



**Returning Student Packet
2019-2020**

ST. ROSE OF LIMA
CATHOLIC SCHOOL

Family Name: _____

Child/ren: _____

The following forms and fees are required to complete registration for Returning students:

- | | |
|---|--|
| <input type="checkbox"/> Family Contract, Form B | <input type="checkbox"/> Family Application Fee, \$100 |
| <input type="checkbox"/> Annual Income Eligibility, Form C | <input type="checkbox"/> School Supply Fee, \$500 (per student, due 3/31/19) |
| <input type="checkbox"/> Home Language Survey, Form D | <input type="checkbox"/> Immunization Record (if updated) |
| <input type="checkbox"/> Scholastic and Medical, Form E (1 per student) | |
| <input type="checkbox"/> TB Screening, Form F (1 per student) | |
| <input type="checkbox"/> Student Emergency Card (1 per student) | |

Please complete the section below if your
contact information has changed:

Father's Info:

Mother's Info:

Home Address

Home Address

Home Telephone Number

Home Telephone Number

Cell Phone Number

Cell Phone Number

Email Address

Email Address

**Registration packets can be turned into the School Office.
Please note: Incomplete registration packets will not be accepted.
Thank you for your prompt attention in registering your student.**



ST. ROSE OF LIMA

CATHOLIC SCHOOL

Tuition Rates and Fee Schedule

2019-2020

TUITION	
Grade	Tuition
PK3	\$7,800
PK4	\$7,500
Kinder-8th	\$7,200

DISCOUNTS	
Multi-Child	Discount Per Child
2nd	\$250
3rd	\$500
4th	\$1,000
ECC Sibling	
Full Time	\$500
Annual Payment	
Paid by August 1st	2.50%

PAYMENTS
Tuition
Tuition payments can be made to the School Office. Tuition paid in installments is due by the first of the month, August-May. We accept cash, checks, money orders, EZ EFT, and credit cards (Visa, MasterCard, and Discover). Tuition paid after the 5th of the month is late and will incur a \$30 late fee. There is a \$30 returned check fee.
Credit Cards
Credit and debit card users will be charged a 2.5% processing fee.
Annual Payment
Payment must be received before August 1st. A 2.5% discount is offered for families paying tuition and fees in full by the deadline. Payments can be made with cash, check or money order . Credit card payments do not qualify.

FEES (non-refundable)	
Per Family	
Application Fee	\$100
Assessment Fee (New Families)	\$50
Per Student	
School Supply Fee	\$500
School Supply fee is \$500 per student due before March 31st or at the time of registration. \$550 if paid after April 1st. Due to high demand, failure to pay fees may result in forfeiture of your child's space for the upcoming year.	

MISCELLANEOUS COSTS
After School Care
Billed through KidVenture http://kidventure.com/st-rose-of-lima/
Hot Lunches
Billed through the Healthy Lunch Box www.healthylunchbox.com
Athletic/Sports Fee
\$50 per sport, due with completed physical form before first practice.

TUITION ASSISTANCE
Tuition Assistance is available for qualifying families through FACTS and Monsignor Paul Pieri Fund. Find more information on our website under the Admissions tab. Please note, students receiving Tuition Assistance in any form are not eligible for any further discounts.



B

ST. ROSE OF LIMA
CATHOLIC SCHOOL

Family Contract
Academic School Year 2019-2020

(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 must accompany the Family Application Form and is due at time of registration. (\$100)
2. Additionally, each new and returning student must pay a **non-refundable School Supply Fee**. Returning student fees must be paid by March 31, 2019. New student fees are due at time of acceptance. (\$500 per student, \$550 if on or after April 1st)
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 Tuition Rates and Fee Schedule.

The Tuition Plan we select for the 2019-2020 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)
Annual Payment in full before August 1st: A 2.5% discount is offered for families paying tuition and fees in full for the year by the deadline. Payment can be made by cash, check, or money order. (No Credit Card Payments) Students receiving Tuition Assistance in any form are not eligible for this discount.		

Semester Payments: Parents can use the click to pay option, cash, check, or credit card for both payments.

Monthly Payments: Invoices will be sent out each month via email. Parents can use the click to pay option, cash, check, credit card or EZ EFT for all payments to the school. Please note that credit and debit card payments will be charged a 2.5% processing fee.

4. 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 a \$30.00 fee for each returned check.
5. In the case of late or missing payments, Progress Reports and/or Report Cards and all academic records will be withheld until all tuition and fees have been paid in full.
6. Any child(ren) of a family **two or more months delinquent** on tuition payments **may be prohibited** from classroom attendance until such delinquent tuition is paid in full or arrangements with the School Office are made to pay the debt.
7. No reduction or remission of tuition can be made for any absence, withdrawal or dismissal.
8. 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.
9. All required students forms and fees must be submitted to the School Office to complete the registration process and secure a classroom spot.
10. The student and parents shall at all times comply with the rules and regulations of the school. The undersigned agrees to be bound by the terms of the current St. Rose of Lima Catholic School Parent-Student Handbook.
11. St. Rose of Lima Catholic 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 following assessment.
12. Attending St. Rose of Lima Catholic School is a privilege. Students and Parents whose behavior is severely disruptive to the learning environment of the school will be subject to consequences. Students and Parents whose behavior is severely disruptive may not be invited to re-enroll in the school. Such decisions are made by the Administration.
13. No employee of the school is authorized to make any changes to this contract.
14. Families may cancel this contract by submitting a written statement of such to the Principal by August 1, 2019. Failure to do so will result in the family still being held responsible for all fees and tuition of the year 2019-2020.

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

Signature of Parent/Legal Guardian

Date

Please print name

Student(s) Name(s)



ST. ROSE OF LIMA
CATHOLIC SCHOOL

**ARCHDIOCESE OF GALVESTON-HOUSTON
ANNUAL INCOME ELIGIBILITY PARENT SURVEY
2019-2020**

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	\$21,590	\$1,800	\$ 416
2	\$28,694	\$2,426	\$ 560
3	\$36,131	\$3,051	\$ 705
4	\$43,568	\$3,677	\$ 849
5	\$51,005	\$4,303	\$ 993
6	\$58,442	\$4,929	\$1,138
7	\$65,879	\$5,555	\$1,282
8	\$73,316	\$6,181	\$1,427
For each additional family member add:	\$ 7,511	\$ 626	\$ 145

Example:	Family Size	Annual Income
	4	\$43,568
	8	\$73,316

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 | Yes | No |
| 2. Is your family eligible for food stamps? | | | NO |
| 3. Are you receiving public assistance? Food stamps, or TANF (formerly AFDC) | | | NO |
| 4. Are any of your children eligible for the "Medicaid" program? | | | NO |
| 5. Are you receiving full scholarship <u>based on need</u> for your child/children? | | | NO |
| 6. Are you receiving free or reduced tuition for your child/children? | | | NO |
| 7. Does your family live in a housing project or have poor housing conditions? | | | NO |
| 8. Do you have an unusual financial burden? If yes, please explain: (If necessary use back of page) | | | NO |

FAMILY NAME (PRINT): _____ **DATE:** _____

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



D

ST. ROSE OF LIMA CATHOLIC SCHOOL

Home Language Survey 2019-2020

Family Name: _____

Student(s) Name(s): _____

Grade: _____

Grade: _____

Grade: _____

Grade: _____

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 _____
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(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/Guardian Signature) _____			

(Date) _____			



ST. ROSE OF LIMA
CATHOLIC SCHOOL

**Scholastic and Medical Information Disclosure Form
2019-2020**

ALL INFORMATION IS HELD IN STRICTEST CONFIDENCE.

Student Name _____ **DOB** _____ **Grade** _____

Has your child ever had academic, social or emotional difficulty?	Yes	No <input type="checkbox"/>
Has your child ever been referred for academic, social, or emotional testing?	Yes	No <input type="checkbox"/>
Has your child ever had accommodations provided in a classroom?	Yes	No
Has your child ever received speech therapy?	Yes	No
Has your child ever been in an academically talented or honors program?	Yes	No
Has your child ever been in an ESL or bilingual program?	Yes	No
Has your child ever been retained or placed in a grade?	Yes	No
Has your child ever skipped a grade?	Yes	No
Has your child ever been in behavioral suspension?	Yes	No
Has your child ever been asked to leave or not enroll in a school?	Yes	No

If you answered yes to any of the above questions, please explain:

Does your child have a medical need, including an allergy?

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 disability, behavioral issues or other?

If yes, please describe _____

Has your child ever been on/or is currently taking medication for educational purposes? This includes attention deficit, hyperactivity, learning disability. If yes, please describe _____

Name of medication _____	Dosage given _____
	Home or school _____

Has your child needed medication for emotional health in order to function in a school setting?

If yes, please describe _____

Name of medication _____	Dosage given _____
	Home or school _____

Do you have concerns/believe your child should be tested for any academic, attention deficit, learning disabilities, behavioral issues or for any other reason?

If yes, explain _____

*Please provide the School Office with copies of all diagnosis and test results, which will be kept in a confidential file.

Parent Signature _____

Date _____

Student TB Questionnaire

Name of Child _____ Date of Birth _____

Organization administering questionnaire St. Rose of Lima Catholic School Date _____

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.

Children 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

Parent signature _____

For school/healthcare provider use only

* PPD administered Yes No

If yes,

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

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

PPD provider _____

signature

printed name

Provider phone number _____

City _____ County _____

If positive, referral to healthcare provider Yes No

If yes, name of provider _____



ST. ROSE OF LIMA

CATHOLIC SCHOOL

Archdiocese of Galveston-Houston Catholic Schools Student Emergency Information Card - 2019-2020

Student: _____
Last First MI Date of Birth Age

Social Security Number: _____ Sex: _____ Grade: _____

Father/Guardian: _____
Name Street Address City/State Zip

Phone: _____
Home # Cell # Employer / Wk#

Mother/Guardian: _____
Name Street Address City/State Zip

Phone: _____
Home # Cell # Employer / Wk#

Child Lives With: _____

*Please provide a copy of the current order or decree relating to custody/conservatorship of this student if applicable.

List Persons to Contact in Case of Emergency When Parent Cannot Be Reached

Contact Name	Best Contact #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor's Name: _____ Office # _____

Allergies (drugs, food, environmental): _____

Medical Conditions : _____
(Diabetes, Asthma, ADD/ADHD, Strabismus, Psoriasis, Toileting Issues, etc.)

Medications Taken Daily or as Needed (name, dosage): _____
(Medications, Vitamins, Inhalers, Prescriptions, Topicals, PRN for Headaches, etc.)

Daily Monitoring Required (glucose monitoring, etc.) _____

I, _____, do 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 Daniel Cardinal DiNardo, Cardinal of Galveston-Houston and his successors in office, the Archdiocese of Galveston-Houston, St. Rose of Lima Catholic School and any 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 received and/or transportation to the nearest hospital/emergency care center, including any claims allegedly caused or contributed to by the negligence or willful misconduct of the Released Parties.

Signature of Parent/Guardian

Date Signed

(over)

Student: _____
Last First MI

The following people have my permission to pick-up my child from
St. Rose of Lima Catholic School.

Name	Relationship	Phone #
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Parent Signature _____

_____ Date