



Forms and Fees needed to complete registration:

- | | |
|---|---|
| <input type="checkbox"/> Family Application, Form A | <input type="checkbox"/> Non-Refundable Family Application Fee |
| <input type="checkbox"/> Family Contract, Form B | <input type="checkbox"/> Non-Refundable General Fee |
| <input type="checkbox"/> Fund-Raiser Contract Agreement, Form C | |
| <input type="checkbox"/> Annual Income Eligibility, Form D | <input type="checkbox"/> Copy of Baptismal Certificate (if Catholic) |
| <input type="checkbox"/> Home Language Survey, Form E | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Special Needs and Medical Disclosure, Form F | <input type="checkbox"/> Copy of Social Security Card (not just the number) |
| <input type="checkbox"/> Terms of Conditional Acceptance, Form G | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> TB Screening Questionnaire, Form H | <input type="checkbox"/> Final Report Card (K-7th Grade) |
| <input type="checkbox"/> Records Release/Transcript Request, Form I | <input type="checkbox"/> Spring Test Scores (K-7th) |

The following forms will be filled out on “Meet Your Teacher Day”:

Agreement for the Use of Computers and Telecommunications Forms for Parent and Student

Student Emergency Information Card

Media Release Form

“Walker” Form

Thank you for your prompt attention in registering your student.



**Tuition Rates & Fee Schedule
2012-2013**

REGISTRATION IS NOW OPEN!

TUITION RATES

GRADE

FEES

Pre K-4 yr. old	\$5900.00
Kindergarten - 8th	\$5400.00
Second Child	\$5000.00
Third Child	\$4500.00
Fourth Child	\$4000.00

Family Application Fee	\$100.00	due at registration.
Student General Fee	\$475.00	by Mar 30, 2012
	\$500.00	after Mar 30, 2012

Covers the cost of school supplies, workbooks, teaching supplies, registration for morning and after school program, bus for field trips, technology fee, Pre-K / Kinder tote bags, Pre-K nap mats, Spirit Shirts, yearbook, Archdiocesan tax and school tax.

**5% Discount for Full Payment by
August 1, 2012**

Tuition Collection

Tuition payments will be made directly to the school office. Tuition paid in installments is due by the 1st of the month, August-May. We accept cash, personal checks, cashier's checks, money orders and the following major credit cards: MasterCard, VISA, Discover.

Annual Fundraising Commitment

One Child	\$350.00
Two Children	\$500.00
Three or More Children	\$650.00

MORNING CARE PROGRAM

Our Morning Care Program is open from 6:30 am-7:30 am \$5.00 each morning.

AFTER SCHOOL ACTIVITIES PROGRAM (ASAP)

ASAP is available Monday-Friday until 6:00 p.m. unless noted on calendar.	3:30-4:30	\$ 5.00
	4:30-5:30	\$10.00
	5:30-6:00	\$15.00
Billing: Maximum per month	\$200.00	1st child
	\$150.00	2nd child



A

Family Application Form 2012-2013

Last Name	First Name	M/F	Birth Date	Social Security #	Entering Grade	New, Returning, ECC

Father's Name

Mother's Name

Home Address

Home Address

City, State, Zip Code

City, State, Zip Code

Home Telephone Number

Home Telephone Number

Cell Phone Number

Cell Phone Number

Email Address

Email Address

Work Telephone Number

Work Telephone Number

Employer/Occupation

Employer/Occupation

Father's Religious Preference

Mother's Religious Preference

If Catholic, Name of Parish

If Catholic, Name of Parish

Please list below the name, address and phone number of the party responsible for tuition other than yourself.

Name

Home Telephone Number

Address

Work Telephone Number

City, State, Zip Code

Relationship to Student(s)

Check here if you **DO NOT** want your contact information shared in our St. Rose School Directory.

