



Guardian Angels Catholic School

Accredited by the Florida Catholic Conference
2270 Evans Road • Clearwater, Florida 33763
Telephone: (727) 799 – 6724 • Fax: (727) 724 – 9018

Dear Prospective Parent of Guardian Angels Catholic School,

Guardian Angels Catholic School is an inter-parochial school of the Diocese of St. Petersburg. Founded in 1991, GACS is a student-centered institution that welcomes families into a distinctive learning environment that empowers students through the combination of faith-based learning and academic excellence.

A premier academic program infused with the Gospel message is what makes Guardian Angels a school of excellence. The core curriculum is enhanced with programs in religion, art, music, drama, technology, foreign language and physical education. Each and every student is challenged to reach their greatest potential. Commitment to the education of the students and to Christ is the premise on which Guardian Angels Catholic School was built and exists.

Guardian Angels Catholic School is committed to providing an environment that is free from discrimination in education because of race, color, religion, creed or national origin. We accept students based on our ability to serve them.

Attached please find the application packet. To ensure an efficient admissions process, please provide the following:

- Complete **APPLICATION FORM**
- Student Record Release Permit
- A non – refundable \$90.00 application fee check made payable to Guardian Angels Catholic School
- **PARISH AND PARENT COVENANT** and the **TUITION SUPPORT REQUEST FORM** completed and signed by both the parent(s) and pastor. (Catholic Applicants only)
- A copy of the student’s most recent report card (Grades 1 – 8 only)
- Documents pertaining to the dissolution of marriage of a student’s parents or a mandate of guardianship, where applicable.
- **Original** student birth certificate-**Bring the original to the office so that a true copy can be made**
- Copy of student’s baptismal certificate
- Copy of student’s Social Security card
- Original Florida Certification of Immunization
- Original Student Health Examination Record
(Completed within the last 12 months)

In an effort to help you in your decision to enroll your child at Guardian Angels, one-on-one tours are available. To schedule an appointment for a tour, please call the school office at 727-799-6724.

Your partner in education and faith,

Mrs. Mary Stalzer
Principal

Christ is the foundation of Guardian Angels Catholic School, where pastors, administration, teachers, parents, and students, work together as a Catholic family, centered on Christ, to serve our Church, our school, and our community with a focus on faith, academic excellence, and the celebration of each unique child.



GUARDIAN ANGELS CATHOLIC SCHOOL INITIAL APPLICATION FOR ENROLLMENT

Please **PRINT** the information requested on this form and attach a \$90 Application Fee.

Academic Year 2017-2018 Grade _____ Male____ Female____

Student Full Name: _____
Full First Name Middle Name Last Name

Home Address: _____

City: _____ St _____ Zip _____

Home Phone: _____

Date of Birth _____ Place of Birth _____

Social Security # _____

Ethnicity: (Circle one) Hispanic/Non-Hispanic

Race: (Circle One) White/ Asian/ Black/ American Indian: Alaskan/ Native Hawaiian: Pacific Islander/ Two or more races

Primary Language Spoken in Home: _____

Religion: _____ Parish Affiliation: _____

Baptism: Date _____ Church _____

Reconciliation: Date _____ Church _____

First Communion: Date _____ Church _____

Parent/Guardian 1 Full Name (Mr./Mrs./Dr./Ms.) _____
First Last

Address: (if different than student's): _____ Home Phone: _____

Occupation: _____ Employer: _____

Primary Phone: _____ Cell: _____ Work Phone: _____

Parent 1 email: _____

Parent/Guardian 2 Full Name (Mr./Mrs./Dr./Ms.) _____
First Last

Address: (if different than student's): _____ Home Phone: _____

Occupation: _____ Employer: _____

Primary Phone: _____ Cell: _____ Work Phone: _____

Parent 2 email: _____

Student lives with: Both Parents Mother Father Guardian

Where there has been a legal dissolution of marriage of a student's parents or a mandate of guardianship, all schools in the Diocese of St. Petersburg are required to have on file: 1) Name and address of both parents or guardians; 2) A certified copy of the Order of Dissolution or Guardianship; and 3) Subsequent modifications of either document. The student's application for enrollment is not complete until these documents are on file at Guardian Angels.

Last School Attended:

Name: _____

Address: _____

Number Street

City State Zip

Principal or Director: _____ **Phone:** (____) _____

Number of years at this school: _____

Has your child ever been assessed, either in the school setting or by a private practitioner, for special needs such as, but not limited to the following: **(Circle all that apply)**

Learning Disabilities: Reading, Math, Written Expression

Emotional/Behavioral: ADD/ADHD, ODD, Conduct

Developmental: Autistic Disorder, Asperger's

Communication: Expressive Language Disorder, Mixed Receptive/Exp.

Processing: CAPD

Other: (Please Explain): _____

Has your child been assigned to any special programs in a previous school? _____

If yes, name of program _____

Has the student ever been advised to participate in such a program? _____

If yes, name of program _____

If yes, I give permission to forward my child's academic and psychological testing to Guardian Angels School.

Parent Signature: _____ Date: _____

Date of testing: _____ Testing Location: _____

Address: _____

Street

City, State

Zip Code

I/We attest that all information included on this application form is true and correct. I/We understand that any willful omission or untrue statement may warrant the non-acceptance or dismissal of my child from the school program at Guardian Angels Catholic School. I/We authorize GACS to contact current and previous schools and other sources to obtain information to support this application. I/We accept any and all financial responsibilities relating to my child attending Guardian Angels Catholic School.

FATHER'S SIGNATURE _____ **Date** _____

MOTHER'S SIGNATURE _____ **Date** _____

Application must be signed by both parents.

Guardian Angels will notify the last school of attendance to clarify all financial obligations have been met. Class placement is determined by administration only.



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STUDENT RECORD RELEASE PERMIT **RETURN THIS COMPLETED FORM WITH YOUR APPLICATION**

Student Name: _____ Grade 2017/2018 _____
Date of Birth _____

Parent or Guardian Name _____
Address _____ City _____ St _____ ZIP _____
Phone # _____

Name of Current School _____
Address _____ City _____ St _____ ZIP _____
School Phone _____ School Fax: _____
School Email: _____

PLEASE FAX, EMAIL OR MAIL ALL RECORDS INCLUDING THE FOLLOWING:

- 1. Up-to-date transcript (report cards, standardized test scores, dates of entry/withdrawal, grading scale)**
- 2. Any psych/social work reports; special testing reports including ADAPT, IEP's special placement information, or other pertinent data.**
- 3. Teacher and Administrator recommendation forms (attached)**

PARENT SIGNATURE: _____

MAIL/FAX OR EMAIL TO:

Guardian Angels Catholic School
2270 Evans Road
Clearwater, FL 33763
727-799-6724
Fax: 727-724-9018
Email: mstalzer@gacsfl.com

Please Note: Guardian Angels Catholic School will notify the last school of attendance to clarify all financial obligations have been met.

The educational ministry of All Saints, St. Ignatius, St. Luke and St. Michael's Parishes