



Sacred Heart Catholic School

PreK 3 through 8th Grade

**907 Runneburg Rd.
Crosby, TX 77532
281-328-6561**

2010-2011 Application Packet



Sacred Heart Catholic School
 907 Runneburg Rd
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 281-328-6561 / 281-426-0072 FAX
 www.sacredheartschoolcrosby.org

2010-2011

Application for Admission

By means of this application, the Principal of Sacred Heart Catholic School welcomes your interest in our school. Sacred Heart Catholic School admits all students to the rights, privileges, programs and activities made available to the entire student body. We do not discriminate on the basis of race, color, religion, national or ethnic origin in the administration of our admission policy. An interview with the child and/or parents is requested as a part of the application process. Please provide the information requested below and submit the application to the school office. You will be contacted for an appointment.

Current or Last School Attended _____ Current Grade Placement _____

Ethnicity

Religion

Student _____

Student _____

Mother _____

Mother _____

Father _____

Father _____

Parish Affiliation: Sacred Heart (Envelope # _____) Parishioner of _____ Other _____

New and transfer students will be on probation for a period of nine weeks and students must present the following upon application:

- Original Birth Certificate
- Social Security Card
- Immunization Records/TB Questionnaire
- Sacramental Information (if applicable)
- Last Report Card
- Cumulative Record
- Test Scores

Describe any tutoring or special education programs the child is receiving or has received

Describe any special needs of the child of which the school should be aware (educational, health, etc.)

List the names of other children in the family and the name of the school each attends:

Name	Grade	School

Name	Grade	School

Name	Grade	School

Name	Grade	School

*Thank you for your interest in Sacred Heart Catholic School
 where we celebrate honor and excellence in Christ!*



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Special Needs/Health

Name of Student

Grade

We at Sacred Heart Catholic School are committed to providing the best education for your child. Please provide the following information to enable us to achieve this goal. All information provided is kept in a confidential health file.

1. Are you aware of any special considerations required for your child which may impact his or her ability to participate in all aspects of the programs offered by Sacred Heart Catholic School?

_____ Yes _____ No

If your answer is yes, please describe these special considerations below:

Academic _____

Behavioral _____

Physical _____

Social _____

2. Have you ever been asked to withdraw your child from a particular school for disciplinary reasons? _____ Yes _____ No

If your answer is yes, please explain the circumstances. _____

Please check all that are applicable

- | | | |
|--------------------------------|----------------------------|---------------------------------|
| _____ Allergy | _____ Rheumatic Fever | |
| (Specify _____) | _____ Tuberculosis Contact | Active Case ___ Yes ___ No |
| _____ Bone Disorders | _____ Sickle Cell Anemia | _____ Sore Throats |
| _____ Diabetes | _____ Seizures | _____ Nosebleeds |
| _____ Heart or Cardiac Disease | _____ Frequent Fainting | _____ Frequent Headaches |
| (Specific Disorder _____) | _____ Convulsions | _____ Frequent Colds |
| _____ Kidney Disease | _____ Frequent Dizziness | _____ Frequent Sinus Infections |
| _____ Hearing Loss | _____ Tremors | Other _____ |
| _____ Vision Loss | _____ History of ADD/ADHD | |
| _____ Asthma | Asthma Medication _____ | |

Is your child now under a physician's care? Yes _____ No _____

If so, for what specific condition _____

Name of Family Physician _____ Phone _____

Is your child on any medication? _____ Yes _____ No _____ Medication _____

Prescription # _____ Condition Prescribed for _____

Date of your child's last physical examination _____

Any other pertinent information that the school needs to be aware of _____

 Parent/Guardian Signature

 Date



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Registration & Tuition Rates Pre K 3 and Pre K 4

Registration Fees Pre K	
Registration Fee per student	\$150 by April 1, 2010 \$175 after April 1, 2010
Supplies & Equipment Fee per student	\$250 by June 1, 2010 \$275 after June 1, 2010

Tuition Payment Plans Pre K		
Five Day	8:00am – 3:15pm	\$430
Five Day with Extended Care	6:30am – 6:00pm	\$510
Three Day (T/W/Th)	8:00am – 3:15pm	\$370

Referral Fee	
<i>Bring in one new family by July 31, 2010</i>	\$100 credit to family account

Registration & Tuition Policies

- Registration fees must be submitted with the application and are non-refundable.
- A 5% discount will apply for tuition paid in full by August 1, 2010.
- Tuition may be divided into ten payments. Tuition is due by the first day of school in August and then the first day of each month beginning with September 1st ending May 1st.
- Tuition payments received after the 10th of the month will result in a late fee of \$30.
- After the 30th of the month, students will not be admitted to class if tuition has not been paid or acceptable arrangements made for payment.
- All families will be required to comply with the school's mandatory Parental Involvement Agreement.
- Re-admission for the following school year will not be allowed for families unless they are current in all financial obligations.
- School records will not be released for those students who have any unpaid balances.
- Checks for tuition/fees that are returned for insufficient funds are subject to a fee of \$30. After an insufficient check has been received, payment will be required to be made by cash or certified funds.

