

ENROLLMENT CHECKLIST

SAINT CATHARINE OF SIENA SCHOOL



APPLICATION & APPLICATION FEE

- completed application form - front and back with parent signature(s)
- application fee \$100 per student
(non-refundable - required to hold student's spot in the classroom.)

FINANCIAL

- FACTS payment plan - (you will receive an email prompting you to set up - select payment date of 1st or 15th)
- SIMPLE TUITION SOLUTIONS (STS) - apply for financial aid

HOME SCHOOL DISTRICT INFORMATION

- transportation form - bussing time/location will be set through home district
- copy of documentation of special education IEP GIEP 504 IST

FOR TRANSFER STUDENTS (1st - 8th grade):

- must provide copy of past 2 years report cards - after principal approval, application for enrollment may be submitted
- request of school record & evaluation form

HEALTH FORMS

- physical form
- immunization records **please submit most recent copy with this application*
- dental form


OFFICIAL DOCUMENTS

- copy of birth certificate
- copy of student's social security card
- copy of baptismal certificate (needed only if you are Catholic & you want your student to receive Sacraments)

SCHOOL INFORMATION

St. Catharine of Siena School 2330 Perkiomen Avenue Reading, PA 19606 (610) 779-5810

Principal: Marcella Kraycik mkraycik@scsreading.org | Admissions: Stephanie Conlon sconlon@scsreading.org

Office / Finance: Martha D'Achille mdachille@scsreading.org |  www.scsreadingschool.org

All required paperwork & FACTS account MUST be complete in order to start school.



St. Catharine of Siena School
 2230 Perkiomen Avenue
 Reading, PA 19606
 610-779-5810 (phone)
 610-779-6888 (fax)

Accredited by The Middle States Association on Elementary Schools

STUDENT

Last Name	First Name	Middle Name	Sex
Street Address		S.S. Number	Religion
City/Town/State	Zip Code	Ethnic Origin	Date of Birth
		<input type="checkbox"/> White/European American	Place of Birth
		<input type="checkbox"/> Black / African American	
		<input type="checkbox"/> Asian American	
		<input type="checkbox"/> American Indian/Alaska Native	
		<input type="checkbox"/> Native Hawaiian or Pacific Islander	
PARISH		Ethnicity	
		<input type="checkbox"/> Hispanic or Latino	
		<input type="checkbox"/> Not Hispanic or Latino	
Main Phone Number	Alternate Phone Number	School District	Grade in Sept

PARENTS/GUARDIANS

Mother's Last Name	Maiden Name	Mother's First Name	Place of Birth	Religion	Daytime Phone
Father's Last Name	Father's First Name		Place of Birth	Religion	Daytime Phone
Step-Parent's Last Name	Step-Parent's First Name		Place of Birth	Religion	Daytime Phone
Step-Parent's Last Name	Step-Parent's First Name		Place of Birth	Religion	Daytime Phone
Guardian's Last Name	Guardian's First Name		Place of Birth	Religion	Daytime Phone
MAILING/Billing Address			City/Town	State	Zip Code
Marital Status			Legal Custody		
<input type="checkbox"/> Married	<input type="checkbox"/> Separated		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried		<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Father	
<input type="checkbox"/> Single			<input type="checkbox"/> Other		

___ Check here if you DO NOT WANT your child's picture taken except for the YEARBOOK

BROTHERS & SISTERS

Last Name	First Name	Age	Religion	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SACRAMENTAL RECORD

SACRAMENT	DATE	CHURCH	CITY	STATE
Baptism _____	_____	_____	_____	_____
First Holy Communion _____	_____	_____	_____	_____
Confirmation _____	_____	_____	_____	_____

ACADEMIC RECORD

Did student previously attend SCS	Date Attended	Grade Assigned	Teacher Assigned	Level Assigned
_____	_____	_____	_____	_____
Source or Reason for Admission	Date Attended	Grade Requested	_____	Level Requested
_____	_____	_____	_____	_____
Placement Notes	_____	Grade Assigned	Teacher Assigned	Level Assigned
_____	_____	_____	_____	_____
Describe any academic concerns or special needs:				

Transferred to	Date	Reason for Transfer		
_____	_____	_____		
Transportation Requirements	<input type="checkbox"/> Walker	<input type="checkbox"/> Car Rider	<input type="checkbox"/> BUS Rider	School District _____