St. Rose of Lima Catholic School
Family Contract for the Academic School Year
2012-2013

B

(Please read carefully before signing)

Whereas the child(ren) is (are) accepted by St. Rose of Lima Catholic School, I (we) the undersigned, understand and agree that:

1. Both new and returning families must pay a **non-refundable Family Application Fee**. This payment reserves the student's place and must accompany the Family Application Form.
2. Additionally, each new and returning student must pay a **non-refundable Student General Fee** and must accompany this signed contract.
3. The student is considered enrolled for the entire year and the parents/guardians are responsible for the tuition for the entire year. Three tuition payment plans are offered as outlined in the Admissions Procedure.
The Tuition Plan I (we) select for the 2012-2013 academic year is:

Annual (due by Aug. 1st)	Semester (due by Aug 1st and Jan. 1st)	Monthly (due by the 1st of each month, Aug.-May)
-----------------------------	---	---

All payments are made directly to St. Rose of Lima Catholic School.

4. Each family is required to sign the Fund-Raising Agreement Form. This obligation must be met by the end of May 2013 to avoid billing.
5. Tuition is due by the 1st of the month. St. Rose of Lima Catholic School charges a \$30.00 late fee after the 5th of the month for tuition and for each returned check.
6. In the case of late or missing payments, Progress Reports, Report Cards and all academic records will be withheld until all tuition and fees have been paid in full.
7. Any child(ren) of a family two or more month's delinquent on tuition payments may be prohibited from classroom attendance until such delinquent tuition is paid in full or arrangements are made to pay the debt.
8. No reduction or remission of tuition can be made for any absence, withdrawal or dismissal.
9. Tuition for students entering at any time after the first day of school will be prorated when possible. Tuition payments begin the day of acceptance. All other fees will not be prorated but are due and payable in full.
10. Student Emergency Information Card, Immunization Record, a copy of the Baptismal Certificate, a copy of student's Birth Certificate, a copy Social Security Card, and copies of all previous school records must be on file with our **school before the first day of school attendance**.
11. The student shall at all times comply with the rules and regulations of the school. The undersigned agrees to be bound by the terms of the school's current Parent-Student Handbook.
12. The school reserves the right to place the student in the grade or class group which it feels will be the most beneficial to the student and the school.
13. Attending St. Rose of Lima Catholic School is a privilege. Students whose behavior is severely disruptive to the learning environment of the school will be subject to consequences. Students whose behavior is severely disruptive may not be invited to re-enroll in the school. Such decisions are made by the school principal.
14. No employee of the school is authorized to make any changes in this contract.
15. Families may cancel this contract by submitting a written statement of such to the pastor by August 1, 2012. Failure to do so will result in the family still being held responsible for all fees and tuition of the year.

I have read the contract, understand its provisions and agree to abide by its provisions.

Signature of Parent/Legal Guardian

Date

Please print name

Address

City/State/Zip Code

**St. Rose of Lima Catholic School
Fund-Raising Contract Agreement
2012-2013**

Family Name: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Family Quota:	1 Child	\$350.00
	2 Children	\$500.00
	3 Children	\$650.00

The money raised by a family with 2 or more children will be equally divided between the children.

The cost to educate one child at St. Rose is over \$7,500.00 per year. Since tuition covers a partial amount of this cost, we require your assistance in our fundraisers to help cover the difference. Please check the option that is most convenient and return this form with your registration papers.

OPTIONS: Please check one

____ A. I/we choose to participate in the official St. Rose Fundraisers and raise (in profit) the family quota. If the family quota is not met, the difference will be charged to our account in May.

____ B. I/we choose to donate the full amount of \$350.00, (\$500.00, or \$650.00 as applicable) to the school at the beginning of the 2012-2013 school year instead of participating in the official fundraisers.

- **Volunteer time of 1 hour per child per semester is required. Additional time is required by those receiving tuition assistance.**

I/we have read and assume full responsibility for the participating/payment of the Fund-Raiser Commitment for

_____, _____, _____
(1st child's name) (2nd child's name) (3rd child's name)

during the period of enrollment at St. Rose of Lima Catholic School under the terms which I/we have indicated above. I/we understand that all accounts must be current in order for the student to continue to attend St. Rose of Lima Catholic School. In addition, student records, report cards and transcripts cannot be released until all financial commitments have been settled.

