



ALL SAINTS CATHEDRAL SCHOOL
P.O. BOX 308
ST. THOMAS, US VIRGIN ISLANDS 00804
OFFICE (340) 774-0231 FAX (340) 774-1707
WEBSITE: allsaintsvi.org EMAIL: office@allsaintsvi.org

Carla Sarauw
Head of School

Ardrina Scott Elliott
Assistant Head of School

April 19, 2023

Dear Parents/Guardians:

It's that time of the year when we plan for the upcoming school year. This school year the Board of Trustees along with the school's management team have had to closely analyze the finances of the school. Allow me to reiterate that the school's revenue comes basically from tuition. Our expenses have now exceeded what we take in for tuition. As a result, some decisions had to be made. For the 2023-2024 school year, there will be an overall 5% increase in tuition and a \$25.00 increase in the technology fee. The tuition schedule shows the breakdown of how tuition can be paid during the school year. We have also had to decrease the number of discounts offered as they, too, were negatively impacting revenues.

Please be reminded that all immunizations must be up to date before the start of the 2023-2024 school year. Please take some time during the summer break to do so. No child with outstanding immunizations will be allowed to start school.

Please note below what is available relative to discounts:

Multi-student Family: Any family with more than one child enrolled is offered a 10% tuition discount for the second and subsequent sibling enrolled.

To effectively plan for the upcoming school year, we need to have all students enrolled with a \$200.00 fee no later than May 23, 2023. The other one time fees should be paid by July 21, 2023. We do appreciate having you select this school to educate your child. We still boast of offering a quality education at a very reasonable price. Our students receive a well-rounded education to include field trips to enhance subject material and exposure to Virgin Islands culture. Our teachers also receive Professional Development from highly qualified individuals. We do look forward to working with you for the upcoming school year and having your child as part of the All Saints Cathedral School family as we continue to invest in giving an excellent education to our students.

Sincerely,

Carla Sarauw
Head of School

****All Saints Cathedral School admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.****



All Saints Cathedral School

2353 Commandant Gade
P.O. Box 308
St. Thomas, VI 00804
340-774-0231
FAX 340-774-1707

TUITION SCHEDULE 2023-2024 School Year

Grade	Tuition	Curricular Tools & Instructional Materials Fee	Technology Fee
Jr.K-Sr.K	\$6,800.00	\$300.00	\$125.00
Grades 1-5	\$7,905.00	\$350.00	\$150.00
Grades 6-8	\$8,685.00	\$375.00	\$175.00
Grades 9-12	\$9,450.00	\$425.00	\$200.00

IN ADDITION TO YOUR TUITION, AND THE ABOVE-MENTIONED FEES, THE FOLLOWING ADDITIONAL FEES MUST BE PAID BEFORE THE START OF SCHOOL:

- 1. Enrollment Fee: \$200.00** nonrefundable fee per child
- 2. Student Activity Fee: \$200.00** per family upon enrollment. Includes a copy of the **2023-2024** Yearbook & PTSA Dues.
- 3. School Accident Insurance Fee: \$20.00** per student upon enrollment required for all students
- 4. New Families Only: \$35.00** Assessment fees for new students are as follows: 1ST through Grade 12th

Tuition Policies

- Payment is due on the first of each month.
- Tuition in arrears may result in a student's suspension from classes and school activities, family suspension from Headmaster access, and/or withholding of student records. For seriously delinquent accounts referral will be made to collections and/or small claims court.
- Payment methods are cash, check, and money order, Visa or MasterCard. For credit card payments a \$5.00 fee is charged per transaction. Automatic monthly payments can be arranged with a letter on file and credit card #.
- Returned checks must be replaced by cash, credit card or money order plus \$35.00 service fee within five (5) days of receipt by All Saints Cathedral School (ASCS)
- ENROLLMENT AT ASCS IS FOR A FULL SCHOOL YEAR. THERE IS NO REFUND/ABATEMENT FOR EARLY WITHDRAWAL.
- Tuition on any plan must be paid before a student enters class.