NAME OF SCHOOL PREVIOUSLY ATTENDED: _____

ADDRESS OF SCHOOL: _____

Describe any special emotional needs and /or academic needs of your child _____

Do you expect the student to have any problems with the self-discipline that is required of the students in St. Catharine School? _____

As a parent will you support the philosophy of St. Catharine School? _____



St. Catharine of Siena School
2330 Perkiomen Avenue
Reading, PA 19606

REQUEST FOR TRANSFER OF STUDENT RECORDS

(We do not need this record form for children entering PreK or Kindergarten)

(Name of Student)

(Grade)

(Date of Birth)

____ Presently a student at St. Catharine of Siena School

OR

Presently a student at another school:

Was Enrolled at:

_____ on _____
(Name of School) (Date)

I hereby request and give permission for all academic records, health records and results of testing to be released and sent to the new school that is indicated above.

Date: _____ Signed: _____

(Parent or Guardian)

Telephone: _____

Address of New School: 2330 Perkiomen Avenue

Reading, PA 19606

OR

Address of Old School: _____

If the transfer is being made due to change of residence, the new address is:

Reason for Transfer: _____



Transportation



St. Catharine
Transportation
Information webpage



St. Catharine of Siena School students can be bussed to our school through your current school district. If you do not see your school district listed here, please contact sconlon@scsreading.org to confirm bussing is available.

Please note: Exeter and Reading transportation forms are online registrations. Parents must complete their Google Forms to ensure bussing for your students

[Exeter School District transportation online form](#)

[Reading School District transportation online form](#) ****MUST BE COMPLETED BY JULY 4TH TO HAVE GUARANTEED TRANSPORTATION FOR THE 1ST DAY OF SCHOOL



Reading SD
transportation google form



Download, Print, and Complete School District Form and return to St. Catharine of Siena School:

- Antietam SD, Boyertown SD, Brandywine SD, Daniel Boone SD, Fleetwood SD, Governor Mifflin SD, Muhlenberg SD, Oley SD, Wyomissing SD

**Private or School
PHYSICAL EXAMINATION
OF SCHOOL AGE STUDENT**

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____
Date of birth _____ Age at time of exam _____ Gender: Male Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? No Yes (If yes, list specific allergy and reaction.)

Medicines Pollens Food Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH - Has the student?	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
Ever stayed more than one night in the hospital?		
Ever had surgery?		
Ever had a seizure?		
Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
Ever become ill while exercising in the heat?		
Had frequent muscle cramps when exercising?		
HEAD/NECK/SINE - Has the student?	YES	NO
Had headaches with exercise?		
Ever had a head injury or concussion?		
Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
Ever been unable to move arms or legs after being hit or falling?		
Noticed or been told he/she has a curved spine or scoliosis?		
Had any problem with his/her eyes (vision) or had a history of an eye injury?		
Been prescribed glasses or contact lenses?		
HEART/LUNGS - Has the student?	YES	NO
Ever used an inhaler or taken asthma medicine?		
Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
Had a cough, wheeze, difficulty breathing, shortness of breath or lightheaded DURING or AFTER exercise?		
Had discomfort, pain, tightness or chest pressure during exercise?		
felt his/her heart race or skip beats during exercise?		
LE/JOINTS - Has the student?	YES	NO
Had a broken or fractured bone, stress fracture, or dislocated joint?		
Had an injury to a muscle, ligament, or tendon?		
Had an injury that required a brace, cast, crutches, or orthotics?		
Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
Had joints that become painful, swollen, feel warm, or look red?		
SKIN - Has the student?	YES	NO
Had any rashes, pressure sores, or other skin problems?		
Ever had herpes or a MRSA skin infection?		

