



Educating Mind † Heart † Spirit

Admissions Application

Sacred Heart Catholic School
Admissions Office
615 McDade Street
Conroe, Texas 77301

Tel: 936-756-3848
Fax: 936-756-4097

www.shcstx.com



Educating Mind + Heart + Spirit

GENERAL INFORMATION

Sacred Heart Catholic School seeks students whose academic records demonstrate proven capability to succeed in our program. Therefore, all student records will be carefully evaluated prior to acceptance. Sacred Heart Catholic School requires that students score at grade level or above on admission tests and evaluations.

In our desire to keep families together, Sacred Heart Catholic School reserves the right to give priority consideration to qualified siblings and children of alumni.

Sacred Heart Catholic School admits students of any race, color, religion, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

Sacred Heart Catholic School is an equal opportunity educational institution in administration of its education policies, admission policies, financial aid, athletics and other school- administered programs.

PARENT TOUR (highly recommended)

Prospective family tours may be scheduled by calling the registrar at 936-756-3848 Monday-Friday.

APPLICATION FORM AND FEE

Applications are accepted year-round; however, admission depends on space available.

A non-refundable application fee of \$55 is required. Checks should be made out to *Sacred Heart Catholic School*.

ENTRY TESTING

Upon receipt of the application form, the Admissions Office will contact the family to set up interviews and testing. Applicants for grades K-8 are required to complete an entry test.

All Sacred Heart Catholic School admissions tests are confidential and the property of the school.

All new students are admitted on a probationary basis according to Archdiocesan policy.

TEACHER RECOMMENDATIONS

Applicants for Grades K and 1 should submit one teacher recommendation sent directly from the student's *current* homeroom teacher. (Be sure to select age appropriate form enclosed.)

Applicants for Grades 2-5 should submit two teacher recommendations: one from the student's current homeroom teacher and one from an additional *current teacher*. (Be sure to select age appropriate form enclosed.)

Applicants for Grades 6-8 should submit three teacher recommendations: one from the student's current homeroom teacher, one from the student's *current* Math teacher, and one from the student's *current* English teacher. (Be sure to select age appropriate form enclosed.)

All recommendations are confidential.

TRANSCRIPT

Please forward the Academic Record Release Form to the registrar of the student's *current* school. All past report cards, any standardized test scores, and IEP (if applicable) must be submitted.

AGE REQUIREMENTS

All PreK and Kindergarten students who are eligible will be evaluated prior to admissions. Students entering PreK must be 3 by September 1st and Kindergarten students must be 5 by September 1st.

FINANCIAL AID APPLICATION (optional)

Please log into www.chosecatholicschools.org and complete the online application for Financial Aid. The Archdiocese of Galveston-Houston provides financial resources to qualified applicants. Please contact Mrs. Slott or Mrs. Everett if you need additional information or have any questions.

This program is a need-based program of tuition assistance. Resources are not allocated for merit and/or performance achievement.

SACRED HEART SCHOOL

Admissions Office
615 McDade Street
Conroe, TX 77301



Date received _____
Time received _____
Applying for grade _____

Please print or type

I. APPLICANT INFORMATION

First Name Middle Name Last Name Preferred Name

Street Address City State Zip Code

Home Phone # Applicant Social Security # Date of Birth

Male Female Country of Citizenship

Name of Current School School Phone #

School(s) Previously Attended

II. FAMILY INFORMATION: _____ CATHOLIC _____ SACRED HEART PARISHIONERS _____ NON-CATHOLIC _____
AFFILIATED PARISH: _____ RELIGIOUS AFFLIATION: _____

Parent/Guardian

Parent/Guardian

First Name Last Name

First Name Last Name

Relationship to Applicant

Relationship to Applicant

Home Address (number and street) If different from above

Home Address (number and street) If different from above

City State Zip Code

City State Zip Code

Home Phone # Cell Phone #

Home Phone # Cell Phone #

E-mail Address

E-mail Address

Place of Employment

Place of Employment

Nature of Work; Position

Nature of Work; Position

Work Phone #

Work Phone #

If Divorced and Remarried, Spouse's Full Name

If Divorced and Remarried, Spouse's Full Name

Name of parent/guardian with whom the applicant resides _____

Who is financially responsible for the applicant's tuition? _____

Names of any relatives who attend (have attended) Sacred Heart:

Name	Relation
_____	_____
_____	_____
_____	_____

III. FAMILY PARTICIPATION

As a school community, Sacred Heart Catholic School would like to keep your child's immediate family members, grandparents, and friends informed with our newsletter and various function invitations. Please provide the following information:

Siblings:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Paternal Grandparents

Name _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ E-mail _____

Maternal Grandparents

Name _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ E-mail _____

IV. IDENTIFIED SPECIAL NEEDS OF APPLICANT: Name: _____

Parents are expected to disclose to appropriate school personnel any significant information which may affect their child's education progress or the other students' learning environment. Such information includes, but is not limited to academic or medical diagnostic evaluations, medications, or specific family situations. Failure to disclose such significant information during the application process or as the situation changes may result in dismissal of the child.

