



SAINT MICHAEL CATHOLIC SCHOOL

542 Cypress Avenue, Murrells Inlet, SC 29576
P) 843.651.6795 F) 843.651.6803 www.saintmichaelsc.com

Admission Procedures 2025 - 2026

Thank you for your interest in St. Michael Catholic School!

St. Michael Catholic School, accredited by the Diocese of Charleston and AdvancEd/COGNIA, serves the Catholic parishes in Horry and Georgetown counties. Our mission is to educate and guide students by providing academic excellence, spiritual development, strong Catholic values, and good sportsmanship. Our school maintains a safe, nurturing environment that inspires a genuine love for learning, and encourages a lifelong quest for knowledge.

Please note that Pre-K3 children must be 3 years old by September 1st; and Pre-K4 children must be 4 years old by September 1st of the school year; Kindergarten children must be 5 years old by September 1st of the school year; and 1st grade children must be 6 years old by September 1st of the school year in order to register.

Registration Fee (Non-Refundable):

- \$650.00 per student for new families; \$600.00 per student for returning families

Required Documents:

- Completed registration packet (for EACH child)
- Copy of your child's birth certificate (New Students)
- Copy of your child's baptismal certificate (if Catholic, only) (New Students)
- South Carolina Certificate of Immunization (Religious exemptions not allowed) (New Students)
- Copy of Records from your child's previous school and past report cards (if applicable-New Students)
- Copy of 504 Plans, IEPs, Accommodations Plans, or Evaluations

Keep in mind that we will not be able to process any incomplete registration forms, so please be sure you have all the required materials at the time of registration. Submit your application packet to the school office.

All grades follow the same school year calendar and are on a full day schedule. Tuition for the 2025-2026 school year has been set, and the new tuition schedule is included.

The following methods of payment are accepted: personal checks or cash only when paying for the Registration Fee. All tuition payments must be processed through FACTS Management (www.factsmgt.com). An administrative fee will be collected by FACTS when your contract is finalized. A processing fee will be assessed if checks are returned for insufficient funds.



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Student Registration Form (Please type or print legibly and complete a form for each child):

Application Date: _____

Student's Name _____
Last First Middle Suffix

Preferred Name _____ Entering Grade Level _____ Date of Birth _____

Student Age _____ Gender _____ Blood Type _____

Race _____ Religion _____ Church Affiliation _____

**** (Parish Verification Letter required with pre-registration)**

School currently attending _____

Reason for transfer from previous school _____

***Primary Family Information (ALL INFORMATION MUST BE COMPLETED):** Please type or print legibly

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____ County _____

Home Phone 1 _____ Listed Home Phone 2 _____ Listed

***Father's Information (ALL INFORMATION MUST BE COMPLETED):** Please type or print legibly

Father or Guardian's Name _____
Last First Middle Suffix

Email Address _____ Cell Phone _____

Address _____
number street city state zip code

Father's Business/Occupation _____
Name Address Work Phone

Religion & Church Affiliation: _____ Marital Status: _____

***Mother's Information (ALL INFORMATION MUST BE COMPLETED):** Please type or print legibly

Mother or Guardian's Name _____
Last First Middle Suffix

Email Address _____ Cell Phone _____

Address _____
number street city state zip code

Mother's Business/Occupation _____
Name Address Work Phone

Religion & Church Affiliation: _____ Marital Status: _____

The registration fee must accompany this form.

For Office Only:			
Payment Received _____	Check # _____	Cash _____	Date Received: _____
Parish Verification Letter received: SM _____ PB _____ SJ _____ SA _____ Other _____			

Parent's Signature _____

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Emergency Medical Information:

Emergency Contacts (Other than Parents/Guardians): Please type or print legibly

1. Contact Full Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

2. Contact Full Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

3. Contact Full Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Medical Contacts:

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Ins. Group: _____

Policy Number: _____ **Permission to Treat:** ___ Yes ___ No

Medical Conditions/Allergies (**describe all**): _____

Ethnic Group:

(Please check which one applies to the student, this information is for statistical purposes only.)

