



S T . T H E R E S A C A T H O L I C S C H O O L
ARCHDIOCESE OF GALVESTON – HOUSTON
 705 St. Theresa Boulevard, Sugar Land, TX 77498
 Tel: 281.494.1157 ☎ Fax: 281.240.4870

2012

APPLICATION FOR ADMISSION OF NEW STUDENTS

2013

Submit Application Materials to:

St. Theresa Catholic School
705 St. Theresa Blvd.
Sugar Land, Texas 77498

A non-refundable enrollment fee of \$100 must be received by March 31, 2012. Please make all checks payable to St. Theresa Catholic School. All tuition payments are non-refundable.

A completed application includes:

- Complete Application Form and Application Fee
- Application Exam (3rd thru 8th Grades)
- Complete Academic Transcripts
- Teacher Recommendation (signed and sealed by the teachers, and mailed directly to St. Theresa Catholic School)
- Immunization Records
- If student is Catholic, Baptismal Records
- Income eligibility Form
- Complete Registration Process with FACTS
- Standardized Test Results
- If applicable, a student IEP
- Extended Day/Creative Minds Application
- School Directory Form
- Student Pick-Up Form
- Media Permission Form
- IRIS Form
- Copy of Student's Birth Certificate

Grade Applying For: _____

APPLICANT INFORMATION:

<i>Applicant's Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
<i>Street Address</i>		<i>City, State and Zip</i>	<i>Home Telephone</i>
<i>Date of Birth</i>	<i>Age</i>	<i>Social Security #</i>	<i>Is applicant a U.S. citizen?</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female			
<i>Present Grade (if applicable)</i>		<i>Public School District</i>	<i>Public School Zoned To</i>

PARENT INFORMATION:

<i>Father's Title</i>	<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
<i>Street Address</i>		<i>City, State and Zip</i>	<i>Email Address</i>	
<i>Home Phone #</i>	<i>Cell Phone #</i>	<i>Work Number #</i>	<i>Occupation</i>	
<i>Work Address</i>		<i>City, State and Zip</i>		
<i>Mother's Title</i>	<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
<i>Street Address</i>		<i>City, State and Zip</i>	<i>Email Address</i>	
<i>Home Phone #</i>	<i>Cell Phone #</i>	<i>Work Number #</i>	<i>Occupation</i>	

Work Address _____ City, State and Zip _____

Applicant Lives with: Mother and Father Mother Father Other

Step-Parent/Guardian's Title _____ **Last Name** _____ **First** _____ **Middle** _____ **Preferred Name** _____

Street Address _____ City, State and Zip _____ Email Address _____

Home Phone # _____ Cell Phone # _____ Work Number # _____ Occupation _____

Work Address _____ City, State and Zip _____

Is the applicant's tuition rate based on the grand-parent's registration at St Theresa Catholic Church: No Yes
(If so: Maternal Paternal)

Grandparent(s)' Title _____ **Last Name** _____ **First** _____ **Middle** _____ **Preferred Name** _____

FAMILY INFORMATION:

Religion of Applicant's Father: _____ Religion of Applicant's Mother: _____

Religion of Applicant: _____ If Catholic, Registered Parish: _____

Does Applicant have siblings currently enrolled at the Catholic School? Yes No If yes, who? _____

Does Applicant have siblings applying to the Catholic School? Yes No If yes, who? _____

What language is spoken in your home most of the time? English Spanish Other: _____

What other language is spoken in your home? _____

What language does the applicant speak most of the time? _____

MEDICAL INFORMATION:

This release gives permission for St. Theresa Catholic School to obtain confidential information that may affect your child's educational progress, including diagnostic evaluations, medications, or specific family situations. Failure to disclose such pertinent data at any time during the school year may result in subsequent dismissal. Parents, please initial below:

_____ Yes, I give permission to release this information to St. Theresa Catholic School.

_____ No, I do not give permission to release this information to St. Theresa Catholic School.

Has your child had educational or diagnostic testing? Yes No

If yes, please explain: _____

Please describe any illness, diseases, psychological issues, or physical disabilities which have affected or may affect your child's health, schoolwork, or participation in the school's athletic program.

Is your child currently on any medication? Yes No If yes, which? _____

PARENT QUESTIONNAIRE: PRE-K 4

Please help us get to know your child by completing the questionnaire below. The responses will remain confidential and will be viewed only by school administrators and teachers. Providing false information and/or withholding information will be grounds for dismissal of a student without a refund.