Applicant has: (Check one that applies)

_____ Physical handicap, medical condition, special current or recurrent illness of which school should be informed. Please describe:

_____ Diagnosed learning disability: (Diagnosed by): _____ Date: _____
Copies of testing results must be submitted.

_____ Attention Deficit/Hyperactivity Disorder: (Diagnosed by): _____ Date: _____
Description: include types and dosages of medication if applicable and intervention strategies currently being implemented.

Has this applicant ever been tested or counseled by a psychologist or psychiatrist? Yes ___ No ___ Date _____
All results of educational/psychological evaluations must be submitted with this application

Socialization or behavioral problems? Yes ___ No ___ Date _____
If yes, please explain. Please provide any other information, regarding the child's educational background or social development that the school should know in order to evaluate its ability to serve the child's needs.

V. PARENTS' GOALS AND ASSESSMENTS

In order for the admissions committee to evaluate your child and his/her needs in regard to the programs offered, please answer the following questions. *You may attach an additional page.*

Reason for wishing to enroll student at Sacred Heart Catholic School:

Type of Educational Program and Environment Sought for Your Child

Realizing that there are many variables involved in the educational process, please explain the type of educational program and environment that you desire for your child. What goals or objectives would you like for the teacher to emphasize regarding your child?

Specific Interests

Please provide us with your perspective on your child. Describe your child's strengths and abilities, special area of interest and concerns.

Additional Information

Please provide any additional information regarding your family (adoption, divorce, separation, changes in school, deaths of relatives/friends) or child (fears, social problems, etc.) that would help us know and understand his/her educational or personal needs.

VI. ADDITIONAL INFORMATION

How did you learn about Sacred Heart Catholic School?

Have you previously applied to Sacred Heart Catholic School? Yes No

If so, when? _____

For reporting purposes only, please describe your child's racial/ethnic heritage:

- | | | |
|---|--|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian American | <input type="checkbox"/> European American |
| <input type="checkbox"/> Latino/Hispanic American | <input type="checkbox"/> Native American | <input type="checkbox"/> Middle Eastern American |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other | |

VII. FEE AND SIGNATURE

Please send completed form with non-refundable application fee of \$55 (make check payable to: Sacred Heart Catholic School and include the applicant's name on the memo line) to: Sacred Heart Catholic School - 615 McDade Street, Conroe, TX 77301

I give Sacred Heart Catholic School permission to contact applicant's current school for additional information if necessary.

STATEMENT OF ACCURACY AND AUTHENTICITY

Please read and sign

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to the principal any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, the school reserves the right to revoke admission of this applicant.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Sacred Heart 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, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school administered programs.

SACRED HEART CATHOLIC SCHOOL
615 MCDADE STREET
CONROE, TX 77301



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Date _____

SCHOOL RECOMMENDATION FOR KINDERGARTEN AND 1ST GRADE
(Reference letter from PreK teachers for Kindergarten if applicable)

To be filled out by applicant

Name of Applicant: _____ Applying to grade: _____

(Name of referring school) _____ has my permission to answer the questions below and mail this information to Sacred Heart Catholic School at the above address.

Signature(s) of Parent/Guardian _____

Date _____

To be filled out by recommending school personnel: Please mail to Sacred Heart Catholic School

Classroom teachers are encouraged to offer their observations regarding applicant's performance. Copies of this form may be made to accommodate the input of more than one teacher.

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of the Principal: _____

The above student has applied for admission to Sacred Heart Catholic School for the school year 2017-2018. We try to provide for a normal range of learning differences but are unable to offer remediation for significant learning needs of students. In the best interest of the child seeking admission to Sacred Heart Catholic School, would you please answer the following questions?

