DIVINE REDEEMER CATHOLIC SCHOOL
TUITION and FEES SCHEDULE
2025-2026 SCHOOL YEAR

TUITION (PER STUDENT)	
CATEGORY	TUITION
Parishioner rate*	$6000
Non- Parishioner rate	$6850

These fees are prior to any type of discount related to special programs like First Steps SC**, Exceptional SC, the Education Scholarship Trust Fund Program***, Parish Support Funds or the DRS Tuition Assistance Fund. We will be sharing information soon or you can contact the school office for more details on these programs.

_____

**Pending Parish verification (active parishioner)*
***25-26 First Steps K4 students will have these fees covered. Visit https://www.scfirststeps.org/what-we-do/programs/first-steps-4k/apply for eligibility requirements and how to apply.*
****ESTF students would be able to use these funds based on the program guidelines. As of January 14th, these funds cannot be used for academic expenses at private institutions.*

DRS Financial Aid Applications will open soon.
Enrolled families will receive a notification and grants will be distributed in April.
If you are interested in getting Financial Aid, please apply first to the ESTF program: https://www.classwallet.com/programs/southcarolinaestf/.

Contact the school office if you need assistance with the application, we will schedule an appointment to help you.

REGISTRATION FEES (PER STUDENT)		
TYPE	AMOUNT	PURPOSE
Registration fee****	$250 (new students) $150 (returning student rate upon auto-reentry)	Diocesan fees, student insurance and administrative costs.

**** All application and registration fees are non-refundable. First Steps 4K students have this fee covered. School will reimburse the registration fee once the confirmation of the grant is received.

WELCOME TO DIVINE REDEEMER CATHOLIC SCHOOL

We are so glad to welcome you to our family and we really appreciate the trust you have placed in our school for the education of your children.

To complete the registration of a new student, please return the attached forms with the non-refundable $250.00 application fee and a copy of:

- Each child's birth certificate
- Each child's SC immunization form
- Each child's Sacraments´ certificates (if Catholic)
- Each child's most recent school records (if applicable)

IMPORTANT: For a new student to have his/her spot secured for next year, we require the attached forms and the payment of the enrollment fee. Also, for students enrolling in 4th-8th grades, there is a placement test as part of this process (you will be notified once you bring all the paperwork back to the school office).

All the available spots we have will be given on a first-come, first-serve basis (when a new student has completed all the requirements stated here).

For any questions and support, please email us at admissions@drcs.co or call to the school office. Thank you!

WELCOME TO DIVINE REDEEMER CATHOLIC SCHOOL

We are so glad to welcome you to our family and we really appreciate the trust you have placed in our school for the education of your children.

To complete the registration of a new student, please return the attached forms with the non-refundable $250.00 application fee and a copy of:

- Each child's birth certificate
- Each child's SC immunization form
- Each child's Sacraments´ certificates (if Catholic)
- Each child's most recent school records (if applicable)

IMPORTANT: For a new student to have his/her spot secured for next year, we require the attached forms and the payment of the enrollment fee. Also, for students enrolling in 4th-8th grades, there is a placement test as part of this process (you will be notified once you bring all the paperwork back to the school office).

All the available spots we have will be given on a first-come, first-serve basis (when a new student has completed all the requirements stated here).

For any questions and support, please email us at admissions@drcs.co or call to the school office. Thank you!

DIVINE REDEEMER SCHOOL ENROLLMENT FORM 2025-2026

STUDENT/S

Full Name Student #1:_____

Full Name Student #2:_____

Full Name Student #3:_____

Full Name Student #4:_____

Full Name Student #5:_____

Student(s) lives with:

❑ Both Parents ❑ Father ❑ Mother ❑ Stepfather ❑ Stepmother ❑ Other (explain) _____

PARENT(S) OR GUARDIAN

Mother's Full Name: _____

Mailing Address:_____

City:_____**State:**_____ **Zip:**_____ **County:** ❑Berkeley ❑Charleston ❑Dorchester

Cell Phone: _____ **Email:**_____

Main Occupation:_____

Religion: ❑ Catholic - Parish:_____❑ non-Catholic

Father's Full Name: _____

Mailing Address:_____

City:_____**State:**_____ **Zip:**_____ **County:** ❑Berkeley ❑Charleston ❑Dorchester

Cell Phone: _____ **Email:**_____

Main Occupation:_____

Religion: ❑ Catholic - Parish:_____❑ non-Catholic

EMERGENCY AND PICK- UP CONTACTS

Contact #1	Name: _____ Relationship with the student(s): _____ Cellphone:_____
Contact #2	Name: _____ Relationship with the student(s): _____ Cellphone:_____
Contact #3	Name: _____ Relationship with the student(s): _____ Cellphone:_____

MEDICAL AUTHORIZATION

In case of accident or serious illness, I request the school to contact me or any of the emergency contacts provided. If the school is unable to reach me or them, I hereby authorize the school to call the physician indicated below to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name: _____

Address: _____

Office Number: _____

Preferred Hospital: _____

My signature below indicates my authorization for the School to take whatever necessary action for my child's health in the event of an accident or serious illness, if it is impossible to contact me, any of the emergency contacts or my child´s physician.

