



Fairmont Catholic School

416 Madison Street
Fairmont, WV 26554
(304) 363-5313
www.fairmontcatholic.com

First Day of School TBD

Tuition and Payment Information

The Diocese of Wheeling-Charleston has contracted with FACTS Management Company to help us manage our tuition payment program. Families can pay their tuition bill in one of two ways:

1. Full payment of tuition by TBD. This payment should be made directly to the school by check, cash, or money order.
2. Automatic monthly payments through FACTS Payment Plan (10 payments September through June).

Payments will start September 2020 and may be processed on the 5th or the 20th of each month. There is a \$38.00 fee per year, per family for using this option. The fee may be subject to change. If you choose to budget through FACTS, you will authorize automatic bank payments directly from your bank account for your monthly tuition bill. Please be assured that neither FACTS nor the school will have direct access to or any knowledge about the status of your bank account.

- **FACTS AGREEMENTS ARE TO BE COMPLETED ONLINE. A LINK IS AVAILABLE ON OUR SCHOOL WEBSITE FOR NEW AND EXISTING FAMILIES. PLEASE CHECK YOUR EMAIL FOR DIRECTIONS.**
- \$100 Registration Fee is required for all newly enrolled students.
- **Tuition costs for students belonging to one of the 3 supporting parishes** (Immaculate Conception, St. Anthony, and St. Peter the Fisherman) are offered at a discounted rate.

Tuition Fees: 2020-2021

Pre K - \$3,270 full time, \$2,700 part time.

Non-Catholics and non-participating parishioners (K-8)

1st Child - \$ 4,170

2nd Child - \$ 3,970

3rd Child - \$ 3,770

Participating Catholic students (K-8)

1st Child - \$ 2,820

2nd Child - \$ 2,170

3rd Child - \$ 1,670

Book Fee \$200 per child in grades K-8.

Technology Fee \$100 per child in K-8 and payment can be combined with the book fee.

Hot Lunch Program Cost of lunch is \$3.75 per day, which includes a ½ pint carton of milk. Choices available are whole, 2% and chocolate. **Make checks payable to Fairmont Catholic Lunch Program. Please do not combine lunch payments with other payments.** Guidelines for free and reduced lunch information will be sent home the first day of school.

Vending machines have juice, sport drinks and water available for \$1.00

Lunch Cancellations Lunch will be cancelled periodically due to functions at St. Peter's. Parents will be notified via our communication system (email and/or text message)

ADDITIONAL INFORMATION ON BACK

Medications All medications must be sent to the office, along with the completed medication form(s) enclosed. Children will not be administered medication without the completed forms.

Arrival & Dismissal The school day begins promptly at 7:45AM. **Students may be dropped off as early as 7:00AM.** Students will begin each day with Morning Prayer from 7:50-8:00AM. Students arriving after 7:45AM will be considered tardy. Fairmont Catholic Grade School's attendance policy will be found in the upcoming Parent & Student Handbook.

Early Back Door (grades K-4 without older siblings) will be dismissed at 2:35PM. Late Back Door (grades 5-8 & their younger siblings) will be dismissed at 3:10. Students will remain supervised by teachers at all times and will be escorted to cars by our staff. **No sidewalk pick-up is permitted.** The intersection of Madison and Jackson Streets cannot be blocked. We will use the alley behind First Presbyterian Church as an additional access to the back of the school. Every driver on Madison Street will need to let one car into the line from the alley. Students not picked up by 3:00PM will be sent to the after school program. After school fees will apply.

Afterschool Program Fairmont Catholic will offer an afterschool program Mondays through Fridays until 5:30PM.

School Calendar Please pay attention to the Fairmont Catholic School Calendar. It may vary slightly from the MCBOE. **Should Marion County Schools delay, dismiss, or cancel due to inclement weather, FCS will do the same.** Please be advised by your local television or radio stations.

Transportation Fairmont Catholic students may use the Marion County School buses. Please check the bus schedule for your child published in the Times West Virginian Newspaper. If unsure, contact the Marion County Transportation Department at 304-367-2161.

Grading Terms Grades 1-8 will receive report cards every nine weeks. Progress can be monitored through RenWeb's online grading for grades 1-8. Kindergarten will receive report cards at the end of each semester (twice per school year). If you have any questions or need any help with online grading, please contact Ms. Brown at hbrown@fairmontcatholic.com. **ACCESS TO ONLINE GRADES AND REPORT CARDS WILL NOT BE ISSUED TO FAMILIES WITH OUTSTANDING BALANCES ON ANY ACCOUNT.**

Communication You can stay informed of school news by viewing our website, www.fairmontcatholic.com. Email announcements and text alerts will be sent as necessary. If you do not receive any emails by the time school starts, please contact Ms. Brown at hbrown@fairmontcatholic.com.

Electronic Devices Cell phones, gaming devices and all other electronic devices should be brought in at your own risk. **These items are not to be used or turned on during class time.** Outgoing calls must be made from the office. **ALL CELL PHONES MUST BE KEPT OFF AND IN BACKPACKS DURING THE SCHOOL DAY.**

Uniforms All students in K-8 grades will wear uniforms beginning on the first day of school. Parents will be notified of dress down days throughout the school year. Please be sure to read the enclosed Uniform Policy. Plaid jumpers and plaid skorts must be purchased through Schoolbelles. Polos with FCS logo must be purchased through Schoolbelles or Lands End.