1. Length of time the student has attended your school: _____
2. Grade placement for the current academic year: _____
3. Suggested grade placement for coming school year: Grade: _____
4. Has the student ever been recommended for or identified as needing:
 - a. Psychological Testing Yes____ No____
 - b. Special Education (504) Yes____ No____
 - c. Identified Dyslexia Yes____ No____
 - d. Tutoring Yes____ No____
 - e. Gifted Program Yes____ No____
 - f. Grade Retention Yes____ No____
 - g. Speech Therapy Yes____ No____
5. If the answer was Yes to any of the above, to what degree were the parents cooperative?

6. Please comment on the classroom and school behavior of the student noting any observable behavior that would be detrimental to the learning atmosphere.

7. Rate the following areas that apply to you using the following criteria:

1. Outstanding 2. Satisfactory 3. Below Average 4. Area of Concern

Student Behavior

- _____ Attending behaviors in a large group _____ Interaction with Peers
_____ Ability to adapt to changes in routine _____ Reaction to new situations
_____ Show appropriate conflict resolution with peers

Language

- _____ Receptive: Follows directions and explanations
_____ Expressive: Speaks in an age appropriate manner (vocabulary, syntax, grammar)

Reading Readiness

- _____ Phonological awareness: Recognizes rhymes and actively participates in other activities that deal with sounds
_____ Phonics: Beginning awareness of sound - letter correspondence

Math Readiness

- _____ Awareness of quantitative concepts (uses manipulative to show knowledge of numbers)
_____ Sorts and classifies by two properties

8. Please comment on the classroom and school behavior of this child noting any observations that would be detrimental to the learning environment. This may include how the child interacts with peers and adults.

9. In your dealings with parents what is their attitude toward their child's learning? How have they cooperated with school policies and teacher's suggestions?

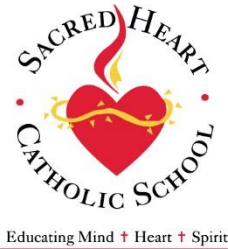
10. Based on your knowledge and experience with this student would you recommend him/her for an academically based curriculum at Sacred Heart Catholic School?

Thank you for your cooperation.

Signature of person completing this form

Date

SACRED HEART CATHOLIC SCHOOL
615 MCDADE STREET
CONROE, TX 77301



Date _____

SCHOOL RECOMMENDATION (GRADES 2-8)

To be filled out by applicant

Name of Applicant: _____ Applying to grade: _____

(Name of referring school) _____ has my permission to answer the questions below and mail this information to Sacred Heart Catholic School at the above address.

Signature(s) of Parent/Guardian _____

Date _____

To be filled out by recommending school personnel: Please mail to Sacred Heart Catholic School

Classroom teachers are encouraged to offer their observations regarding applicant's performance. Copies of this form may be made to accommodate the input of more than one teacher.

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of the Principal: _____

The above student has applied for admission to Sacred Heart Catholic School for the school year 2017-2018. We try to provide for a normal range of learning differences but are unable to offer remediation for significant learning needs of students. In the best interest of the child seeking admission to Sacred Heart Catholic School, would you please answer the following questions?

1. Length of time the student has attended your school: _____
2. Grade placement for the current academic year: _____
3. Suggested grade placement for coming school year: Grade: _____
4. Has the student ever been recommended for or identified as needing:
 - a. Psychological Testing Yes____ No____
 - b. Special Education (504) Yes____ No____
 - c. Identified Dyslexia Yes____ No____
 - d. Tutoring Yes____ No____
 - e. Gifted Program Yes____ No____
 - f. Grade Retention Yes____ No____
 - g. Speech Therapy Yes____ No____
5. If the answer was Yes to any of the above, to what degree were the parents cooperative?

6. Please comment on the classroom and school behavior of the student noting any observable behavior that would be detrimental to the learning atmosphere.

7. Rate the following areas that apply to you using the following criteria:

1. Outstanding 2. Satisfactory 3. Below Average 4. Area of Concern

Religion _____ Respect for others _____ English/Writing _____

Reading _____ Achievement _____ Study habits _____

Math _____ Spelling _____ Homework _____

Conduct _____ Social Studies _____ Ability _____

8. Number of days absent during this school year: _____

9. Has the child ever been suspended? If yes, please explain: _____

10. Reading Series/DRA and student level: _____

11. Math Series and student level: _____

12. In your dealings with the parents what is their attitude toward their child's learning and study habits? How have they cooperated with school policies and teacher's suggestions?

Based on your knowledge and experience with this student would you recommend him/her for an academically based curriculum at Sacred Heart Catholic School?

Thank you for your cooperation.