I have read and agree to adhere to the 2010-2011 Registration/Tuition Rates and Policies.

Parent Name _____

Parent Signature _____ Date _____



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Registration & Tuition Rates Kindergarten – Grade 8

Registration Fees K - 8	
Registration Fee per Student	\$150 by April 1, 2010 \$175 after April 1, 2010
Book /Supply Fee (Grades K-8) per Student	\$350 by June 1, 2010 \$375 after June 1, 2010
5 th Grade Camp Kappe Fee	\$ 95 due by Sept., 2010

Tuition Payment Plans K – 8	
1 Child	\$360 per month \$3600 per year
2 Children	\$515 per month \$5150 per year
3 or more Children	\$573 per month \$5730 per year

Referral Fee	
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Emergency and Pickup Information

Student Information

Family Last Name _____

First Name of Student _____ DOB _____ Age _____ Grade _____

First Name of Student _____ DOB _____ Age _____ Grade _____

First Name of Student _____ DOB _____ Age _____ Grade _____

First Name of Student _____ DOB _____ Age _____ Grade _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Emergency Information

Please provide names of those to be called in case of emergency if the parents cannot be reached.

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Pick-Up Information

Please provide names of those who are authorized to pick-up your child.

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Authorization for Emergency Care

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to contact one of the following:

Physician Name	Address	Phone Number
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Hospital (Clinic) Name	Address	Phone Number
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ARCHDIOCESE OF GALVESTON-HOUSTON

ANNUAL INCOME ELIGIBILITY PARENT SURVEY

RETURN IN A SEALED ENVELOPE TO SCHOOL PRINCIPAL

Please complete and return the survey below. In order for this survey to be considered a valid measure, the survey must be returned to the principal even if your income does not meet any of the criteria. The purpose of this survey is to collect data that will be used to determine the school's federal funding allocation. Use the chart below to find your family size. Family size may include a foster child, an emancipated youth or a special education student over age 18. *If you are paid on a weekly or monthly basis, please multiply that amount by the number of weeks or months actually worked each year to determine your "Annual Gross Income."*

Family Size	Annual Income	• Monthly Income	• Weekly Income
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,705	1,317
For each additional family member add:	6,919	577	134

Example	Family Size	Annual Income
	4	\$40,793
	8	\$68,469

Please circle your answer

- If your family income is the same or less than the amount shown on the chart beside your family size, circle yes. YES
- Is your family eligible for food stamps? YES NO
- Are you receiving public assistance? Food stamps, or TANF (formerly AFDC) YES NO
- Are any of your children eligible for the "Medicaid" program? YES NO
- Are you receiving full scholarship based on need for your child/children? YES NO
- Are you receiving free or reduced tuition for your child/children? YES NO
- Does your family live in a housing project or have poor housing conditions? YES NO
- Do you have an unusual financial burden? If yes, please explain:(If necessary use back of page) YES NO

FAMILY NAME (PRINT): _____

FAMILY ADDRESS: _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

List the name of all school age children living in your home, including which school they attend and their grade level.

NAME OF CHILD	NAME OF SCHOOL	GRADE LEVEL



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Student TB Screening Questionnaire

(Note: Questionnaire will be done when the student enrolls in the school. If the student or adult is returning and there is no change, the questionnaire may be discarded)

Name of Child _____ Date of Birth _____

Organization administering questionnaire _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever chills, and night sweats.

A person can have TB germs in their body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is available to use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis. All information obtained herein will be kept in strict confidence.

Place a mark in the appropriate box:	Yes	No
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: Has your child been around any adult with these symptoms or problems? Has your child had any of these symptoms or problems? Has your child been around anyone sick with TB?		
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?		
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, which country/countries?		
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?		

Has your child been tested for TB? Yes _____ (if yes, specify date ____ / ____) No _____
 Has your child ever had a positive TB skin test? Yes _____ (if yes, specify date ____ / ____) No _____

Signature of Parent/Guardian _____

Date _____