VIRTUS The Diocese of Wheeling-Charleston conducts sexual abuse training for any parent or volunteer who wishes to participate in school activities and functions. This mandatory 1 ½ -2 hour workshop is available online. If you would like to be on the list of helpers in the school, you must complete this process, along with a background check. Contact the office with questions or concerns.

FAIRMONT CATHOLIC SCHOOL
416 MADISON STREET
FAIRMONT, WEST VIRGINIA 26554
(304) 363-5313

FQR OFFICE USE ONLY

Student I.D. No: _____
Grade Level: _____
Room Number: _____
Locker Number: _____

Student Enrollment Form

Registration Date ____/____/____

Child's Name _____
FIRST NAME NICKNAME MIDDLE INITIAL LAST NAME

Address _____
STREET CITY STATE ZIP

Residing With Father Mother Both Other _____

Phone Number(____) _____ Sex M F Ethnic Background _____

Religion _____ Birthdate _____ Birthplace _____
CITY STATE

Sacramental Records

Baptized Y N Baptized Date ____/____/____ Church _____
NAME CITY STATE

Reconciliation Y N Date of Reconciliation ____/____/____

First Communion Y N Date ____/____/____ Church _____
NAME CITY STATE

Confirmed Y N Date ____/____/____ Church _____
NAME CITY STATE

Medical Information

Chronic Illnesses or Disabilities _____

Allergies _____

Authorized Medicine(s) _____

Medical Exam Y N Dental Exam Y N Height _____ FT _____ IN Weight _____ LBS Eye Test ____/____

Immunizations Complete Y N

Misc. Information

DO NOT WRITE BELOW THIS LINE--FOR OFFICE USE ONLY

Transferred From _____
SCHOOL NAME CITY STATE ZIP

Records from previous school received _____

Fairmont Catholic
416 Madison St
Fairmont WV 26554
304-363-5313

School Name
Address
City, State, Zip
Phone No.

FOR OFFICE USE ONLY

Family I.D. No.: _____
School District: _____
Bus Route: _____

Family Enrollment Form

Father

First Name _____
Middle Initial _____
Last Name _____
Religion _____
U.S. Citizen (Y/N) _____
Occupation _____
Education Level _____

Mother

Marital Status Married Single Parent Deceased
 Divorced-Single Divorced-Remarried Separated

MAIDEN NAME _____
 Married Single Parent Deceased
 Divorced-Single Divorced-Remarried Separated

Family Information

Home Address _____
STREET CITY STATE ZIP PHONE

Child/Children Live With Father Mother Both Other

Does Other Parent Have Legal Access Yes No

Address mail to: _____
(Mr. & Mrs., Dr. & Mrs., etc)

Parish Members (Y/N) _____ Parish Name _____

Home Language _____ No. Boys in School _____ No. Girls in School _____

Employment Information

Father's Employer _____
NAME PHONE NUMBER

Mother's Employer _____
NAME PHONE NUMBER

Emergency Information

Alternate Emergency Name _____ Phone _____

Alternate Emergency Name _____ Phone _____

Family Doctor Name _____ Phone _____

Family Dentist Name _____ Phone _____

Preferred Hospital _____ Phone _____

Address _____

If you and the physician of your choice, as indicated above, cannot be reached in an emergency and, if in the judgement of the school authorities immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

- Yes**
- No**

As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

FAIRMONT CATHOLIC GRADE SCHOOL

416 Madison Street

Fairmont, WV 26554

(304)363-5313

www.fairmontcatholic.com

PRE-REGISTRATION FORM

PLEASE PRINT

Parent Name _____
Last Both First Names

Address _____
Street City, State, Zip Code

Phone (home) _____ (Cell) _____

May we contact you via text message? Yes No

Email Address(es) _____

Catholic Yes No Registered Parish _____

Students to be enrolled in Fairmont Catholic Grade School:

Full Name	Birthdate	Entering Grade

My child/children will not return to Fairmont Catholic School.

NOTE: Students entering Kindergarten must have their birth certificate and immunization record on file.

A non-refundable fee of \$100 is required for each new student entering the school. The fee is payable upon submission of this registration form. Make checks payable to Fairmont Catholic Grade School.

Parent's Signature _____ Date _____

FAIRMONT CATHOLIC GRADE SCHOOL
416 Madison Street
Fairmont, WV 26554

Telephone – 304-363-5313

REQUEST FOR RELEASE OF SCHOOL RECORDS

To Whom It May Concern:

As the parent or guardian of _____
Student Name

I hereby certify that he/she has attended the school indicated below:

SCHOOL _____

STREET _____

_____ City _____ State _____ Zip

Last date of attendance at the school listed above: _____

I hereby request that the school records including psychological reports of the student named above be released and forwarded to:

FAIRMONT CATHOLIC GRADE SCHOOL
416 Madison Street
Fairmont, WV 26554

I hereby release the school authorities at the sending school from any responsibility or liability in connection with release of records as may be interpreted from the Family Educational Rights and Privacy Act.

Parent / Guardian – Print Name

Parent/Guardian Signature

Date