By signing this form, I/we acknowledge this is a mandatory contractual agreement between parent/guardian and St. Rose of Lima Catholic School.

AGREED:

(Parent/Guardian Signature) (Date)

(Parent/Guardian Signature) (Date)

St. Rose of Lima Catholic School's balanced budget depends on the success of the fundraisers/monetary contribution by our families. Thank you for choosing to support the school by participating.

**Archdiocese of Galveston-Houston
Annual Income Eligibility Parent Survey
2011-2012**

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	6,706	1,317
Additional	6,919	577	134

<i>Example:</i> Family Size Annual Income	
4	\$40,793
8	\$68,469

Please circle your answer

- Is your family income the same or less than the amount shown on the chart beside your family size? yes no
- 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 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: 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



ST. ROSE *of Lima*
Catholic School

E

**St. Rose of Lima Catholic School
HOME LANGUAGE SURVEY
2012-2013
(PK - 12)
(English)**

Student Name: _____

Student Address: _____

Home Phone: _____

Date of Birth: _____ Grade: _____
Month/Day/Year

The following information is essential in order for us to be able to provide meaningful instruction to all students. Please answer the following questions.

PART A:		
(1) Place of Birth (Country of Origin) City _____ Country _____	(1) Date of initial entry into U.S. schools Month _____ Day _____ Year _____	(1) Number of complete academic years in a U.S. School _____

(M) Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years?
YES NO

PART B:
1. What language is spoken in your home most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____
2. What language does the student (do you) speak most of the time? English _____ Spanish _____ Vietnamese _____ Other (Specify) _____
_____ (Parent/Gurdian)
_____ (Date)



**St. Rose of Lima Catholic School
Special Needs and Medical Information Disclosure Form
2012-2013**

ALL INFORMATION IS HELD IN STRICTEST CONFIDENCE.

We at St. Rose of Lima Catholic School enter into partnership with you, the Parent/Guardian of _____
(Student's Name)

to provide the best education for your child. To be successful in this task it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional, or educational history which may affect the learning environment or the educational progress of the child be disclosed. Failure to provide this information may prohibit the staff and faculty of St. Rose of Lima Catholic School from meeting the individual needs of your child, and consequently, present reason to request that your child not continue at this school.

Does your child have a medical need, including an allergy? Yes No
If yes, please describe _____

Name of medication _____ Dosage given _____
Home or school _____

Has your child been referred and/or tested for any special concerns - academic, attention deficit, learning problem, behavioral or other? Yes No
If yes, please describe _____

Has your child ever been on medication for educational purposes? This includes attention deficit, hyperactivity, learning disability. If yes, please describe _____ Yes No

Name of medication _____ Dosage given _____
Home or school _____

Has your child needed medication for emotional health in order to function in a school setting? Yes No
If yes, please describe _____

Name of medication _____ Dosage given _____
Home or school _____

Has your child had special services provided?
If yes, please describe _____

Test results will be placed in a confidential student file in the school office.

Parent Signature Date

St. Rose of Lima Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, policies, scholarship and loan programs, or other school administered programs.



G

**St. Rose of Lima Catholic School
Terms of Conditional Acceptance**

3600 Brinkman
Houston, Texas 77018
(713)-691-0104

The Administration of St. Rose of Lima Catholic School agrees to accept

(child's name)

as a full-time student at St. Rose of Lima Catholic School for a period of one nine week grading period.

Entering Grade _____

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 2012-2013 St. Rose of Lima Catholic School Handbook.

The Administration of St. Rose of Lima Catholic School will determine the status of continued enrollment at the end of the designated time.

I/We read and understand the terms of the above. I/We do accept these terms and choose to enroll our son/daughter at St. Rose of Lima Catholic School under the above terms.

