



**Sacred Heart Catholic School**  
PreK 3 through 8<sup>th</sup> Grade

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

2012-2013 Application Packet



Sacred Heart Catholic School  
 907 Runneburg Rd  
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 281-328-6561  
 www.sacredheartschoolcrosby.org

2012-2013

### 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.

Students applying for grades 1st - 8th will be required to take a placement test.

Current or Last School Attended \_\_\_\_\_ Current Grade Placement \_\_\_\_\_

Ethnicity	Religion
Student _____	Student _____
Mother _____	Mother _____
Father _____	Father _____

Parish Affiliation:     Sacred Heart         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              | •Last Report Card  |
| •Original Social Security Card           | •Cumulative Record |
| •Immunization Records/TB Questionnaire   | •Test Scores       |
| •Sacramental Information (if applicable) |                    |

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

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

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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  
 Educating heart, mind and spirit . . . since 1948*





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## Terms of Acceptance

The Administration of Sacred Heart Catholic School agrees to accept

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Student name

as a full-time student at Sacred Heart Catholic School for a period of nine weeks.

This conditional acceptance is granted to determine the student's ability to meet the expectations of the school program. The student must maintain passing grades and acceptable behavior as outlined in the current Sacred Heart Catholic School Handbook.

The Principal of Sacred Heart Catholic School will determine the status of continued enrollment at the end of the designated time.

I/We have read and understand the terms of the above. I/We do accept these terms and choose to enroll my son/daughter at Sacred Heart Catholic School under the above terms. I/We are fully aware that there is no guarantee or re-enrollment if these terms are not satisfactorily met.

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Parent/Guardian

Date

Parent/Guardian

Date

---

Principal

Date



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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 March 30, 2012 \$175 after March 30, 2012
Supplies & Equipment Fee per Student	\$250 by May 18, 2012 \$275 after May 18, 2012

Tuition Payment Plans Pre K		
Five Day	8:00am – 3:15pm	\$455 per month
Five Day with Extended Care	6:30am – 6:00pm	\$535 per month
Three Day (T/W/Th)	8:00am – 3:15pm	\$390 per month
Five Mornings (PreK 3 only)	8:00am – 11:40am	\$230 per month

Referral Fee	
<i>Bring in one new family by July 31, 2012</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, 2012.
- Tuition may be divided into ten payments. Tuition is due on the first day of each month, beginning August 1 and ending May 1.
- Tuition payments received after the 10<sup>th</sup> of the month will result in a late fee of \$30.
- After the 30<sup>th</sup> 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 2012-2013 Registration/Tuition Rates and Policies.***

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Registration & Tuition Rates Kindergarten – Grade 8

<b>Registration Fees K - 8</b>	
Registration Fee per Student	\$150 by March 30, 2012 \$175 after March 30, 2012
Book and Supply Fee per Student	\$350 by May 18, 2012 \$375 after May 18, 2012
5 <sup>th</sup> Grade Camp Kappe Fee	\$ 95 due by August 31, 2012

<b>Tuition Payment Plans K – 8</b>	
1 Child	\$ 380 per month \$3800 per year
2 Children	\$ 555 per month \$5550 per year
3 or more Children	\$ 633 per month \$6330 per year

<b>Referral Fee</b>	
<i>Bring in one new family by July 31, 2012</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, 2012.
- Tuition may be divided into ten payments. Tuition is due on the first day of each month, beginning August 1 and ending May 1.
- Tuition payments received after the 10<sup>th</sup> of the month will result in a late fee of \$30.
- After the 30<sup>th</sup> 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/Report Cards 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 2012-2013 Registration/Tuition Rates and Policies.***

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Student Emergency Information**

**Name of Student** \_\_\_\_\_  
*First Name* \_\_\_\_\_ *Middle Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Father** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Mother** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**List Persons to be contacted in case of emergency when Parent/Guardian cannot be reached**

Name	Home Phone	Work Phone	Cell Phone	Relationship	Employer

**Medical Information**

Doctor's Name \_\_\_\_\_ Office # \_\_\_\_\_ Emergency # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office # \_\_\_\_\_ Emergency # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Allergies (drugs, food, environment) \_\_\_\_\_

Medical Conditions (ex. Diabetes) \_\_\_\_\_

Medication Taken Daily (or as needed) (name, dosage and frequency) \_\_\_\_\_

Daily Monitoring Required (glucose monitoring)

I, \_\_\_\_\_, to hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital/emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify His Eminence Daniel Cardinal DiNardo, Archbishop of Galveston-Houston and his successors in office, the Archdiocese of Galveston-Houston, Sacred Heart Catholic School and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment receive and/or transportation to the nearest hospital/emergency care center.

\_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_



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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
_____	_____	_____

  

Hospital (Clinic) Name	Address	Phone Number
_____	_____	_____



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### Transcript Request

Previous School \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

Name of Student	Grade	Date of Birth
-----------------	-------	---------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

The student(s) listed above has/have enrolled in Sacred Heart Catholic School. Please send the records, including transcripts of past academic records, grades earned during the current year to date, record of attendance, health, standardized test scores, and any other pertinent information available for the student(s) to the above address.

\_\_\_\_\_  
Authorized Signature of Parent/Guardian

\_\_\_\_\_  
Date



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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."*

Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
1	\$20,147	\$1,679	\$840	\$775	\$388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
<b>For each additional family member, add:</b>	<b>+7,067</b>	<b>+589</b>	<b>+295</b>	<b>+272</b>	<b>+136</b>

Example	Family Size	Annual Income
	4	\$41,348
	8	\$69,616

**Please circle your answer**

- |  |     |    |
|--|-----|----|
| 1. If your family income is the <u>same</u> or <u>less</u> than the amount shown on the chart beside your family size, circle yes. | YES | NO |
| 2. Is your family eligible for food stamps?  | YES | NO |
| 3. Are you receiving public assistance? Food stamps, or TANF (formerly AFDC)   | YES | NO |
| 4. Are any of your children eligible for the "Medicaid" program?   | YES | NO |
| 5. Are you receiving full scholarship <u>based on need</u> for your child/children?  | YES | NO |
| 6. Are you receiving free or reduced tuition for your child/children?  | YES | NO |
| 7. Does your family live in a housing project or have poor housing conditions?   | YES | NO |
| 8. 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