GENITOURINARY - Has the student?	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
ORAL - Has the student?	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
COGNITIVE LEARNING - Has the student?	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits, withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY/HEALTH - Has the student?	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting; unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS - Has the student?	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TOBERGOLIN TEST	DATE APPLIED	DATE READ	RESULT / FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION
 (Additional space on page 4)

Parent/guardian present during exam: Yes No

Physical exam performed at: Personal Health Care Provider's Office School Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD DO PAC CRNP

IMMUNIZATION EXEMPTION(S):

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT					
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td					
Polio Type: OPV or IPV					
Hepatitis B (HepB)					
Measles/Mumps/Rubella (MMR)					
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>					
Serology: (Identify Antigen/Date/POS or NEG) e.g. Hep B, Measles, Rubella, Varicella					
meningococcal Conjugate Vaccine (MCV4)					
Human Papilloma Virus (HPV) Type: HPV2 or HPV4					
Influenza Type: TIV (injected) LAIV (nasal)	6	7	8	9	10
	11	12	13	14	15
Streptococcus pneumoniae Type b (Hib)					
pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13					
Hepatitis A (HepA)					
MMRV					
Other Vaccines: (Type and Date)					

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
Last	First	Middle				

ADDRESS

_____	_____	_____	_____	_____	_____
No. and Street	City or Post Office	Borough or Township	County	State	Zip

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address

PAYMENT PLANS

Dear Parents,

Since the stability of our school and the quality of its programs are of the utmost importance, we are always seeking ways to make improvements to benefit everyone. After much research and investigation, *we once again partnered* with FACTS Management Company to help us manage our tuition payment program. FACTS is used by many schools locally and over 7,000 schools nationally. We are excited to be working with them and are confident this program will offer greater efficiency and financial stability for the school while providing convenience to families. *We will be a one Platform School with FACTS for both the SIS Database and the Financial Tuition Payment Program.*

One of our primary goals this year at St Catharine of Siena is to concentrate our efforts on improving the *business side* of our school. By taking advantage of the security and convenience of payment processing and information technology offered by FACTS, we remain committed to this goal.

You will realize these benefits by using FACTS for your tuition payment plan:

1. **Payment Dates:** You may choose either the 1st or 15th of each month as your payment date. Automatic payments can be made from a checking or savings account or from a variety of credit cards, if applicable.
2. **Once the Program is up and running, you will go to your Family Portal, click on the Financial Button and pick your Tuition Payment Plan.**
3. **Convenience & Security:** Along with multiple payment plan options, your payments are processed securely through a bank to bank transaction.
4. **Consumer Account:** You may check your personal account or make payments online (if applicable) from the convenience of your home or office anytime.

One of the universal challenges in education is achieving a balance between our educational mission and financial stability. It is precisely for this reason we are enlisting the help of the FACTS Management Company. With FACTS, the school maintains decision-making control. As always, we will continue to work with families should special circumstances or "hardship" cases arise during the school year.

Thank you for your continued loyalty and support for St Catharine of Siena. We depend on your support in our efforts to provide the highest quality of education for your children. Your continued support and cooperation is appreciated, as we remain committed to our mission.

Sincerely,
School Administration



FOR FINANCIAL AID

Dear Parent or Guardian,

The Diocese of Allentown has partnered with Simple Tuition Solutions (STS) to determine eligibility for tuition assistance. This year all school in the diocese will be using the Simple Tuition Solutions including St. Catharine of Siena.

To complete the STS Financial Aid Application, please follow these 6 simple steps:

- 1.) Click on the unique link specific to St. Catharine of Siena: <https://app.simpletuitionsolutions.org/register?sc=20426>
 - a. If you happen to land on a page that asks you to enter a School or Scholarship Organization Code, you want to enter code: **20426**
- 2.) If you do not already have an account with STS, you want to click on the Orange Button "Create a new account".
*** If you already have an account with STS, click "Sign in", and enter your previously created login and password. ***
- 3.) Create your account
- 4.) Upon creation of your account you will be sent to a page that will allow you to "Start a new Application". Be sure you are selecting the proper School year you are seeking assistance for.
*** Note: You may include ALL of your students on one application, even if they attend other private schools ***
- 5.) The Application Process is 8 Steps counting the payment step, each step will save as you advance to the next step. You are able to use the 8-step tool bar across the top of the page to toggle back to a previous step and make any necessary edits. However, please note, once you complete the process of uploading your required financial documents it will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at support@simpletuitionsolutions.org or call at 717.599.7611 option 1.
- 6.) After completion of the payment process you will be advised as to which financial documents you need to provide STS. You will also be sent an email that outlines what you need to provide as well as introduce you to the application processor that will be handling the review of your application. **Please Note:** You can simply scan or take a photo of your financial documents and upload them into STS's system using STS's convenient upload feature. This is the fastest way to provide STS with your required financial documentation. However, you can also mail the signed copies of your financial documents to STS to the following P.O. Box address: **Simple Tuition Solutions, LLC, P.O. Box 779 Camp Hill, PA 17001**. Once your financial documents are loaded the system will lock the application from all editing. At this point, if any changes would need to be made to the submitting application, you can gladly email STS at support@simpletuitionsolutions.org or call at 717.599.7611 option 1.

