid* – parishes in the deanery contribute a portion of offertory collections to help families afford a Catholic education. Families must be Catholic and registered in a deanery parish to be eligible for this assistance.

The deadline for the 2012-2013 applications is March 01, 2012. However, applications may be submitted at any time throughout the year. Late applications will be considered as money is available. ***The Board of Trustees has directed that families will not receive tuition assistance awards if they have not applied through FACTS.***

Please contact us if you have any questions regarding financial aid. We will be happy to assist you in any way that we can.

Sincerely,

Carole F. Foran
Principal

Jim Siler
Business Manager

Notre Dame Academy
Tuition Rate 2012-2013

	Registered by March 1 st		Registered AFTER March 1 st	
	CATHOLIC Grades PK-8	NON-CATHOLIC Grades PK-8	CATHOLIC Grades PK-8	NON-CATHOLIC Grades PK-8
Per Child	4,400	\$4,800	\$4,450	\$4,800
2 nd Child Deduct	(\$200)	(\$100)	(\$200)	(\$100)
3 rd Child Deduct	(\$300)	(\$100)	(\$300)	(\$100)
Activity Fee ^{Note 1}	\$300	\$300	\$300	\$300
Or All Inclusive Fee ^{Note 2}	\$575	\$575	\$575	\$575
Family Registration ^{Note 3} (Per Family)	\$100	\$100	\$350	\$350

Note 1: Activity Fee includes: Instructional supplies, FACTS Direct enrollment fee, all transportation for field trips, Home & School Dues, Student Insurance, Testing fees & supplies, NCEA dues, Books and Yearbook.

Note 2: All Inclusive Fee includes: Regular activity Fee, \$200 uniform allowance, Field Trip Admission

Note 3: Family registrations and additional child discounts are only applicable to families paying for more than one child.

The Activity fee per child MUST BE PAID by July 15, 2012.

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Need Financial Assistance?

There are several opportunities for qualifying students to obtain tuition assistance. Providers include the Diocese of Savannah, Notre Dame Ambassadors, and GRACE Scholars SSO, as well as independent Student Scholarship Organizations (SSO's) such as ARETE and AAA, among others. Notre Dame Academy accepts any organization's scholarship for qualified students.

Each of these resources has it's own application procedure listed below. You should apply for any and all for which you believe you qualify.

Application for Diocese, GRACE and Notre Dame Academy financial aid **MUST** be made through the FACTS Grant and Aid Assessment Service (<https://www.factstuitionaid.com/>). (Applications are also available from the School Office.) Applications must be made between January 1 and March 1. Awards are made prior to commencement of the new school year based on the FACTS' assessment of need.

ARETE and AAA are independently administered SSO's each with its own assessment and qualification procedures. In general SSO's are available to students transferring from public schools to a private school (or entering Pre-k or Kindergarten). After earning an SSO scholarship, you may continue to receive it in subsequent years, so long as you still qualify and funds are available.

ARETE's web-site is: ARETE Scholarships Fund (<http://aretescholars.org/>)

AAA Scholarships' web site is: AAA Scholarships Foundation
(<http://www.aaascholarships.org/>)

Still have questions? Please contact the Principal or Business Manager at the School.