Applicant's Name: _____ **Grade Applying For:** _____

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD:

1. The things my child does that please me most are: _____
2. The things my child does or does not do that worry me most are: _____
3. The activities my child and I do together are: _____
4. My child has allergies to: _____
5. My child has (or had) the following medical problems: _____
6. My child began to talk at _____ months and walk at _____ months.
7. My child has some difficulty no difficulty with verbal expressions.
8. My child was full term premature (by _____ weeks).
9. My child is completely toilet trained partially toilet trained not toilet trained.
10. My child sleeps through the night frequently wakes up.
11. My child is independent dependent for his/her age.
12. Check any area that applies to your child. My child:

- | | | |
|---|--|--|
| <input type="checkbox"/> has tantrums | <input type="checkbox"/> squints | <input type="checkbox"/> wears hearing aid |
| <input type="checkbox"/> is not able to accept limits | <input type="checkbox"/> wants to sit close to TV | <input type="checkbox"/> has difficulty following routines |
| <input type="checkbox"/> resists rules | <input type="checkbox"/> acts much younger than age | <input type="checkbox"/> is destructive with toys |
| <input type="checkbox"/> afraid to climb | <input type="checkbox"/> is fearful a lot | <input type="checkbox"/> falls or bumps into things |
| <input type="checkbox"/> has difficulty using crayons | <input type="checkbox"/> has difficulty using scissors | <input type="checkbox"/> does not like puzzles |
| <input type="checkbox"/> has difficulty catching a ball | <input type="checkbox"/> has difficulty throwing a ball | <input type="checkbox"/> has difficulty dressing |
| <input type="checkbox"/> does not separate easily | <input type="checkbox"/> does not play with other children | <input type="checkbox"/> requires assistance going to the bathroom |
| <input type="checkbox"/> has unclear speech | <input type="checkbox"/> gives inappropriate answers | <input type="checkbox"/> needs instructions repeated often |
| <input type="checkbox"/> is easily distracted | <input type="checkbox"/> has ear tubes | <input type="checkbox"/> has had numerous ear infections |
| <input type="checkbox"/> wears glasses | <input type="checkbox"/> has a short attention span | <input type="checkbox"/> takes medication on a regular basis |
| <input type="checkbox"/> has other vision difficulties, specify: _____ | | |
| <input type="checkbox"/> darts from one task to another, specify: _____ | | |
| <input type="checkbox"/> other handicap or medical condition: _____ | | |

13. How did you learn about St. Theresa Catholic School? _____

14. What interests you the most about St. Theresa Catholic School? _____

15. Do you expect to use Extended Day? Yes No

16. Please include any additional information which you feel might be useful to us: _____

17. _____

I certify that, to the best of my knowledge, the above information is true.

Parent or Guardian Signature: _____

PARENT QUESTIONNAIRE: K – 8TH

Applicant's Academic History

Applicant's Name: _____ **Grade Applying For:** _____

GRADE	SCHOOL YEAR	SCHOOL NAME
<i>Pre-Kindergarten</i>		
<i>Kindergarten</i>		
<i>First</i>		
<i>Second</i>		
<i>Third</i>		
<i>Fourth</i>		
<i>Fifth</i>		
<i>Sixth</i>		
<i>Seventh</i>		
<i>Eighth</i>		

Applicant's current or most recent school *Grades attended*

Address *Phone #*

Has your child ever been suspended or asked to leave any school Yes No If yes, please explain:

Please help us get to know your child by completing the questionnaire below. The responses will remain confidential and will be viewed only by school administrators and teachers. Providing false information and/or withholding information will be grounds for dismissal of a student without a refund.

1. Has your child ever been in a speech therapy program? _____
If yes, indicate grade(s) in which student was in the program: _____

2. Has your child ever been in an ESL or bilingual program? _____
If yes, indicate grade(s) in which student was in the program: _____

3. Has your child ever been in a gifted and talented and/or honors program? _____
If yes, indicate grade(s) in which student was in the program: _____
Subjects: _____

4. Has your child ever skipped a grade? _____ If yes, indicate the grade(s) skipped: _____

5. Has your child ever been retained? _____ If yes, indicate the grade(s) retained: _____

6. Has your child experienced academic difficulty? _____

If yes, please explain: _____

7. Has your child ever been in a remedial and/or tutoring program? _____

If yes, indicate grade(s) and academic areas in which your child was in the program: _____

8. Has your child ever been tested for a learning disability or difference? _____

If yes, please indicate grade level tested: _____

Result of testing: _____

9. Has your child ever been in a special education program? _____

If yes, indicate grade(s) in which student was in the program: _____

Types of classes: _____

10. Does your child presently have an Individualized Educational Plan (IEP)? _____

11. Has your child ever been in a modified and/or basic program? _____

If yes, indicate grade(s) in which student was in the program: _____

Chapter I services: _____

12. Check any areas that apply to your child:

acts much younger than age

acts much older than age

is self motivated/independent

follows directions accurately

completes tasks with little assistance

uses time efficiently

accepts responsibility

accepts limits and rules

accepts consequences for behavior

is argumentative with adults/authority

is aggressive

is overactive and impulsive

has difficulty completing homework assignments in a reasonable time limit

follows group norms and social rules

is athletic

Special areas: _____

is artistic

Special areas: _____

has visual difficulties

Specify: _____

has hearing difficulties

Specify: _____

has physical impairments

Specify: _____

13. How did you learn about St. Theresa Catholic School? _____

14. What interests you the most about St. Theresa Catholic School? _____

15. Do you expect to use Extended Day? Yes No

16. Please include any additional information which you feel might be useful to us: _____

I certify that, to the best of my knowledge, the above information is true.

Parent or Guardian Signature: _____ Date: _____