Once STS has received all of the required financial documentation, your application processor will verify the data and review your entire application per Pennsylvania State Law to determine your eligibility for any state programs. You will be notified directly via email upon the completion of this verification/review process. In addition, the results will also be available to your School or any Scholarship Organization associated with the scholarship. **It is important to note that STS is only contracted to handle the verification and eligibility determination, therefore, DOES NOT have any input, control, or insight into scholarship amounts or when they may be awarded.**

**DO NOT FILL OUT ANY FINANCIAL AID FORMS ON "FACTS".
They will not be accepted.**

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PLEASE DO NOT REPLY TO THIS MESSAGE.

Simple Tuition Solutions, LLC • 3909 Hartzdale Dr. Suite 907 • Camp Hill, PA 17011

over →

REQUIRED RaiseRight /SCRIP Program at SCS

Your family's choice to provide a Catholic education is deeply valued. To help keep tuition costs down and support school improvements, St. Catharine of Siena School **requires all families to participate in the SCRIP program**, powered by RaiseRight.

What is RaiseRight?

RaiseRight is a gift card fundraising platform that makes earning simple. Buy gift cards for your everyday shopping (groceries, dining, home improvement, etc.) and earn a percentage back.

How It Works

- Buy gift cards at full value from 750+ brands (eGift or physical).
 - Earn up to 20% back on every gift card purchase.
 - Use gift cards at full value for your regular purchases.
- Earnings are split: 50% to your family's SCRIP account, 50% to SCS.

Example

Buy a \$100 Giant gift card.

- Giant offers 5% back (\$5 total). • SCS keeps \$2.50, and \$2.50 goes to your account.
 - No extra money spent. No extra time wasted.

Family Fundraising Requirements May 1st - April 30th

- K-8 and 5 Full-Day Pre-K: Must earn \$125 in credit.
- 5 Half-Day or 3 Full-Day Pre-K: Must earn \$75 in credit.
 - Or pay a \$400 buyout fee.

How to Buy SCRIP

- RaiseRight App or RaiseRight.com (Enrollment Code: 6LD9B8C7L2L)
 - School Office - send cash/check with your child or visit.
 - Parish Center - during business hours.
 - Church - SCRIP table at the back after Mass.

Tracking Your Earnings

- View purchases on your RaiseRight account.
- Remember: earnings shown are full amounts-actual credited amount is 50%.
- School account totals updated throughout the year. Be consistent to meet your quota!
Start date: May 1st End date: April 30th

Get Started Today!

1. Download the RaiseRight app or visit RaiseRight.com.
2. Create an account using enrollment code: 6LD9B8C7L2L.
3. Start shopping and earning for SCS!

Watch the intro video: <https://youtu.be/BZNu-ftcPKo?si=ScTnBiJ2WRkbUyUB>



SCRIP TIPS

QUOTA

Download the Raise Right app.

Website: <https://www.raiseright.com/enroll>

- K-8 and 5 Full-Day Pre-K: Required \$125 in credit.
- 5 1/2 day or 3 Full-Day Pre-K: Required \$75 in credit.

Or pay a \$400 buyout fee.



SCS CODE

SCS Enrollment Code

6LD95B8C7L2L

SCS Scrip Tracking:

<https://scsreading.org/scsschool/localscrip/>



CONTACT

SCRIP Coordinator

Cristina Schmehl

email: scripprogramscs@gmail.com

PURCHASE

- Raise Right app - electronically
- School Office - cash or check
- Parish center during business hours
- Mass - SCRIP table - back of the church



ST. CATHARINE OF SIENA

Uniforms

SCHOOL UNIFORM CAN BE PURCHASED:

Flynn & O'Hara Uniforms or Lands End*

*Lands End school code 900199670



GYM UNIFORMS CAN BE PURCHASED:

SV Sports when advertised in school
newsletter & social media (pre-order)

or

Sneaker Villa (order in store)

4290 Perkiomen Avenue

Reading, PA 19606



GYM UNIFORM

***For Pre-Kindergarten & Kindergarten students*
the school gym uniform is the 5-day a week uniform**

Spring/Summer Uniform

- Black regulation gym shorts – with school insignia
- Red regulation (cotton or moisture wicking) T-shirt – with school insignia
- White socks – must cover the ankle
- “Modestly styled or simple” white, grey, blue, or black sneakers with white or black laces (No light-up sneakers or high-tops)
- **Pre-K is encouraged to wear Velcro straps instead of laces.



Purchase Gym Uniforms:

In person: Sneaker Villa 4290 Perkiomen Ave
Reading, PA 19606

Online: Check our SCS S'mores newsletter
to periodically order through SV Sports



Fall/Winter Uniform

- Black sweatpants (Grades Pre-K – 5) – with school insignia
- Black warm up pants (Grades 6 – 8) with school insignia
- Red sweatshirt (Grades Pre-K – 5) – with school insignia
- Black jacket (Grade 6 – 8) – with school insignia
- Black regulation gym shorts – with school insignia
- Red regulation (cotton or moisture wicking) T-shirt – with school insignia
- “Modestly styled or simple” white, grey, blue, or black sneakers with white or black laces (No light-up sneakers or high-tops)
- White socks – must cover the ankle





GIRLS UNIFORMS

1ST – 5TH* GRADE

*5th graders can chose between this uniform and the upper grade girls uniform

Fall/Winter Uniform

- Blue plaid jumper (the length - not more than 2 inches above the knees) with school insignia patch
- Light blue long-sleeved uniform blouse (rounded collar)
- Navy blue V-neck cardigan sweater, or round collar neck sweater with school insignia
- Navy blue knee socks or tights



Spring/Summer Uniform

- Dress navy blue one-panel uniform skort (not more than 2 inches above the knees)
- Option: Blue plaid jumper with light blue short-sleeved blouse (rounded collar)
- Light blue short-sleeved golf shirt with school insignia Navy blue knee socks





GIRLS UNIFORMS

5TH* – 8TH GRADE

*5th graders can chose between this uniform and the lower grade girls uniform

Fall/Winter Uniform

- Navy blue two-panel uniform skort (not more than 2 inches above the knees)
- Blue Plaid skirt
- Light blue long-sleeved button-down collar blouse
- Navy blue V-neck cardigan sweater with school insignia
- Navy blue knee soc



Spring/ Summer Uniform

- Navy blue two-panel uniform skort (not more than 2 inches above the knees)
- Blue Plaid skirt
- Light blue short-sleeved golf shirt with school insignia
- Navy blue knee socks





BOYS UNIFORMS

1ST – 8TH GRADE

Fall/Winter Uniform

- Dress navy blue uniform slacks (worn at the waist)
- Belt – Black, navy, or dark brown leather
- Navy blue V-neck sweater vest with school insignia
- Light blue long-sleeved oxford shirt
- Navy blue tie
- Navy blue or white socks (must cover the ankle)



Spring/ Summer Uniform

- Dress navy blue uniform slacks or uniform shorts
- Belt – Black, navy, or dark brown leather
- Light blue short-sleeved golf shirt with school insignia
- Navy blue or white socks (must cover the ankle)





SCHOOL SHOES

School uniform shoes can be purchased at the store of your choice but should adhere to the below examples



Mary Jane Flats NAVY
Gr. 1-8



Mary Jane Flats BLACK
Gr. 1-8



NAVY/WHITE
Saddle Shoes
Gr. 1-8



Lace-up Oxfords
(BLACK ONLY)
Gr. 1-8



Oxfords (BLACK ONLY)
Gr. 1-8



Suede Oxfords
(BROWN ONLY)
Gr. 1-8



Women's Sperry
Angelfish Slip On Boat
Shoe (BROWN ONLY)
GR. 5-8



Women's Sperry Top-
Sider Bluefish 2-Eye
Linen (BROWN ONLY)
Gr. 5-8



Sperry Men's Mako
Casual Boat Shoe
(BROWN ONLY)
Gr. 6-8



Sperry Men's Billfish
3-Eye Boat Shoe
(BROWN ONLY)
Gr. 6-8



Sperry Men's
Authentic Original
Cross Lace Washed
Stripe Boat Shoe
(BROWN ONLY)
Gr. 6-8