Signature_____ **Date**_____

LANGUAGE SURVEY

Primary language spoken in the home regardless of child/ren preference: _____

STUDENT INFORMATION FORM 2025-2026

DEMOGRAPHICS/*DEMOGRAFIA*			
Student's Name *Nombre completo del Estudiante*			
Date of Birth (MM/DD/YYYY) *Fecha de Nacimiento (MM/DD/AA)*		Preferred Name *Nombre preferido*	
Gender *Género*	F ____ M____	Grade *Grado*	
Ethnicity *Etnia*	Hispanic _____ Non-Hispanic _____		
Race *Raza*	___ Asian/*Asiatico* ___ African American/*Afroamericano* ___ White/*Blanco* ___ Pacific Islander/ *Isleño del Pacífico* ___ American Indian-Native Alaskan/ *Indio americano-nativo de Alaska* ___ Two or more/ *Dos o más razas*		

RELIGIOUS INFORMATION/*INFORMACIÓN RELIGIOSA*	
Religion of Student *Religión del estudiante*	
Baptism Date and Church *Fecha de bautismo e Iglesia*	
First Holy Communion Date and Church *Fecha de Primera Comunión e Iglesia*	

LANGUAGE SURVEY/*ENCUESTA DE LENGUAJE*	
Student´s Primary language *Lengua materna del estudiante*	
Language most often spoken by the student at home *Lengua más hablada por el estudiante en casa*	

ACADEMIC HISTORY/*HISTORIAL ACADÉMICO*

Current School/*Colegio actual*: _____

School Address/*Dirección*: _____

School Phone/*Teléfono* _____ City/*Ciudad*_____State/*Estado*_____ Zip_____

Has the student received any of the following services? Please check all that apply.
¿El estudiante ha recibido alguno de los siguientes servicios? Marque todos los que apliquen:

❑ Speech Therapy/ *Terapia del habla*
❑ Occupational Therapy/ *Terapia ocupacional*
❑ Physical Therapy/ *Terapia física*
❑ Evaluative Testing/ *Pruebas evaluativas*
❑ IEP or 504 document/ *IEP ó documentos 504*

Please describe circumstances and more details for the above items checked:
Por favor, describa las circunstancias y más detalles de los puntos marcados arriba:

_____

_____

_____

_____

_____

_____

Has the student repeated any grade?/ *El estudiante ha tenido que repetir algún año?*

❑ Yes ❑ No - (please explain/*explique*)_____

Has the student ever been suspended from school?/ *El estudiante ha sido suspendido alguna vez?*

❑ Yes ❑ No - (please explain/*explique*)_____

Has the student ever been expelled from school?/ *El estudiante ha sido expulsado del colegio alguna vez?*

❑ Yes ❑ No - (please explain/*explique*)_____

Does the student have any physical handicaps/health restrictions?/ *¿El estudiante tiene alguna discapacidad física o restricciones de salud?*

❑ Yes ❑ No - (please explain/*explique*)_____

SPECIAL HEALTH NEEDS/ *NECESIDADES ESPECIALES DE SALUD*

Does the student have any allergies? /*¿El estudiante tiene alguna alergia?:*

❑ Yes ❑ No - (please explain/*explique*)_____

Does the student have any asthma?/*¿El estudiante tiene asma?:*

❑ Yes ❑ No - (please explain the treatment /*explique el tratamiento*) _____

Does the student have any medication needs?/*¿El estudiante necesita alguna medicina?:*

❑ Yes ❑ No - (please explain/*explique*)_____

*****A Medication Form MUST be filled out, signed by a physician and given to the school office before ANY medications can be given to a student. / *Una autorización médica DEBE ser diligenciada, firmada por un médico y traida a la oficina del colegio antes de que CUALQUIER medicina sea dada al estudiante.***

DECLARATION/*DECLARACIÓN*

All the above information is accurate/Toda la información anterior es correcta:

Parent Signature/Firma _____

Date/Fecha _____

ROMAN CATHOLIC
DIOCESE OF CHARLESTON

Elementary 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 Divine Redeemer 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, fund raising 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, Divine Redeemer 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 above hstudent is attending (enrolled) at Divine Redeemer 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