



January 29, 2021

Dear SABRE Family,

As we approach the middle of the third quarter, we are grateful for our many blessings and look forward to the new academic year. Please know that although it is not yet certain we will return to 100% in-person learning, that is our intention. In spite of the many challenges we faced in 2020, we look toward the future in hope, *led by Christ who changes our hearts and the world.*

Attached please find the re-registration documents for the 2021-2022 academic year. We ask that you make your payment and submit all paperwork to the Main Office by Friday, February 19, 2021.

May the Lord continue to bless you and your family abundantly.

Sincerely yours in Christ,

A handwritten signature in blue ink that reads "Ivette G. Alvarez".

Ivette G. Alvarez, MMFT  
Interim Principal



# ARCHDIOCESE OF MIAMI • 2021-2022 REGISTRATION FORM

St. Brendan High School

Please complete all fields below.

## STUDENT INFORMATION

Student Name:		ID:
		Year of Graduation:
Address:	City, State Zip:	
Student Home Phone:	Gender:	Student Birthdate:
Place of Birth:	Student SS#:	
Previous school attended:		
Religion:	Ethnicity: <input type="checkbox"/> American Indian / Native Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	
Present Parish:		
Year of Baptism:		
Year of Confirmation:		
Student Cell:	Select One:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Student Email:	Student Visa:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PARENT/GUARDIAN INFORMATION

**Student Lives with:**  Both Parents    Mother    Father    Guardian:

<b>Mother's/Guardian Name:</b> <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<b>Father's/Guardian Name:</b>
Mother's Address: City, State Zip:	Father's Address: City, State Zip
Home Phone Number:	Home Phone Number:
Cell Number:	Cell Number:
Work Number:	Work Number:
Email:	Email:
Employer:	Employer:
Position:	Position:
<b>Living:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Catholic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Living:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Catholic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>School Alumni:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Grad Year:</b>	<b>School Alumni:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Grad Year:</b>

## OTHER INFORMATION

Emergency Contact:	Relationship:	
Phone Number:	Cell Number:	
Physician's Name:	Physician's Phone Number:	
Medical conditions/Medications:		
<b>Family member(s) currently attending this school (list grade level/relationship):</b>		
<b>Other Family member(s) who have graduated from this school (list name, relationship &amp; grad year):</b>		
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Grad Year:	Grad Year:	Grad Year:

**Names of person(s) with permission to pick-up student during school hours:**

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school. I certify, to the best of my knowledge, that the information provided is true and accurate.

<i>Parent/Guardian signature:</i>	<i>Date:</i>
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**NOTE:** The Archdiocese of Miami is authorized under federal law to enroll nonimmigrant alien students and issue i-20 certificates in order for students to obtain F-1 status (8 C.F.R. & 214.3 (j)). If you need assistance, please let the school know at registration.



**TUITION AGREEMENT  
2021-2022  
Champagnat Returning Student**

<b>For office use only:</b>	
Student ID _____	
Payment _____	
Received _____	

<b>STUDENT NAME (Print): Last:</b> _____ <b>First:</b> _____
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**10<sup>th</sup> & 11<sup>th</sup> Grade Only**

A **non-refundable** registration payment of **\$1,400** is due in full by **February 19, 2021.**

**12<sup>th</sup> Grade Only**

A **non-refundable** registration payment of **\$1,600** is due in full by **February 19, 2021.**

**LATE FEES:** Please note payments received after the February 19<sup>th</sup> deadline will incur a \$300 late fee. Students will not be scheduled for the 2021-2022 school year's classes until the registration payment has been received in full. **Please note that late registration might result in failure to secure course selection options and might result in forfeiting placement at St. Brendan High School.**

Please return this form along with your credit card authorization form or check, payable to *St. Brendan High School.*

**CHAMPAGNAT PROGRAM TUITION:    \$ 16,500**

Payment Plan Options:

Option 1            One-Time Payment in Full  
\$16,250 to be paid in full by August 10, 2021 by either cash, check or money order directly to St. Brendan High School

Option 2            Installment Payment Plan through FACTS Management Company \*\*  
Semiannual: \$8,175 Two payments due by August 10, 2021 and January 10, 2022  
Monthly: \$1,650 Ten monthly installments from August 2021 through May 2022

- \*\* All installment payments must be processed and paid through FACTS Management Company by either:
1. Electronic Funds Transfer from a designated checking or savings account; or
  2. Credit Card

<input type="checkbox"/> Check if student has been awarded the Step Up for Students or FES Scholarship <input type="checkbox"/> Check if student has been awarded the John McKay Scholarship <input type="checkbox"/> Check if student has been awarded the AAA Scholarship <input type="checkbox"/> Check if student has been awarded the Gardiner Scholarship
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-----**ACKNOWLEDGEMENT**-----

I acknowledge that I have read, understand and agree to the 2021-2022 tuition and fee schedules and payment obligations detailed in the tuition statement. In exchange for the admission of my child in St. Brendan High School, I hereby agree to pay, as scheduled, the net tuition due.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the Finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- **Not allow the student to take mid-term/final exams.**
- **Block the online grade view for both the student and parent.**
- **Not issue report cards, diplomas and/or transcripts.**
- **Disenroll the student from the school.**

A family wishing to withdraw their child from the school in the middle of a quarter is required to pay tuition and fees through the end of the quarter. Grades will not be released until the tuition and fees have been paid in full. Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## CREDIT CARD AUTHORIZATION FORM

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Billing ZIP Code: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard  AmEx  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_

**AMOUNT TO CHARGE:** \$ \_\_\_\_\_ (USD)

I authorize St. Brendan High School to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date