White Black Hispanic Asian American Indian Multi-Racial

Pick-up Information (People authorized to pick-up your child(ren) from school*): Please type or print legibly

1. Full Name: _____ Phone Number: _____

Relationship: _____ Notes: _____

2. Full Name: _____ Phone Number: _____

Relationship: _____ Notes: _____

3. Full Name: _____ Phone Number: _____

Relationship: _____ Notes: _____

**Adults on this list will be asked for photo identification prior to the release of your child.*

**Please note that it is the responsibility of the parent/guardian to notify SMCS with updated information when applicable.*

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2025 - 2026 Tuition & Fee Schedule

TUITION FOR PARISH AND NON-PARISH CATHOLIC STUDENTS (registered and attending a local parish – SMCS requires regular participation in church envelope system)

Cost to educate per student - \$8851.00

TUITION RATES: (1 st child full tuition; Multiple child discount \$300 per 2 nd child or more)				
PK3 – 8TH GRADE STUDENTS	1st Child	2nd Child	3rd Child	4th Child
Non-Catholic Students	\$7,998	\$15,696	\$23,394	\$31,092
Less Catholic Discount	\$1,000	\$2,000	\$3,000	\$4,000
SMCS Parishioner / Other Parish Catholic Students	\$6,998	\$13,696	\$20,394	\$27,092
To be paid annually (July), semi-annually (July & January), monthly (12-months: July – June)				

REGISTRATION FEES FOR RETURNING STUDENTS: No discounts on fees for multiple children				
REGISTRATION DUE: April 29, 2025	1st Child	2nd Child	3rd Child	4th Child
Registration Returning Students: Non-refundable	\$600	\$1,200	\$1,800	\$2,400
Chromebook/Technology Fee: Refundable if withdrawn in summer	\$120	\$240	\$360	\$480
Total Fees due at time of registration	\$720	\$1,440	\$2,160	\$2,880

* If registration fee is paid on or before February 28, 2025, a discount of \$200 per child will apply.

* If registration fee is paid on or before March 31, 2025, a discount of \$100 per child will apply.

REGISTRATION FEES FOR NEW STUDENTS: No discounts on fees for multiple children				
REGISTRATION DUE: April 29, 2025	1st Child	2nd Child	3rd Child	4th Child
Registration New Students: Non-refundable	\$650	\$1,300	\$1,950	\$2,600
Chromebook/Technology Fee: Refundable if withdrawn in summer	\$120	\$240	\$360	\$480
Total Fees due at time of registration	\$770	\$1,540	\$2,310	\$3,080

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Sibling Discount

Discounts will apply for multiple students in the same family according to the following: \$300 discount per 2nd child or more.

Financial Aid

Financial aid is available to students in Grades PreK3 - 8th. If you are interested in applying for tuition assistance, please complete the application via FACTS. FACTS Grant and Aid applications are required for any family who is looking for the potential of tuition assistance. This includes St. Elizabeth Ann Seton Tuition Assistance grant and any parish or school assistance. The FACTS Tuition Management website is: (www.factsmgt.com). Upon completion of the FACTS Tuition application, our office will be notified of eligibility. **All FACTS applications for tuition assistance are due by Friday, March 21st, 2025.** After that time, we will inform you of any financial aid in which you have qualified.

Parish Subsidy

Parish Subsidy is granted at the decision of the Pastor for Catholic students in grades PreK3 - 8th. Members of St. Michael Parish must have record of contributing to the church by using their envelopes in order to be considered for the Catholic rate.

Additional Information

All registration fees are non-refundable and non-transferable. Monthly tuition is due and payable according to FACTS Management payment options. There will be a \$35 late fee charged for all late payments or returned checks. This fee will be added according to the FACTS Management schedule unless arrangements have been made. Final report cards and records will be held if tuition and fees are not current.



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SMCS Tuition/Fees Payment Information (2025 - 2026)

Family Name _____

Mailing Address _____

City, State, Zip Code _____

Student _____ Grade Entering _____

Student _____ Grade Entering _____

Student _____ Grade Entering _____

Student _____ Grade Entering _____

Please select the planned frequency of your tuition payments including how and when your fees will be paid. Select one of the next 3 items:

- Tuition will be paid in full to SMCS (due July 10, 2025). An administration fee of \$5.00 will be collected by FACTS when your contract is finalized.
- Tuition will be paid in two equal payments to SMCS (July 10, 2025 and January 7, 2026). An administration fee of \$15.00 will be collected by FACTS when your contract is finalized.
- Tuition will be paid in 12 monthly payments via FACTS (July 2025 thru June 2026). An administration fee of \$50.00 will be collected by FACTS when your contract is finalized.

Signature: _____ Date: _____



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“FAIR SHARE” Service - to - School Agreement

Policy Statement:

In an effort to improve our fundraising obligations and the educational enrichment programs offered to the children of St. Michael Catholic School, the Fair Share Hours Policy was designed to evenly share volunteering responsibilities throughout all registered families. The program will allow for adequate staffing of PTO sponsored events and other scholastic programs that help benefit our school, thus helping to keep our tuition costs lower. It also helps us maintain our “family atmosphere” that makes our school so special. As a result, mandatory service hours are required of all registered families.