Signature of person completing this form

Date

Print name

Grade Level

Subject Level



ACADEMIC RELEASE FORM

To the parent/guardian: Please sign the transcript release form and submit to your child's current school.

I give permission to

(Current School)

to release the academic records including any standardized test scores of

(Please Print)

to Sacred Heart Catholic School.

Signature of parent or guardian

Date

To the Registrar/Principal: Please mail or fax all report cards, standardized test scores, and Special Education testing directly to:

Sacred Heart Catholic School

Admissions Office
615 McDade Street
Conroe, TX 77301

Phone:(936)756-3848
Fax: (936) 756-4097



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Registration Tuition and Fees 2017-2018

Sacred Heart Catholic School strives to set a tuition rate that is affordable for families while ensuring financial health of the school. Catholic school tuition covers 69% of the actual expense to educate a student. To bridge the gap between tuition received and actual total costs we depend on the generosity of families, Sacred Heart Parishioners, Steps for Students, Annual Fund and Oktoberfest.

Registration with Technology Fees Per Student: (non-refundable). If necessary, payments may be made in three instalments. (*Technology Fees; Prek3-3rd Grade \$25.00, 4th-5th Grade \$75.00, 6th-8th Grade \$125.00*).

Grade Level	Total Registration Fee
PK3-3 rd Grade	\$586.00
4 th -5 th Grade	\$636.00
6 th -8 th Grade	\$686.00

*** Registration fees may be paid by check, money order or credit card. A service fee of 2.75% will be assessed per credit card transaction.

Tuition

For those families with more than one student enrolled, a multi-student discount is offered. The tuition rates are as follows:

	Catholic	Non-Catholic
1 Child	\$6,513.00	\$7,371.00
2 Children	\$11,670.00	\$13,271.00
3 Children	\$15,856.00	\$18,061.00
4 Children	\$19,194.00	\$21,741.00

A 2% discount is offered to families who pay tuition in full by July 1, 2017 and a 1.5% discount is offered for tuition paid in two installments; 50% on July 1, 2017 and 50% paid on March 1, 2017. These discounted payments may be made by check, money order or credit card. **A service fee of 2.75% will be assessed per credit card transaction.**

Tuition Payment Option

For those families who would like payment terms, Sacred Heart Catholic School has partnered with FACTS to accept electronic tuition payments. A one-time convince fee of \$50.00 will applied for monthly and quarterly payment terms. ACH payments or Credit Cards are the only acceptable types of payments if this option is selected. A service fee of 2.75% will be assessed per credit card transaction by FACTS. The first tuition payment is due July 1, 2016.

Participatory Costs

Class pictures, field trips, lunch service, athletic and/or extra-curricular activities and other optional services are the responsibilities of each family.



BEFORE AND AFTER SCHOOL CARE

Before School Care

The morning extended day program operates from 7:00 a.m. to 7:45 a.m. The cost is **\$6.00** per day per student.

After School Care- A.S.A.P. (After School Activities Program)

Sacred Heart School offers an extended day program available to students enrolled in Pre-Kindergarten- Eighth grade at Sacred Heart. Activities include snacks, study/quiet time, organized and free time, crafts, games, etc.

The program operates from 3:15 p.m. to 6 p.m. Monday-Thursday and 2:15 p.m.-6 p.m. on Fridays.

A.S.A.P. is only offered on days when school is in session. ***Sacred Heart does offer A.S.A.P. on early release days.*** Families wishing to choose a two-day or three-day a week option must specify which day's students will be attending. This is necessary to ensure enough personnel for adequate adult supervision and to be prepared for activities each day.

A.S.A.P. is not prepared for drop-ins. If an emergency arises such that a family member is unable to pick up a student by 3:15 p.m., the parent should call the school office to discuss the situation.

Registration Fees for A.S.A.P.

There is a \$35.00 registration fee per child. Every child that stays for A.S.A.P. must be pre-registered. The form must be completely filled out and signed with the registration fee attached. This fee is non-refundable.

Fees for ASAP are all pro-rated based on required student days set by The Archdiocese of Galveston Houston. Parents accept full responsibility for payment of all tuition and fees if a student is dismissed or must leave during the school year.

A.S.A.P Tuition	Monthly Rate	Annual Rate
Monday-Friday	\$224.00 per month	\$1,902.00
Three days a week	\$186.00 per month	\$1,560.00
Two days a week	\$124.00 per month	

***Emergency Drop in Fee \$20.00 per day**

The tuition is due on the first of the month and is non-refundable if the child is absent. Checks should be made payable to Sacred Heart Catholic School and can be included with your school tuition payment. Please make a note on the remittance stub to ensure credit is given to your account.