Notre Dame Academy

Registration Form

Student Information										
Legal Last Name:			Legal First Name:		Legal Middle Name:			Suffix	Preferred Name:	
Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date: / /		SSN: - -		Religion:				
Home Address:				City:		State:	Zip Code	Home Phone:		
Mother's Name:		Address if different from above			Employer:			Work Number:		
Father's Name:		Address if different from above			Employer:			Work Number:		
Mother's Cell Phone:			Father Cell Phone:			Student's First Language:				
Has the student been referred to the RTI process? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Student Have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Individualized Education Plan			Has student Been in ELL/ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No English Language Learners/ English speaker of other languages			Has student been in PSI Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-School Intervention		
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other (Specify Relationship) _____										
Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			Last Name:				First Name:			
Address: (if different than student)						Email Address:				
Last School Attended										
Pre-School Experience <input type="checkbox"/> Home <input type="checkbox"/> Private Day Care <input type="checkbox"/> Babysitter's Home <input type="checkbox"/> Head Start <input type="checkbox"/> EOA Day Care <input type="checkbox"/> Pre-K _____										
Last School Attended:							City/State			
Previous School Address:							Last Grade Attended:		Date Withdrawn:	
Is Student currently suspended or pending expulsion from this school? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____						Has Student been expelled from ANY School? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____				
For Catholics Only										
Parish Affiliation:							City/State:			
Baptism Date:		Church:					City/State:			
First Communion Date:		Church:					City/State:			
Confirmation Date:		Church:					City/State:			
Emergency/Sign Out Contacts (Other than parent/Legal Guardian)										
Contact Name:				Relationship:		Home Phone:		Cell Phone:		
Contact Name:				Relationship:		Home Phone:		Cell Phone:		
Contact Name:				Relationship:		Home Phone:		Cell Phone:		
Sibling Information										
Sibling Name:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		School:		Grade:		
Sibling Name:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		School:		Grade:		
Sibling Name:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		School:		Grade:		
Sibling Name:				Gender: <input type="checkbox"/> M <input type="checkbox"/> F		School:		Grade:		

Notre Dame Academy

Registration Form

Medication Information			
Physical Conditions or Concerns: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Serious Allergies _____ <input type="checkbox"/> Other _____			
CONSENT FOR TREATMENT In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) administration of any treatment deemed necessary by the physician/dentist below or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my child to the hospital below or any hospital reasonably accessible. I accept full financial responsibility for the payment of all charges made for medical services rendered. I absolve school officials of any liability who in good faith complies with this request.			
Signature/Date: _____			
Physician:	Phone Number:	Dentist:	Phone Number:
Preferred Hospital:	Insurance Carrier (Optional)	Policy No.: (Optional)	
REFUSAL OF CONSENT I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring immediate treatment, I wish the school authorities to take the following action: _____			
Signature/Date: _____			
Permission/Authorizations			
Internet Acceptable Use Policy I understand and will abide by the provisions and conditions of this agreement. I understand that any violations may result in disciplinary and/or legal actions. I also agree to immediately report any misuse of technology resources or services to my teacher or staff member. <hr/> Student's Signature As the parent/legal guardian, I hereby certify that I have received, read and understand that Notre Dame Academy are providing Internet resources and information services for educational purposes. <input type="checkbox"/> I give my child permission to use the internet. <input type="checkbox"/> I do not give my child permission to use the internet. <hr/> Parent Signature	Media/School Work Release I have received and read the district's media release and school work display policies. <input type="checkbox"/> I give permission to photograph, videotape, or audio record my child and for local news media to photograph and/or interview my child. I also give permission to display my child's school work and photographs including class pictures and T-shirts. <input type="checkbox"/> Please do not publish my child's photograph or school work on the school website or any other world wide web page for which the photo may be requested. <input type="checkbox"/> I do not grant permission for my child's photograph or school work to be used for ANY school publication, new media usage or world wide web, or for the news media to photograph and/or interview my child.	Physical Education Program Your child may be participating in a physical education program. This program will aid all students in their physical, mental and social development. If your child is unable to participate in the regular physical education program due to physical disability, please mark restricted program. If restricted program is marked, a doctor's medical statement is necessary including restrictions and length of time to be excused from active participation. Please indicate the appropriate Physical Education program for your child. <input type="checkbox"/> REGULAR Physical Education Program <input type="checkbox"/> RESTRICTED Physical Education Program	
Parent/Legal Guardian Signature			
I understand that a student admitted under false information is illegally enrolled and may be dismissed upon discovery			
Parent/Legal Guardian Signature:	Date:	Parent/Legal Guardian Signature:	Date:
Please indicate your reasons for enrolling your child(ren):			
<input type="checkbox"/> Catholic Education <input type="checkbox"/> Academic Programs <input type="checkbox"/> Faculty <input type="checkbox"/> Tuition <input type="checkbox"/> Discipline <input type="checkbox"/> Other _____			