The number of service hours required by all registered families at St. Michael Catholic School is a minimum of 7 hours per quarter (a total of 28 hours per academic year). Any parent, legal guardian, grandparent, or immediate family member over 18 years of age may fulfill your family’s service obligation. If you will be volunteering in any capacity that involves our students, Virtus training is required: Protecting God’s Children, Healthy Boundaries for Adults and Vulnerable Adults certification through the Diocese of Charleston along with background screening information. Additional information and registration for Virtus can be obtained by visiting Virtus.org. This is now an online course.

If you are unable to fulfill these hours, you will be required to pay an opt-out fee of \$175 per quarter. Also, there is NO carrying over or sharing of hours.

This Service-To-School Agreement is required of all registered families.

Each family must have a signed Service-to-School Agreement form on file in the school office each academic year. Agreement form is issued in packet at time of Registration.

I have read and agree to the Fair Share Hours Policy.

Parent/Guardian: _____

Date: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____



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After School Program (After-Care):

Saint Michael Catholic School offers an After School Program (ASP) for all students in grades PK3 through 8th grade. This program begins at dismissal (2:45pm) and ends at 5:30pm daily. We offer a structured daily routine that allows time for homework, snack, outside play (when available), and supervised activities.

The rates for our After School Program (ASP) are:

The daily rate for pre-registered students is \$15.00/day.

For example, if you only need after care on Tuesdays and Thursdays, the weekly rate would be \$30.00/week. After the first child each additional child is 50% off.

Weekly rates are:

\$75.00 per week for 1 child

\$112.50 per week for a family of 2 children

If you anticipate ever needing to use our After School Program, please fill out the form below and return it to school.

AFTER SCHOOL PROGRAM (ASP) REGISTRATION FORM

PLEASE PRINT: (Please type or print legibly)

Student's Name _____

Last First Middle Nickname

Student's Name _____

Last First Middle Nickname

Home Address: _____ Home Phone: _____

Family Information:

Father or Guardian's Name _____ Cell Phone: _____ Email: _____

Address _____

number street city state zip code

Father's Business/Occupation _____

Name Address Work Phone

Mother or Guardian's Name _____ Cell Phone: _____ Email: _____

Address _____

number street city state zip code

Mother's Business/Occupation _____

Name Address Work Phone

After School Program for my child(ren) is:

Monday

Tuesday

Wednesday

Thursday

Friday

I plan to utilize the After School Program on an as-needed basis.

_____ X \$15.00/day = _____
(# of days per week) (weekly rate)

Additional sibling's weekly rate is 50% (equal or lesser value.)

Parent's Signature _____

Date _____

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SAINT MICHAEL CATHOLIC SCHOOL RELEASE AND USE OF STUDENT IMAGE, PHOTO, RECORDING OR OTHER MEDIA

I, the undersigned parent/legal guardian of _____, a minor/student in Grade _____, hereby grant to St. Michael Catholic School, the following rights:

The right to use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as “image”) of the above minor in connection with its educational, promotional, fundraising activities, or any other legitimate purpose.

The right to use, reproduce, publish, exhibit, distribute and transmit the image of my minor individually or in conjunction with other images or printed matter or video tape, recordings, still photography, CD-Rom, and any other manner of media now known or later developed.

The right to use, reproduce, publish, exhibit, distribute and transmit the image of my minor individually or in conjunction with other images or printed matter on the school’s internet website. No personal information such as home or email address or phone numbers will be published.

The right to record, reproduce, amplify, edit and simulate my minor’s image and all sound effects produced – for example, when placing a video on the school website.

The right to assign the above-mentioned rights to third parties, including the school’s yearbook publisher and other Catholic schools that my child(ren) may visit during the school day (ex.- high school shadowing).

I understand that the recording, still photos or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor’s image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor’s image and nothing herein will create any obligation on the part of the school to make use of the rights or materials set forth herein.

I hereby release and forever discharge the Bishop of Charleston, a Corporation Sole, DBA the Catholic Diocese of Charleston, St. Michael Catholic School/Church, their agents, employees and assigns from any and all claims, demand, rights, and causes for action of whatever kind that may arise from the use of minor’s image, including but not limited to all claims for defamation and invasions of privacy.