Families must commit in August to using the A.S.A.P. program for 3 or 5 days per week from August to May in order to qualify for this rate. Annual rate can be paid in 10 equal payments August-May.

***\$45.00 returned check fee

Late Pick-Up of Students

\$1.00 per minute is charged when students are not picked up at announced closing times including school activities such as athletics, extra-curricular activities and the After School Program. Late pick up fees are charged by family. Charges begin 15 minutes after the dismissal bell or one minute past the closing time for school activities and the After School Program.



ADMISSIONS POLICY

Registrations will be categorized as follows:

- | | |
|-------------------|---|
| Category A | Siblings of families currently enrolled. Sons and daughters of faculty and staff members have priority after siblings. Students who were withdrawn due to parent's sabbatical have priority after the above students. |
| Category B | Participating Catholics of Sacred Heart Parish, as verified by the Pastor. |
| Category C | Participating Catholics as verified by the pastors of the registrant's parishes. |
| Category D | Non-participating Catholics. |
| Category E | Other religious affiliations. |

All presently enrolled students in Pre-K through seventh grade in good academic and financial standing will be guaranteed a place for the next school year.

Siblings of students enrolled at Sacred Heart School have priority for Pre-Kindergarten and Kindergarten. Sibling policy has to be exercised within one year of eligibility for grades 1-8. Any exceptions to this policy must be approved by the Principal. Siblings are guaranteed a place so long as a class size of 24 is not exceeded for 1st – 8th grade classes, 22 for Kindergarten and PreK. All siblings not placed due to class size, will be on a Category A waiting list. If there are not enough openings for the siblings that apply, spaces will be filled by the date when the application was received.

Returning students who have withdrawn and wish to return will be accepted in the following order of priority:

- Student who has withdrawn from school for financial or transportation difficulties shall be considered for re-admission on a space available basis at the discretion of the Principal.
- Any student who has withdrawn from school for academic reasons shall be considered for re-admission on a space available basis at the discretion of the Principal



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FUNDRAISING & SHARE HOURS AGREEMENT

Tuition alone does not cover all of the necessary resources needed to operate Sacred Heart Catholic School. The actual cost to educate one child at our school for a year is approximately \$8,500. This means that the school must raise an additional \$2,000 per student. The success of Sacred Heart School depends on the faithful involvement of the school community. We rely on the parents of our students to provide resources which are not covered by tuition. It is important for parents to be involved in the educational process, provide educational assistance and fundraising support. Thank you!

There are several major fundraising events that require participation from every family. In order for the school to meet its annual fundraising goal, which is needed to support the daily operations of the school, each family is required, at a minimum, to:

Support the School's Annual Fund Campaign.

Sell \$100 worth of raffle tickets for our Oktoberfest.

Volunteer for a minimum of three hours on the day of the Oktoberfest (*this may be done by a friend if parents are not available on this day*)

Each family at Sacred Heart School is expected to volunteer at least 15 hours of service to the school a year. The hours spent in performing the following types of activities qualify as meeting the mandatory Share Hours requirement. Being active in the school is a great way to meet other families and establish lifelong friendships.

A few examples of the many ways to serve are:

- *Room parent
- *Helping in the library
- *Active participation in the PTO
- *Serving as chair/co-chair for Oktoberfest
- *Actively volunteering at a fundraiser
- *Bringing flowers for Mary
- *Helping with campus maintenance
- *Assisting a teacher in the classroom
- *Helping with class parties
- *Cleaning /organizing areas of the school
- *Mother/Son Bowling
- *Father/Daughter Sweetheart Dance
- *Planting flowers in the garden

A Share Hours Register is located in the administration office for logging hours. Keeping track of Share Hours beyond the required 15 is important since it demonstrates the commitment of families to the success of the school. This is important information for the community and for potential donors. ALL Share Hours must be logged. If family is unable to fulfill their obligation of 15 Share Hours, the family is required to pay for the remaining hours at the rate of \$20 per hour.

I understand and agree to the requirements of Sacred Heart Catholic School Fundraising and Share Hours Agreement.