*** Registration Fee is Non-Refundable.**

**Notre Dame Academy
Emergency Form**

Student Information

Student Name: _____ Grade: _____ Birth Date: _____
Address: _____ Apt.# _____ City: _____ Zip Code: _____
Home Phone: _____ Ethnic Background: _____ Religion: _____
Family Email Address: _____
Child lives with _____

Parent/Guardian

Mother's Name: _____ Mother's Cell # _____
Mother's Employment: _____ Mother's Work# _____
Father's Name: _____ Father's Cell # _____
Father's Employment: _____ Father's Work# _____

In case guardian is unavailable, release permission is granted to:

Name: _____ Phone # _____ Relationship: _____
Name: _____ Phone # _____ Relationship: _____
Name: _____ Phone # _____ Relationship: _____

Does your child have any health conditions?

- | | | | |
|------------------------------------|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Impairment | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Seasonal Allergy | <input type="checkbox"/> Seizures | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Vision | <input type="checkbox"/> Internal |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Heart | <input type="checkbox"/> Other |
| <input type="checkbox"/> Autism | <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | |

If any conditions are checked, please describe: _____

Family Doctor: _____ Office Number: _____

Hospital Preferred: _____ Medical Ins. Provider: _____

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature empowers the school authorities to exercise their own judgment in calling the physician or emergency medical care unit. Likewise, your signature is not sufficient for the release of conditional information protected by Federal Law.

Parent Signature: _____ Date: _____

Please notify the school office immediately as to changes or modifications to any information.

2012-13 Student and Parent Code of Conduct

It is expected that students of Notre Dame Academy follow and exemplify the Student/Parent Handbook. In addition, the following criteria will be expected and is subject to continuous review.

Students are expected to:

- Arrive promptly to school and attend all classes, staying until the end of the school day.
- Demonstrate continuous and consistent progress and interest throughout the academic day and SEEDS as well.
- Behave in a mature and respectful manner, cooperating with teachers, professionals, and fellow students.
- Respect and care for all equipment, supplies, and school property particularly related to aesthetics and productions within our building and while visiting other off-campus locations.
- Adhere to commitments within the SEEDS program regarding specific classes.

As a parent I will:

- Complete 20 hours per family of volunteer service to Notre Dame Academy annually.
- Provide prompt transportation for my child regarding the hours of the academic school day and SEEDS.
- Support and attend school events.
- See that my child understands and honors the rules set forth in the Parent/ Student Handbook.

Academic Probationary Procedures:

- I will be informed of my child's probation status via notification letter and a conference will be held.

I understand that failure to meet the stated expectations may result in my child being removed from privileges available to students of Notre Dame Academy.

By signing this document and the Application Signature Page, I understand and agree with all listed parent and student conditions and responsibilities.

Parent/Guardian Signature:

Date: _____

Notre Dame Academy
SIGNATURE PAGE

Name of Student: _____ 2012-13 Grade _____

This page is to be signed and turned to indicate that parents and students have read the Code of Conduct, and understand the criteria for attending Notre Dame Academy. This page is turned in so that you and your child may keep the copy of the Parent and Student Agreement .

Part I: Student Agreement

I have received, read, I understand, and I agree to comply with the Student Agreement.

Student's Signature _____

Date _____

Part II: Parent Agreement

I have received, read, I understand, and I agree to comply with the Parent Agreement. I understand that I may be asked to perform community service hours. I will assist in supporting the specialty program contract in order for my child to experience success and achievement at school and at home.

Parent or Guardian's

Signature _____ Date _____