DRESSED FOR SUCCESS AT SCS

- Shirts are to be tucked in at all times.
- Slacks/Shorts (no stripes, plaids, jeans, or trousers with outside pockets, tight or gathered cuffs)
- Shoes are purchased from the approved selection.
- Shoe laces must be tied at all times and not simply tucked in the shoe / sneaker.
- Fingernail polish, make-up, eye shadow/liner, and mascara are not permitted. Eighth Graders may only have nails done for Baccalaureate Mass and Graduation Ceremony.

Jewelry – One Catholic religious necklace is permitted. (No rings or bracelets)

Girls – One set of small, pierced earrings is permitted (Post, not dangling or hoops)

Boys – Earrings are not permitted.

Boys Hair Style should be neat and clean-cut with no hair over the collar or hanging down into the eyes, natural hair color only. No fad styles or cut hair designs are permitted. This applies to color fads as well as unusual cuts, such as spikes, tails, Mohawks, etc.

Girls Hair Style: Hair should be neatly groomed and natural color only. Outlandish fad styles are not permitted. Streaked or dyed hair is not acceptable. Small hair bands, bows, ribbons may be worn. Bandanas, scarves and other hair coverings are not permitted.

Violations of the school uniform will be noted on the Uniform Violation Form. The parent is required to sign and return the form to the teacher. The student is expected to correct the violation by the next day.

Out of Uniform Days

Occasionally students will be permitted to “dress down” either as a reward for an announced reason, to participate in a fund-raiser for a designated cause, or to celebrate an event. Clothing should be modest, neat and clean without holes or “rips,” inappropriate language, or inappropriate graphics. The following guidelines should be followed for out of uniform days. Permitted:

Girls:

- Jeans, gym pants, slacks (no stretch slacks), capris, skirts, dresses, blouses, T-shirts or other appropriate tops, socks, shoes or sneakers
- Leggings may only be worn with a skirt or dress of appropriate length.
- Aug.-Oct. 14 and April 15 – June: Shorts may be worn but should be the same length as the uniform shorts.

Boys:

- Jeans, gym pants, slacks, T-shirts, knit shirts, or other appropriate shirts, socks, shoes or sneakers
- Aug.-Oct. and April – June: Shorts may be worn but should be the same length as the uniform shorts.
- Not acceptable: Tank tops, halters, spaghetti straps, short-shorts, stretchy pants, holes in clothing, inappropriate graphics or words, flip-flops, or sandals.
- Modesty is the guiding virtue. On an “out of uniform day” if a student is dressed inappropriately, the student will be required to either call the parents to bring the school uniform and change or obtain a uniform from the uniform corner.

Gently Used Uniforms:

Parents can donate or obtain used uniforms through the Uniform Exchange. Located at the bottom of the stairwell between the cafeteria and the computer lab, this is available on Wednesday mornings before school. The service is maintained by parent volunteers. Please be respectful of the space and help keep it organized.



YOUR HOME & SCHOOL ORGANIZATION NEEDS YOU!

**DID YOU KNOW THAT HSO
CONSISTS OF LESS THAN
4% OF SCS PARENTS?**

**HELP US GROW THE
ORGANIZATION TO
INCREASE OPPORTUNITIES
FOR OUR SCS COMMUNITY!**





JOIN US!

Join us in creating a vibrant and supportive community for SCS students and staff! Just like a public school Parent Teacher Organization, we passionately engage in fundraising activities. As fellow family members, your involvement can make a significant impact in bringing additional opportunities to your student(s) and enriching the SCS community. We extend a warm welcome to you - let's collaborate for the benefit of our students and foster a thriving educational environment together!

DISNEY BINGO
STUDENT ASSEMBLIES
AGRICULTURE LAB
STUDENT SCHOLARSHIPS
GRADUATION AWARDS
TEACHER & STAFF APPRECIATION GIFTS
DONUT SOCIALS & PICNICS
MUSIC INSTRUMENTS
+ MORE!

1ST MONDAY OF THE MONTH

@ 6:30 IN THE SCS CAF OR ZOOM