I/We are fully aware that there is no guarantee of re-enrollment if these terms are not satisfactorily met.

Administrator

Parent/Guardian

Date



Name of Child _____

School _____ Date _____

Student TB Screening Questionnaire

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 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.

	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 or has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Easter 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 ever had a positive TB skin test? Yes _____ (if yes, please specify date ____/____) No _____

Signature of Parent/Guardian Date

.....
For physician use only.

This child _____ was seen on (Date) _____

Is follow up needed Yes _____ No _____

If yes, when? _____

Instructions to school personnel: _____

Physician Signature Printed Name

Phone Number _____



Records Release and Transcript Request Form

ST. ROSE OF LIMA CATHOLIC SCHOOL
3600 Brinkman • Houston, TX 77018 • (713) 691-0104 • Fax: (713) 692-8073
www.stroselima.org

2012-2013

As part of its admissions process, St. Rose of Lima Catholic School requires an official transcript from the school presently attended by the applicant. Both academic and personal records are considered by the principal, as each candidate's application is evaluated. Please sign the authorization below and return it to St. Rose of Lima Catholic School so that admissions consideration may proceed as rapidly as possible.

Authorization is hereby granted to:

Name of Present School

Street Address

City, State, Zip

Please provide copies of the following records for:

(Student's Name)

Permanent Record
Current Report Card
Test Scores
Health/Medical Records
Social Security Card

Birth Certificate
Special Testing
Attendance Record
Baptismal Certificate
First Communion Certificate

Your prompt attention to this request is appreciated.

(Parent/Guardian Signature)

(Date)

St. Rose of Lima Catholic School

Teacher Recommendation Form

Entering 1st-8th grade

Name of Student _____ Incoming Grade _____

Parent or Guardian: Please read and sign before giving this to your child's teacher.

I understand and agree that this information is confidential and will be used only in the selection of candidates and will not become part of the student's permanent files. I also agree that this completed form will not be available to candidates, parents, or anyone else other than St. Rose of Lima School, and I waive any right that I may have to see it.

Date _____

Signature of Parent/Guardian _____

General Academic Ability

- Superior
 High Average
 Average
 Below Average

Academic Skills

	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions			
Is attentive to group discussions/activities			
Contributes appropriately to group discussions/activities			
Demonstrates ability to work independently			
Perseveres in spite of difficulty			
Works cooperatively			
Enjoys new challenges			
Exhibits problem solving abilities			
Expresses written ideas clearly			
Expresses verbal ideas clearly			
Is self-motivated			
Is intellectually curious			
Is prepared for class			

Social Skills

	Frequently	Sometimes	Seldom
Responds positively to constructive criticism			
Establishes friendships easily			
Is comfortable in a group			
Is respected by faculty			
Is respected by peers			
Respects others			
Demonstrates self-control			
Demonstrates appropriate behavior for situation			
Exhibits emotional maturity			
Demonstrates appropriate energy level			
Takes pride in appearance			

Student's Areas of Strength or Special Talents:

Circle the words that best describe this student. Use the space provided to add your own.

Aggressive
Mature
Over-protected
Shy
Helpful

Honest
Oppositional
Social
Confident
Witty

Immature
Vivacious
Cheerful
Irritable
Responsible

Disobedient
Manipulative
Self-centered
Easily discouraged
Motivated

Self-disciplined
Conscientious
Follower
Perfectionist
Negative leader

Is student habitually tardy or absent? Yes No

If yes, please elaborate: _____

If you have additional information that will be helpful in evaluating the student's application, please comment.

Check One:

Highly recommend Recommend Recommend with reservation Do not recommend

If this answer is "Do not recommend" or "Recommend with reservation", please explain.

Please indicate if you would: like to be willing to discuss this applicant by telephone.

Is there is anything regarding the family that would be helpful for us to know?