I certify that I am parent/legal guardian of the above referenced minor and, unless otherwise noted below, I give my consent to the above for myself and on behalf of said minor. This agreement shall be valid for as long as the above student is attending (enrolled) at St. Michael Catholic School, unless and until revoked in a writing delivered to the school principal, but any such revocation shall not apply to images in existence at the time of such revocation.

Yes – I consent to the above.

No – I do not consent to the above and my child(ren) will NOT participate in activities that will or may result in their images being used in any manner.

Parent/Legal Guardian’s Signature

Date

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Saint Michael Catholic School *Parish Verification Letter*

Dear Father:

This family, _____, indicated that
Last Name Father & Mother

their child(ren): _____

Last Name First Name Grade

Last Name First Name Grade

Last Name First Name Grade

Last Name First Name Grade

Last Name First Name Grade

and themselves meet the requirements of *Active Registered Parishioner* and are entitled to the Catholic Tuition rate at Saint Michael Catholic School.

Family Envelope #: _____ (required)

The above family and student(s) meet the requirements of the policy listed above.

Signature of Pastor: _____

Parish: _____



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Student Health Assessment

Child's Name _____ Grade _____ DOB _____

Emergency Contacts (other than parent): Name, Phone #, Relationship to student:

1) _____

2) _____

3) _____

4) _____

Student's Medical History *Please provide details if "Yes" including medications for the condition, if any:

ADD/ADHD Medicated (Yes/No) _____

Autism (ASD) _____

Allergies: Foods _____

Medications: _____ Other: _____

Emotional Disorders (Anxiety/Depression) _____

Asthma: Inhaler needed @ school (Yes/No) _____

Blood Disorders (Hemophilia, Sickle cell, anemia) _____

Cancer and/or history of: _____

Stomach Issues (GERD, IBS, Constipation) _____

Covid-19 History: _____

Covid-19 Vaccination (type): _____

Diabetes (Type-1 or 2): Insulin/ pump/med: _____

Eating Concerns/ disorders: _____

Ear Infections/Tubes: _____

Seizures/Epilepsy: _____ Date of last episode: _____

History of Concussion: _____ Date occurred: _____

Fractures (Broken Bones): _____

Surgical repair and date: _____

Glasses/Contacts: Wears Daily (Yes/No) or just for reading: _____

Hearing/ Speech Impairment: _____

Heart Problems/Defects: _____

Migraine Headaches: _____

History of MRSA Infection: _____

Neuromuscular Disease: _____

History of Surgeries/ Serious Injuries: _____

Other Illnesses: _____

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List ANY and ALL Medications that your child takes:

PLEASE INITIAL YOUR CONSENT TO THE FOLLOWING TREATMENTS:

- Triple antibiotic ointment to cuts/ abrasions
- Benadryl Cream to minor rashes and bug bites
- Caladryl or Ivy Dry for poison ivy/ oak / sumac itching
- Aquaphor/ Vaseline ointment to dry chapped lips/skin
- Ginger Ale / Sprite for Nausea/ Upset Stomach
- Salt water rinse for mouth sores
- Saline eye drops to rinse eyes, if needed
- Bactine spray to cuts/ abrasions

****If Health Information Changes during the year, PLEASE contact the school office @ dwenner@saintmichaelsc.com or call 843-651-6795. Parent/Guardian: PLEASE sign and date this form below and return to School Nurse as soon as possible!! Thanks so much for your cooperation in this matter!!**

Signature of Parent/Guardian: _____ Date: _____



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PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here.**
2. **Schools do NOT provide medications for student use.**
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administer
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, container with a label. **Medication sent in baggies or unlabeled containers will not be given.**
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.

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13. **Students are NOT permitted to self-medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life-saving medications (e.g. inhaler, Epi-pen).
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

I hereby request that the medication specified above be given to the above named student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Diocese of Charleston, its servants, agents and employees, including but not limited to the parish, school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Charleston, its agents, servants, or employees including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Parent/Guardian: _____
Print Name

Parent/Guardian: _____ Date: _____
Signature

Child(ren): _____



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Request for Records

Date: _____

Re: _____

Name of Student(s)

The above named student(s) has/have enrolled in our school. Please forward his/her records, including health records, social security number, birth certificate, immunization records, IEPs, psychological test results, standardized test results, 504 plans, special education placement papers, and any other pertinent information to us as soon as possible.

To: _____ (name of school child is transferring from)

Address: _____

Phone Number: _____

I hereby authorize the above named school to forward the records requested.

Signature of Parent/Guardian: _____