Late Payments

A \$125.00 late charge, per student, is assessed on tuition received after the 5th of each month.

Tuition Payment Plans

1. One Full Year Payment: Tuition and **fees paid in full upon acceptance.**
2. Two Half Year Payments: One half of the year's tuition plus **fees paid in full upon acceptance of enrollment and second half paid on or before January 15.**
3. **TEN INSTALLMENTS PAID BY THE 5TH OF EACH MONTH STARTING IN AUGUST AND ENDING IN MAY.**

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STUDENT APPLICATION FOR ADMISSIONS

This application is good for one year, renewable annually.

All new applicant, please submit this completed application with the non-refundable testing fee (35.00 for grades 1-12).

STUDENT INFORMATION

GRADE REQUESTED: _____

Name (Last, First, Middle) _____

Home Telephone No. _____

Mailing Address _____

Physical Address _____

City/State/Zip _____

City/State/Zip _____

Date of Birth _____

Place of Birth _____

Male ___ / Female ___ Citizenship _____

S/S Number _____

Last school attended and grade _____

Ethnicity _____

Has the student previously been enrolled in All Saints Cathedral School? If so, what years? _____

FAMILY INFORMATION

Parent/Guardian Name _____

Parent/Guardian Name _____

Relationship to Student _____

Relationship to Student _____

Mailing Address _____

Mailing Address _____

Physical Address _____

Physical Address _____

Home Telephone No. _____

Home Telephone No. _____

Cell Phone No. _____

Cell Phone No. _____

E-mail Address _____

E-mail Address _____

Employer _____

Employer _____

Employer Telephone No. _____

Employer Telephone No. _____

Occupation/Title _____

Occupation/Title _____

Student lives with: Both parents ___ Mother ___ Father ___ Guardian ___ Other ___

EMERGENCY CONTACT (OTHER THAN THE PARENTS OR PRIMARY GUARDIAN)

Name: _____

Relationship: _____

Daytime Telephone No. _____

Cell Telephone No. _____

I certify that the information given in this application is complete and correct. If the student is admitted to All Saints Cathedral School, I hereby certify that I will adhere to the school's regulations and ensure payment of tuition fees and other financial liabilities to the school.

Parent/Guardian Signature _____

Date _____



ALL SAINTS CATHEDRAL SCHOOL HEALTH HISTORY FORM

<u>Student's name</u>	Gr _____	Sex	Date of birth
	School year _____	<input type="radio"/> male <input type="radio"/> Female	/ /
<u>Parent/Guardian with whom child lives with</u>		<u>Alt. Emergency No.</u>	<u>Child's Physician</u>
Name			
Contact #			
Alt. Contact#			
Email			

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:			<input type="checkbox"/> NO medical conditions		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia			
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions			
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems			
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury			
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)			
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____			
Please explain any conditions above or any reasons for hospitalizations					
Please indicate any allergies your child may have.					
Allergy type	Reaction	School restrictions or recommended actions			
<input type="checkbox"/> Bee/Insect					
<input type="checkbox"/> Food					
<input type="checkbox"/> Medication					
<input type="checkbox"/> Other					

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain

Please indicate any other information about your child's health or development that you think would be helpful for the school to know

Form completed by

Relationship to student

Date

/ /



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PHOTO RELEASE FORM

Throughout the year, All Saints Cathedral School (ASCS) may take and use photographs and/or audiovisual recordings, of students on or off campus in school-related activities.

Please complete this form and return it as part of your registration packet to All Saints Cathedral School. This information will be kept on file for the duration of the current school year.

_____ Yes, permission is granted to All Saints Cathedral School to use photographs and or/video of my child in printed materials, videos or on the school website and social media.

_____ No, permission is **NOT** given to All Saints Cathedral School to use photograph and /or video of my child in printed materials, videos or on the school website and social media.

Child's Name: _____

Grade: _____ School Year: _____

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____

Date: _____