Family Name: _____

Parent Signature: _____ Date: _____



IMMUNIZATION REQUIREMENTS FOR 2017-2018

DTP/DT/DTaP	(Diphtheria, Tetanus, Pertussis) Four doses of DTP/DT/DTaP with at least one booster having been received on or after the 4th birthday
TDaP/Td	One dose is required five years after last dose of DTP/DT/DTaP or when the 5 year interval has lapsed
Polio	Four doses of polio vaccine one of which must have been received on or after the 4th birthday; however, three doses meet the requirement if the third dose was given on or after the 4th birthday
Measles, Mumps and Rubella (MMR)	Two doses of a measles-containing vaccine with the first dose on or after the 1 st birthday; second dose required upon entry into Kindergarten
Hepatitis B	Three doses are required by 18 months
Varicella	Two doses required for students in grades K, 1, 2, 3, 7, 8
Hepatitis A	Two doses on or after 2 nd birthday for Pre-K
Pneumococcal	Required for incoming Pre-K students per Texas Department of State Health Services
Hib	Minimum 1 dose required for students younger than 5 years after 15 months or a primary series with a booster on or after age 1
Meningitis	One dose required for students in grades 7 and 8

Sacred Heart Catholic School
Student Health Information Form



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Parent/Guardian: According to Diocesan school policy, if medication is needed during your child’s school day, we must have a medication form completed by the parent and signed by the child’s physician. All medication must come in the labeled prescription bottle/box, or original labeled container for over-the counter medication. Inhalers are to be kept in the clinic. If the child’s physician signs off on the “Self-Carry” form the student may carry the inhaler with them, but a backup inhaler must be kept in the clinic.

Student’s Last Name, First Name

Grade

Date of Birth

SEVERE ALLERGIES

BEE STING: Yes ___ No ___ Reaction: _____ Treatment: _____

PEANUT: Yes ___ No ___ Reaction: _____ Treatment: _____

TREE NUT: Yes ___ No ___ Reaction: _____ Treatment: _____

SEAFOOD: Yes ___ No ___ Reaction: _____ Treatment: _____

FOOD: Yes ___ No ___ Food: _____ Reaction: _____ Treatment: _____

ANY KNOWN MEDICATION OR OTHER ALLERGY: _____

The school does not provide medication. If your child has a severe allergy that requires an Epi-Pen, please send their Epi-Pen to school. If your child requires Benadryl, or an Epi-Pen following a severe allergic reaction appropriate forms must be completed and signed by your child’s physician and by a parent. Please remember to provide the school with the necessary medication(s).

Please check the health conditions that apply to your child and list treatments or medications taken for the health condition(s).

Health Problem	Yes	No	Treatment	Health Problem	Yes	No	Treatment
Arthritis/Rheumatic Disease				Diabetes – Type 1			
Asthma				Diabetes – Type 2			
ADD/ADHD				Eating Disorder			
Bleeding Disorders/Anemia				Epilepsy/Seizure Disorder			
Cardiovascular Conditions				Sickle Cell Disease			
Cerebral Palsy				Tourettes Syndrome			
Cystic Fibrosis				Vision Problems			

Other health problems: _____

Parent/Guardian Signature _____ **Date:** _____



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SACRED HEART SCHOOL'S STUDENT EMERGENCY FORM

_____/_____/_____
(Student Last Name) (First) (MI) (Date of Birth) (Age) (Sex) (Grade)

Child resides with: _____ Mother & Father _____ Mother _____ Father _____ Other (Relationship) _____

Father/Guardian Name: _____
Address _____
(City) (State) (Zip Code)

Mother/Guardian Name: _____
Address _____
(City) (State) (Zip Code)

Phone: Home (_____) _____

Phone: Home (_____) _____

Phone: Cell (_____) _____

Phone: Cell (_____) _____

Phone: Work (_____) _____

Phone: Work (_____) _____

Father's E-Mail: _____

Mother's E-mail: _____

Father's Employer: _____

Mother's Employer: _____

LIST PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED

Contact Name	Relationship	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____

List Persons Who Can Pick Up Student After School: If more room is needed, please continue the back of this page.

Contact Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Doctor's Name: _____ Office Phone: (_____) _____

Insurance Carrier: _____ Group Policy # _____

Allergies (drugs, food, environmental): _____

Medical Conditions (ex. diabetes, asthma)	Medication (taken daily or as needed) Medication Name	Dosage
_____	_____	_____
_____	_____	_____

I, _____, do hereby authorize the school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize the 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 most Reverend Daniel N. DiNardo, Archbishop of the Archdiocese of Galveston-Houston and his successors in office, the Archdiocese of Galveston-Houston, Sacred Heart School and any other of their officers, agents, employees or representatives 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 received and/or transportation to the nearest hospital/emergency care center

Signature of Parent/Guardian

Date Signed



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STUDENT TB QUESTIONNAIRE

Name of Child _____ Date of Birth _____

Tuberculosis (TB) is a disease caused by TB germs and is usually 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 his or her 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 recommended for 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.

