

St. Timothy School REGISTRATION & RE-ENROLLMENT CHECKLIST
2018-2019

REGISTRATION FOR **NEW** STUDENTS

Please submit the following:

- APPLICATION FEE** of \$25.00 for new students
- Schedule an Interview** to be held with student, parent, and a potential teacher
- Once accepted:**
 - **Online REGISTRATION FEE** of \$195.00 (Non-refundable/non-transferable) **MUST** be submitted when completing online enrollment form for placement to be guaranteed
- Copy of **BIRTH CERTIFICATE**
- CERTIFICATE OF IMMUNIZATION** (FORM #3231)
- Through FACTS online (If Applicable) **BEFORE AND AFTER CARE PROGRAM REGISTRATION FEE** of \$25.00 per student
- Copy of any custody documents

Also Attach For New PreK Readiness & Older:

- REQUEST FOR RELEASE OF RECORDS/TRANSCRIPT FORM** from prior school
 - Records request includes developmental and psychological reports and standardized tests

Also Attach For New Kindergarteners & Older:

- TESTING/ASSESSMENT FEE** of \$25.00 Through FACTS online
- MATERIALS FEE** (Must be paid by May 23, 2018 through FACTS)
 - Kindergarten-Grade 5: \$285.00
 - Middle School: \$350.00
- VISION/HEARING/DENTAL FORM** (FORM #3300)

RE-ENROLLMENT FOR **RETURNING** STUDENTS

Please submit the following:

- Online RE-ENROLLMENT** (Complete all required sections at www.renweb.com using your ParentsWeb login)
- Online RE-ENROLLMENT FEE** of \$195.00 (Non-refundable/non-transferable) **MUST** be submitted with online re-enrollment form for placement to be guaranteed
 - **Early Re-enrollment fee \$100 if enrolled by April 20, 2018**
 - **Re-enrollment fee \$150 if enrolled by April 30, 2018**
 - **Re-enrollment fee \$195 if enrolling May 1, 2018 or later**
- CERTIFICATE OF IMMUNIZATION** (FORM #3231)
- Through FACTS online (If Applicable) **Before and After Care Program Registration Fee** of \$25.00 per student
- Copy of any custody documents

Also Attach For Returning Kindergarteners & Older:

- MATERIALS FEE** (Must be paid by May 23, 2018 through FACTS)
 - Kindergarten-Grade 5: \$285.00
 - Middle School: \$350.00
- VISION/HEARING/DENTAL FORM** (FORM #3300)