Name of teacher completing this application: _____
Name of school _____
Subject(s) taught _____
Work phone _____

Parental Involvement

Parent(s)/ Guardian(s) support school policies and procedures:
<input type="checkbox"/> Usually <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom
Signature of Director/Principal _____
Date _____

THIS FORM MUST BE RETURNED TO ST. ROSE of LIMA IN A SEALED ENVELOPE WITH TEACHER'S SIGNATURE OVER FLAP OR FAXED TO US 713-692-8073

Please mail the original form after faxing to:

**St. Rose of Lima Catholic School
3600 Brinkman St.
Houston, Texas 77018
Attn: Registrar**

St. Rose of Lima Catholic School
Teacher Recommendation - Pre-K Through Kindergarten

Name of Applicant _____ Applicant for Grade _____

For Parent or Guardian

Parent or Guardian: Please write you child's name in the space above and read and sign the following before giving this to your child's teacher. Please include an addressed/stamped envelope.

I understand and agree that the information contained on this Teacher Recommendation Form is confidential and will be used only in the selection of applicants and will not become part of the permanent file. I also agree that this completed will not be available to applicants, parents, or anyone outside of the Administration, and I waive any right that I may have to see it. This form should be mailed directly from Teacher to St. Rose.

Signature of Parent or Guardian _____
Date

Please send this recommendation to:

St. Rose of Lima Catholic School
 3600 Brinkman
 Houston, TX 77018 ATTN: Registrar

For Teacher

Teacher: Please complete this confidential form and return it in the enclosed envelope.

In order to give you time to get to know the applicant better, we ask that you not complete this form before *February 1st*. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. It is viewed by School Administration only. Thank you for your cooperation and honesty.

The child's application cannot be processed until this form is received in the School Office.

Social Skills

<i>Ratings</i>	<i>Area of strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Comments</i>
Self esteem					
Acceptance of Limits					
Self-motivation					
Ability to work independently					
Interaction of peers					
Interaction with teachers					
Uses words to express feelings					
Internalization of classroom routine					
Separation from parents/caregivers					
Ability to share and work cooperatively					
Ability to wait turn					
Respect for Property (personal and others)					
Accepts responsibility for actions					
Sense of humor					
Curiosity					
Attention span - self chosen activity					
Attention span - assigned activity					
Cooperative attitude					
Leadership skills					
Makes transitions easily					
Ability to focus in large group					
Ability to focus in small group					

Name of Applicant: _____

Applicant for Grade _____

Please circle

Usually chooses to work in: Large group Small group Alone
 Usually takes the role of: Leader Follower Varies
 Hand dominance: Right Left Not yet established

Describe any notable social or emotional strengths or weaknesses. What steps have been taken to address the areas of concerns:

Physical Development

<i>Ratings</i>	<i>Area of Strength</i>	<i>Age Appropriate</i>	<i>Progressing</i>	<i>Area of Concern</i>	<i>Concerns</i>
Fine motor coordination					
Draws with details					
Uses appropriate pencil grip					
Gross motor coordination					
Body space awareness					
Responsible for restroom needs					
Participates in physical group activity					

Please describe any notable physical strengths or weaknesses visual and/or auditory _____

Are there any aspects of the child's physical development of stamina which might limit full participation in a school's program? If so, how does the child deal with them? _____

The applicant is: Strongly Recommended Recommended with reservations
 Recommended Not recommended

Circle the word that best describes this applicant

Aggressive Courteous Flexible Over-protected Agreeable
 Articulate Detached Good Natured Respectful
 Cheerful Determined Impulsive Serious
 Confident Easily frustrated Oppositional Spirited

Is there anything regarding the applicant that would be helpful for us to know? _____

Is there anything regarding the family that would be helpful for us to know? _____

I would: Like to _____ Be willing to discuss this applicant by telephone _____

Signature of Teacher: _____

Date: _____

Print Name: _____

Name Of School: _____

Phone: _____

School Address: _____

Home Phone: _____

Director/ Principal

Parent(s) participate in school activities
 Parent(s) support in school policies and procedures

Consistently	Usually	Seldom	Not Observed

Signature of Director/Principal: _____

Date: _____