Place a mark in the appropriate box:	Yes	No	Don't Know
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 anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or 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, specify 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 _____

For School/Healthcare provider use ONLY

PPD administered: Yes _____ No _____

Date administered: ____ / ____ / ____ Date read: ____ / ____ / ____ Result of PPD test ____ mm response

Type of service provider (i.e. school, Health Steps, other clinics) _____

PPD provider: _____
 Print Name Address

Provider phone number: _____

City: _____ County: _____

If positive, referral to healthcare provider: Yes _____ No _____

If yes, name of provider: _____



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PICTURE RELEASE

Family Name: _____

Student Name: _____

Student Grade: _____

Student Grade: _____

Student Grade: _____

Student Grade: _____

_____ **I give Sacred Heart Catholic School permission to use video/pictures of my child (ren)**

_____ **I decline permission to allow use of videos/pictures of my child(ren).**

Parent/Guardian Signature

Date



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SCHOOL PROFILE

Grade Levels:	Pre-K3 through 8th grade
School Day:	8:00 a.m. - 3:15 p.m. (Monday - Thursday) 8:00 a.m. - 2:15 p.m. (Fridays)
Before School Care:	7:00 a.m. - 7:45 a.m. (Monday - Friday)
After School Program:	3:15 p.m. to 6:00 p.m. (Monday-Friday) 2:15 p.m. - 6:00 p.m. (Fridays)
School Uniform:	Required for all students.
Lunch Option:	Catered and Brown Bag
Curriculum:	Sacred Heart Catholic School follows the standards of the Archdiocese of Galveston-Houston. Content areas consist of Religion, Math, Reading, Language Arts, Social Studies, Science, Technology, Art, Music, Physical Education and Spanish. 5 th -8 th Grade students participate in The Greater Houston Catholic Athletic Association (GHCAA).
Student Services Center:	Students are worked with on a one to one basis to reinforce academics taught in the classroom. DECATS and Duke Tips Programs are offered for advanced students.
Athletics:	Soccer, basketball, volleyball and track and field.
Extra-Curricular:	National Junior Beta Club, Student Council, Robotics, Art, Band, Guitar, Dance, Cub/Boy Scouts, Girl Scouts, Chess and Nutty Scientists
Support Organizations:	Parent Teacher Organization - PTO
School Accreditation:	Archdiocese of Galveston-Houston, Advanced Ed, United States Conference of Catholic Bishops/Texas Catholic Conference Education Department



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Educational Outcomes

Sacred Heart Catholic School believes in the dignity and uniqueness of each individual. Therefore, we strive to provide a curriculum that supports the development of the whole child: mind, heart and spirit and recognizes that cultivating the Catholic faith in our children is a labor of love on the part of the school, parents and parish. We believe that learning experiences help form students in Christ to become life-long learners and productive citizens.

Students use their:

Minds to:

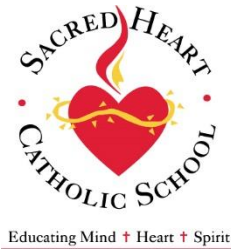
- Acquire the intellectual, moral, creative and organizational skills and knowledge necessary to succeed
- Articulate ideas clearly and effectively in oral, written, kinesthetic and artistic expression
- Be effective communicators and critical thinkers with the skills necessary to interact justly in a global community
- Integrate STEM (science, technology, engineering and math) into classrooms Kindergarten -Eighth Grade to prepare our students for the future.

Hearts to:

- Act on gospel values and live generous lives of loving service
- Show respect for others and understand the value of diversity and multiculturalism
- Build community
- Recognize the value of and participate in service for the good of the community
- Live and act with reverence for the earth as God's creation

Spirits to:

- Recognize their call to holiness as prayerful individuals, who actively participate in their faith communities
- Develop a personal spirituality based on a clear understanding of the Catholic faith and traditions
- Proclaim the Gospel of Jesus Christ
- Engage in the liturgy and sacramental life of the church
- Recognize and use their God given gifts



Why Choose A Catholic Education?

