

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 Applicant,

Guardian Angels Catholic School is the educational ministry for All Saints, St. Ignatius of Antioch, St. Luke and St. Michael the Archangel Catholic Churches. We welcome your interest in joining the Guardian Angels School community. Our mission statement is:

Guardian Angels Catholic School, a student-centered institution, welcomes families into a distinctive learning environment that empowers students through the combination of faith-based learning and academic excellence. Guardian Angels Catholic School is dedicated to cultivating strong relationships through service and stewardship within our school and community and to nurturing the gifts and talents that each student possesses. Commitment to the education of the students and to Christ is the premise on which Guardian Angels Catholic School was built and exists.

Please refer to the application/enrollment requirements and checklist so that you will be able to file a complete application. The documents that are listed are necessary for your application to be considered.

We do not know the exact number of openings available in grades K-8 at this time. Our current students are given until early February to respond about their re-enrollment for next year. Once a completed application is received and evaluated, families will be notified regarding acceptance.

In an effort to help you in your decision to enroll your child at Guardian Angels, one-on-one tours are available. If you would like to schedule an appointment for a tour, please email me at cmalinski@gacsfl.com. I hope to hear from you and introduce you to our school.

Your partner in education and faith,

Cindy Malinski

Mrs. Cindy Malinski
Principal

"Catholic Schools: Where Faith and Knowledge Meet"

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: Learning Disability, Emotional/Behavioral, Gifted, Other?

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 _____

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

The signature(s) below denote that all of the information contained in this application to be true. Guardian Angels Catholic School will release student information only to those whose signature appears below.

FATHER'S SIGNATURE _____ **Date** _____

MOTHER'S SIGNATURE _____ **Date** _____

ENROLLMENT PROCEDURES

GENERAL INSTRUCTIONS – Check List

- ❑ Complete **APPLICATION FORM**
The parent/guardian should complete the application (both sides). The application is not complete without the parent signature(s).

- ❑ Leave both **STUDENT RECOMMENDATION Forms** with your child's current school. Have the school complete the forms and fax them directly to GACS as soon as possible.

- ❑ Meet with your parish pastor and complete the **PARISH AND PARENT COVENANT** and the **TUITION SUBSIDY REQUEST FORM. (CATHOLIC APPLICANTS ONLY)**

- ❑ Return the following to the Guardian Angels school office
 - Complete **APPLICATION FORM**
 - A non – refundable \$75.00 application fee check made payable to Guardian Angels Catholic School
 - **PARISH AND PARENT COVENANT** and the **TUITION SUBSIDY 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)

STUDENT RECOMMENDATION FOR PROSPECTIVE STUDENTS (K-8)

Parent's signature for release of student records: _____

Student: _____ Current Grade: _____

Dear Administrator,

This student has applied for admission to Guardian Angels Catholic School. We would greatly appreciate your thoughtful evaluation of the student in the following areas. Your ratings and comments will be extremely valuable to help us get to know the applicant better. We are grateful for your willingness in taking the time to complete this recommendation.

As a school administrator are there any issues or concerns that we should be aware of in reviewing the student's application for acceptance?

No

Yes _____

a. Has the child been suspended from school? () No () Yes, _____

b. Has the child been asked to withdraw? () No () Yes _____

c. Has the child been expelled? () No () Yes _____

d. Other _____

1) I have known the applicant for _____ years in my capacity as _____

2) What words come to mind to describe the applicant? _____

3) We welcome any further observations that might help us determine whether this student and Guardian Angels are a good match. You may wish to discuss the applicant's level of maturity, learning style, or any special needs.

4) Are all financial obligations by parents fulfilled? () Yes () No () N/A

5) Have all parent service hours been completed? () Yes () No () N/A

6) Parent support of school's rules and regulations? () Good () Average () Excellent

7) Parent involvement in student's learning process? () Good () Average () Excellent

8) Parent support of school's mission? () Good () Average () Excellent

Overall Recommendation:

____ Recommended without reservation ____ Recommended with Reservations

____ Not Recommended

If we need further information, may we call you? () No () Yes Phone: _____

Administrator's Name _____ Signature _____ Date _____

STUDENT RECOMMENDATION (K-8)

Parent's signature for release of student records: _____

Student: _____ Current Grade: _____

School Currently Attending: _____

Address: _____

City/State/Zip: _____

Dear Teacher:

This student has applied for admission to Guardian Angels Catholic School. We would greatly appreciate your thoughtful evaluation of the student in the following areas. Your ratings and comments will be extremely valuable to help us get to know the applicant better. We are grateful for your willingness in taking the time to complete this recommendation.

Please check each area:

	Good	Average	Poor
Quality of Academic Work	_____	_____	_____
General Attitude	_____	_____	_____
Effort/Motivation	_____	_____	_____
Cooperation	_____	_____	_____
Emotional Maturity	_____	_____	_____
Intellectual Development	_____	_____	_____
General Health	_____	_____	_____
Study Habits	_____	_____	_____
Conduct/General Discipline	_____	_____	_____
Attendance	_____	_____	_____
Social Skills	_____	_____	_____

Has this student been advised to be assessed for special needs, such as, but not limited to: Learning Disability, Emotional/Behavioral, Gifted, Other? _____

Overall Recommendation:

_____ Recommended without reservation _____ Recommended with Reservation

_____ Not Recommended

Thank you for taking the time and making the effort to complete this Student Profile. Your input will be considered for placement.

Signature of the person completing this profile

Title

Telephone:

Date: