



ST. ROSE OF LIMA CATHOLIC SCHOOL

To apply for admission to St. Rose of Lima Catholic School for the Fall of 2022, a family must submit a completed registration packet, including the fee and copies of all required paperwork to the School Office following the submission dates below.

Enrollment Begins:

December 1, 2021 – Returning St. Rose students, their siblings and ECC students

January 4, 2022 – Enrollment for Parishioners

February 1, 2022 – Open Enrollment for All Grades

Priority Registration:

When all other enrollment criteria are equal, priority will be given to:

1. Presently enrolled St. Rose School students and their siblings
 2. Employees' children
 3. Currently enrolled Early Childhood (ECC) Parishioner students
 4. ECC Non-Parishioner students
 5. Parishioners
 6. New Catholic children
 7. New non-Catholic children
-

Notification of Assessment:

After your application is reviewed, you will receive notification from the School Registrar to schedule an admissions assessment for your child.

Admissions Assessment:

All students are given an assessment prior to admission to St. Rose. PK3, PK4, and Kinder students are assessed on gross motor, fine motor, language capability, ability to take direction, and conceptual skills. 1st – 8th Grade students are screened for reading, math, and a writing sample.

After the assessment is completed, you will be notified regarding admission status.

Non-Discrimination Policy:

St. Rose of Lima Catholic School does not discriminate on the basis of race, color, or national origin in the administration of its admission, loan, athletic or scholarship programs, and we adhere to the non-discrimination policy set forth by the Archdiocese of Galveston-Houston. Admission to St. Rose of Lima Catholic School is based on class capacity and availability of resources as well as the developmental, scholastic and behavioral qualifications of the applicant. The Principal has final authority over all admission decisions and may decline admission at his/her discretion.



ST. ROSE OF LIMA
CATHOLIC SCHOOL

Family Name: _____ Child/ren: _____

The following forms and fees required to complete registration for New Students:

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Family Application, Form A1 & A2 | Family Application Fee, \$100 |
| <input type="checkbox"/> Family Contract, Form B | Assessment Fee, \$50 (per family) |
| <input type="checkbox"/> Annual Income Eligibility, Form C | School Supply Fee, \$500 (per student, due 3/31/22) |
| <input type="checkbox"/> Home Language Survey, Form D (1 per student) | Technology Fee, \$250 (per 5th - 8th Grade student) |
| <input type="checkbox"/> Special Needs Disclosure, Form E (1 per student) | Copy of Baptismal Certificate (if Catholic) |
| <input type="checkbox"/> TB Screening, Form F (1 per student) | Copy of Birth Certificate |
| <input type="checkbox"/> Records/Transcript Request, Form G (1 per student) | Immunization Record |
| <input type="checkbox"/> Student Emergency Card (1 per student) | Final Report Card (K-7 th Grade) |
| Teacher Recommendation Form | Spring Test Scores (K-7 th Grade) |

**Registration packets can be turned in at 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
2022-2023

TUITION	
Grade	Tuition
PK3	\$8,400
PK4	\$8,200
Kinder-8th	\$7,800

DISCOUNTS	
Multi-Child	Discount Per Child
2nd	\$250
3rd	\$500
4th	\$1,000
Tuition Paid in full by August 1st	
Cash or Check	2.5%

PAYMENTS
<p align="center">Tuition</p> <p>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.</p>
<p align="center">Credit Cards</p> <p>Credit and debit card users will be charged a 2.5% processing fee.</p>
<p align="center">Annual Payment</p> <p>Payment must be received before August 1, 2022. A 2.5% discount is offered for families paying tuition and fees in full by August 1st. Payments can be made with cash, check or money order. Credit card payments do not qualify.</p>

FEES (non-refundable)	
Per Family	
Application Fee	\$100
Assessment Fee (New Families)	\$50
Per Student	
Technology Fee	\$250 (5th - 8th Graders)
School Supply Fee	\$500
<p>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.</p>	

MISCELLANEOUS COSTS
<p align="center">After School Care</p> <p>Billed through KidVenture</p>
<p align="center">Hot Lunches</p> <p>Billed through the Lunch Provider</p>
<p align="center">Athletic/Sports Fee</p> <p>\$50 per sport, due with completed physical form before first practice.</p>

TUITION ASSISTANCE
<p>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.</p>



ST. ROSE OF LIMA
CATHOLIC SCHOOL
New Family Application
Form 2022-2023

A1

Last Name	First Name	Male / Female	Date of Birth	Grade 2022

Check all that apply:
St. Rose Parishioner

Applicant is the sibling of a current student.

Applicant is a current ECC student.

Father's Name

Home Address

City, State, Zip Code

Home Telephone Number

Cell Phone Number

Email Address

Work Telephone Number

Employer/Occupation

Father's Religious Preference

If Catholic, Name of Parish

Envelope # _____

Mother's Name

Home Address

City, State, Zip Code

Home Telephone Number

Cell Phone Number

Email Address

Work Telephone Number

Employer/Occupation

Mother's Religious Preference

If Catholic, Name of Parish

Envelope # _____

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

Name

Address

City, State, Zip Code

Home Telephone Number

Work Telephone Number

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
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A2

Has child(ren) received the Sacraments of Baptism or First Holy Communion?

Child's Name _____ Church of Baptism/First Communion/City/State _____

Child's Name _____ Church of Baptism/First Communion/City/State _____

Child's Name _____ Church of Baptism/First Communion/City/State _____

Have you been referred to St. Rose of Lima Catholic School by a current school family? If so, please share with us the name of that family. _____

Public School District in which you live: _____

Public School to which you are zoned: _____

Name of School presently attending: _____

Education History:

Name of School: _____ City: _____ Grades Attended: _____

Name of School: _____ City: _____ Grades Attended: _____

Name of School: _____ City: _____ Grades Attended: _____

Parents are: MARRIED SINGLE DIVORCED* SEPARATED*
(Circle One)
Child Lives with: BOTH PARENTS MOTHER FATHER OTHER: _____
(Circle one)

*Please provide a copy of the current order or decree relating to the custody/conservatorship of this student(s). These documents must be submitted in order to register the student(s).

Student Ethnicity: Hispanic? Yes No

Student Race: Hawaiian/Pacific Islander White Asian Black
Multi-Racial Native American Other: _____

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____



B

ST. ROSE OF LIMA
CATHOLIC SCHOOL

Family Contract
Academic School Year 2022-2023

(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:
- 30 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)
 - 40 Additionally, each new and returning student must pay a **non-refundable School Supply Fee**. Returning student fees must be paid by March 31, 2022. New student fees are due at time of acceptance. (\$500 per student, \$550 if on or after April 1st)
 - 50 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 2022-2023 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, 2022. Failure to do so will result in the family still being held responsible for all fees and tuition of the year 2022-2023.
- 15. In the case of fire, natural disaster, pandemic flu and/or COVID-19, the family will still be responsible for all fees and tuition of the year 2022-2023.

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)

ANNUAL INCOME ELIGIBILITY PARENT SURVEY
Erate Funding Year 25 - School Year 2022- 2023



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."*

PLEASE CIRCLE HOUSEHOLD SIZE IN TABLE BELOW:

Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 23,828	\$ 1,986	\$963	\$ 917	\$459
2	32,227	2,686	1,304	1,240	620
3	40,626	3,386	1,645	1,563	782
4	49,025	4,086	1,985	1,886	943
5	57,424	4,786	2,326	2,209	1,105
6	65,823	5,486	2,667	2,532	1,266
7	74,222	6,186	3,008	2,855	1,428
8	82,621	6,886	3,348	3,178	1,589
For each additional family member, add:	+8,399	+ 700	+ 350	+ 324	+ 162

Example:	Family Size	Annual Income
	4	\$49,025
	8	\$82,621

Please circle your answer

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

FAMILY NAME (PRINT): _____

FAMILY ADDRESS: _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

List the name of all school age children living in your home, including which school they attend and their grade level.

NAME OF CHILD	NAME OF SCHOOL	GRADE LEVEL



ST. ROSE OF LIMA
CATHOLIC SCHOOL

**Home Language
Survey 2022-2023**

Family Name: _____

Student Name: _____

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 _____

(M) Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years?

YES

NO

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



St. Rose of Lima Catholic School

3600 Brinkman St.
Houston, TX 77018

Phone: (713) 691-0104 - Fax: (713) 692-8073

www.stroseschool.org

E

SPECIAL NEEDS INFORMATION DISCLOSURE FORM

Student Name: _____

Grade: _____

In order for St. Rose of Lima Catholic School to enter into a partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student and 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 of St. Rose of Lima Catholic School from meeting the individual needs of your child, and consequently, present reason to request withdrawal.

ALL INFORMATION IS HELD IN CONFIDENCE

YES NO Has your child ever been tested for a learning disability, ADD/ADHD and/or any educational, psychological or medical testing? If yes, attach a copy of the child's recent Academic or Psycho-educational assessment.

YES NO Has your child ever been in a special education program? If yes, indicate grade(s) and academic areas in which your child was in the program.

YES NO Has your child ever been in a speech therapy program? If yes, indicate grade(s) your child was in the program.

YES NO Has your child ever been in an ESL or bilingual program? If yes, indicate grade(s) your child was in the program.

YES NO Has your child ever been in an Instructional Support program? If yes indicate grade(s) your child was in the program.

YES NO Does your child currently have an Individual Educational Plan (IEP) with a public school or a Catholic Accommodation Plan (CAP)?

YES NO Have you been asked to withdraw your child from a particular school for disciplinary reasons? If so, please explain.

YES NO Has your child ever been expelled, suspended, or had any discipline problems? If yes, please explain.

Parent/Guardian Signature

Date



TB QUESTIONNAIRE: STUDENTS
Catholic Schools Office
 Archdiocese of Galveston-Houston

F

Name of Child: _____ Date of Birth: _____

School: 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.

All information obtained herein will be kept in confidence

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: <ul style="list-style-type: none"> • 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 _____

Date _____

For Physician use only- (Must be a practicing physician/provider in the state of Texas per Texas Department of State Health Services guidelines)

PPD administered No___ Yes___ If YES:

Date administered: ___/___/___ Date read: ___/___/___ Result of PPD test: _____ mm response

PPD provider signature _____

printed name _____

City: _____ County: _____

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

If positive, referral to physician No___ Yes___ If yes, name of provider: _____



ST. ROSE OF LIMA
CATHOLIC SCHOOL

**Records Release and Transcript Request Form
2022-2023**

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

As part of its admissions process for incoming Grades 1st-8th, 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

Fax Number

Please provide copies of the following records for:

(Student's Name)

Permanent Record
Current Report Card
Test Scores
Health/Medical Records

Birth Certificate
Academic Evaluation
Attendance Record
Baptismal Certificate
First Communion Certificate

Your prompt attention to this request is appreciated.
Please fax (713-692-8073) or email (registrar@stroselima.org) the requested information.

(Parent/Guardian Signature)

(Date)



STUDENT EMERGENCY INFORMATION CARD

Archdiocese of Galveston-Houston

St. Rose of Lima Catholic School

2022-2023

STUDENT: _____
(Last) (First) (MI) (Date of Birth) (Age) (Sex) (Grade)

FATHER/GUARDIAN NAME: _____ MOTHER/GUARDIAN NAME: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

CELL PHONE: _____ CELL PHONE: _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

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

EMERGENCY CONTACTS

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

MEDICAL INFORMATION

PHYSICIAN NAME: _____ PHONE: _____

DENTIST NAME: _____ PHONE: _____

INSURANCE CARRIER: _____

POLICY #: _____ GROUP#: _____

PREFERRED HOSPITAL: _____ PHONE: _____

ALLERGIES (drugs, food, environmental): _____

MEDICAL CONDITIONS (ie: diabetes): _____

MEDICATION TAKEN DAILY TO REPORT TO EMT IN CASE OF AN EMERGENCY: _____

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 any of the emergency contacts 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 the Most Reverend Daniel Cardinal DiNardo, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, _____ School and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

Parent/Guardian Signature: _____ Date: _____



St. Rose of Lima Catholic School
2022-2023

STUDENT: _____
(Last) (First) (MI) (Grade)

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

NAME: _____ PHONE: _____ RELATIONSHIP: _____	NAME: _____ PHONE: _____ RELATIONSHIP: _____
NAME: _____ PHONE: _____ RELATIONSHIP: _____	NAME: _____ PHONE: _____ RELATIONSHIP: _____

Parent/Guardian Signature: _____ Date: _____