- Catholic Schools are successful because they make greater academic demands, provide stronger community support and give more personal attention to students.
- Catholic Schools emphasize faith, academic rigor, self-discipline and high moral standards.
- Catholic Schools develop the whole person, challenging each student to reach his or her full, God-given potential.
- Catholic Schools are committed to preparing spiritual, moral leaders for the future of our Church and society.
- Catholic Schools offer students a welcoming, encouraging, safe and supportive environment.

The goal of a Catholic Education is to ignite in each student a curiosity that fosters a love of learning, recognizes the importance of prayer, develops a relationship with God, respects human life and becomes a steward of the church in giving of time, talent and treasure.

Curriculum Instructional Strategies

All grade levels are taught using appropriate age development strategies ranging from small group instruction, peer tutoring, independent learning, exploration, discovery techniques and hands on activities. The use of manipulatives, integration of technology, science experiments, connections and applications provide opportunities for students to develop a sense of logical, sequential thinking and problem solving processes in curriculum to aide in making real world connections in Science, Technology, Engineering, Math, (STEM) literature genres and social studies.



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BEYOND ACADEMICS

AFTER SCHOOL ACTIVITIES

Student Council (Grades 6-8)
Band (Grades 5-8)
Cub Scouts/Boy Scouts (Grades 1-8)
Girl Scouts (Grades K-8)
Art (Grades 1-8)
Dance
Robotics
Chess

SCHOOL PERFORMANCES

Christmas Program
Band Program

SPORTS

Co-Ed Soccer
Boys & Girls Basketball
Girls Volleyball
Boys & Girls Track and Field

CLUBS

Chess
Robotics
Student Council
National Junior Beta Club (Grades 7-8)

FAMILY ACTIVITIES

Back to School Picnic, Back to School Night
Oktoberfest, Pajama Day, Christmas Party, Chili Cook-Off
Mardi Gras Parade & Party, Mother/Son Bowling, Catholic Schools Week,
Father/Daughter Dance, Field Day



ATHLETICS

Sacred Heart Catholic School Athletic Department requests that any new student who would like to participate in athletics notify the Athletic Director, Mrs. Jennifer Dekerlegand. The coaches of our fall and winter sports conduct off season conditioning and would like to give your child the opportunity to participate in those activities.

Please e-mail jdekerlegand@shconroe.org and provide the following information:

Child's name: _____

Phone Number: _____

Parent E-mail Address: _____

Sport(s): _____

Sacred Heart Catholic School offers the following sports:

Fall: Girls Volleyball & Co-ed Soccer

Winter: Boys & Girls Basketball

Spring: Co-ed Track and Field

Thank you,

Mrs. Jennifer Dekerlegand
Athletic Director



ENROLLMENT CHECKLIST

Thank you for your interest in registering your child at Sacred Heart Catholic School. Each of the following documents must be on file and the accompanying fees paid in order for your application to be considered complete. Additionally, all applicants who are new to the school are required to have an interview with the principal.

The following documents are required to complete the enrollment process for all returning and new students:

- Enrollment Application (one per student)
- Student Emergency Form (one per student)
- TB Questionnaire (one per student)
- Health Registration Form
- Photo/Work Release Form
- Share Hours Agreement (one per family)
- Signed FACTS Tuition Agreement (following acceptance)

The following documents are also required for each new student:

- Academic Release Form / Recommendation Forms *if applicable*
- Original birth certificate – Sacred Heart Catholic School will make a copy
- Sacrament Documents (Baptism, Communion)
- Original social security card - Sacred Heart Catholic School will make a copy
- Copy of student's school report cards
- Copy of students testing scores (*not needed for K*)
- Copy of up-to-date immunization records
- \$55.00 Non-Refundable Registration Fee (one per student)

Any past fees such as registration fee, tuition, etc., must be paid in full from the previous year in order for enrollment to be considered.

Completed packets should be returned to the school at the following address, fax or email:

Admissions Office
Sacred Heart Catholic School
615 McDade Street
Conroe, TX 77301

Fax: 936-756-409

Email: cslott@shconroe.org



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HOME LANGUAGE SURVEY

Student's Name: _____
Nombre del Estudiante

Sex (circle one): M F

Dat of Birth: _____
Fecha de Nacimiento

Age: _____
Edad

1. What language is spoken in your home most of the time? _____
Cual es el idioma que mas se habla en su casa?
2. What language does the student speak most of the time? _____
Caul es el idioma que habla mas el estudiante?
3. What language do parents speak to the student most of the time? _____
Cual el es idioma que mass le hablan los padres al estudiante?

Signature of Parent/Guardian of Student _____
Firma del Padre/Guardian Legal o Estudiante

Date _____
Fecha