

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
- 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:

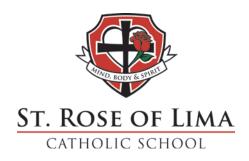
All students are given an assessment prior to admission to St. Rose. PK3, PK4, and Kinder students are assessed on gross motor, fine motor, language capability, ability to take direction, and conceptual skills.1st – 8th Grade students are screened for reading, math, and a writing sample.

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.

New Student Packet 2022-2023



Family Name:	Child/ren:
The following forms and fees requ	uired to complete registration for New Students:
☐ Family Application, Form A1 & A2	Family Application Fee, \$100
☐ Family Contract, Form B	Assessment Fee, \$50 (per family)
☐ Annual Income Eligibility, Form C	School Supply Fee, \$500 (per student, due 3/31/22)
☐ Home Language Survey, Form D (1 per stude	nt) Technology Fee, \$250 (per 5th - 8th Grade student)
S Special Needs Disclosure, Form E (1 per stude	ent) Copy of Baptismal Certificate (if Catholic)
TB Screening, Form F (1 per student)	Copy of Birth Certificate
☐ Records/Transcript Request, Form G (1 per stu	dent) Immunization Record
☐ 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.



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 Chil			
2nd	\$250		
3rd	\$500		
4th	\$1,000		
Tuition Paid in full by August 1st			
Cash or Check	2.5%		

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		

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.

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 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.

MISCELLANEOUS COSTS

After School Care

Billed through KidVenture

Hot Lunches

Billed through the Lunch Provider

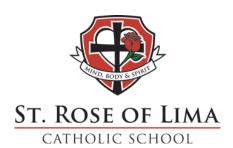
Athletic/Sports Fee

\$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.



A1

Check all that apply:

St. Rose Parishioner

New Family Application Form 2022-2023

First Name

Last Name

Name

Address

City, State, Zip Code

Male /

Female

Date of

Birth

Grade

2022

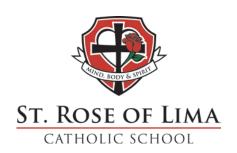
	Applicant is a current ECC student.
Father's Name	Mother's Name
Home Address	Home Address
City, State, Zip Code	City, State, Zip Code
Home Telephone Number	Home Telephone Number
Cell Phone Number	Cell Phone Number
Email Address	Email Address
Work Telephone Number	Work Telephone Number
Employer/Occupation	Employer/Occupation
Father's Religious Preference	Mother's Religious Preference
If Catholic, Name of Parish	If Catholic, Name of Parish
Envelope #	Envelope #

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

Home Telephone Number

Work Telephone Number

Relationship to Student(s)



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
*****	********	*****	******	************
	erred to St. Rose of Lima Car	•		nily? If so, please share with us the name of
******	*******	******	******	*************
Public School Dis	trict in which you live:			
Public School to v	which you are zoned:			
	resently attending:			
Education Histor				
Name of School: _	-	City:		Grades Attended:
Name of School: _		City:		Grades Attended:
Name of School: _		City:		Grades Attended:
Parents are:	MARRIED	SINGLE	DIVORCED*	SEPARATED*
Child Lives with: (Circle one)	BOTH PARENTS	MOTHER	FATHER	OTHER:
must be submitted	l in order to register the stude	ent(s).	•	vatorship of this student(s). These documents
Student Ethnicity	Hispanic?	Yes	No	
Student Race:	Hawaiian/Pacific Islander	White		Asian Black
	Multi-Racial	Native Ame	rican Other:	
******	************	******	********	*************
Child's Name			Child's Name	
Child's Name			Child's Name	



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	Semester	Monthly
(due by Aug 1st)	(due by Aug 1st and Jan 1st)	(due by the 1st of each month, Aug - May)
Annual Payment in full before August 1:	(due by Aug 1st and Jan 1st) st: A 2.5% discount is offered for families payir	ig tuition and fees in full for the year by the
deadline. Payment can be made by cash, c	heck, 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 reenroll 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.

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)			

ARCHDIOCESE OF GALVESTON HOUSTON

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

 C

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:

Please circle vour answer

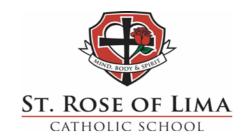
Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 23,828	\$ 1,986	\$963	\$ 917	\$459
2	32,227	2,686	1,304	1,240	620
3	40,626	3,386	1,645	1,563	782
4	49,025	4,086	1,985	1,886	943
5	57,424	4,786	2,326	2,209	1,105
6	65,823	5,486	2,667	2,532	1,266
7	74,222	6,186	3,008	2,855	1,428
8	82,621	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	<i>\$49,025</i>	
	8	\$ 82,621	

PUBLIC	C SCHOOL DISTRICT IN WHICH YOU RESIDE:	_	
FAMIL'	Y ADDRESS:		
FAMIL	Y NAME (PRINT):		
0.	bo you have all unusual infantial burden: If yes, please explain. (If necessary use back of page)	120	110
8.	Do you have an unusual financial burden? If yes, please explain: (If necessary use back of page)		NO
7.	Does your family live in a housing project or have poor housing conditions?	YES	NO
6.	Are you receiving free or reduced tuition for your child/children?	YES	NO
5.	Are you receiving full scholarship based on need for your child/children?	YES	NO
4.	Are any of your children eligible for the "Medicaid" program?	YES	NO
3.	Are you receiving public assistance? Food stamps, or TANF (formerly AFDC)	YES	NO
2.	Is your family eligible for food stamps?	YES	NO
	circle yes. If more than the amount shown, circle NO and move to the bottom portion.	YES	NO
1.	If your family income is the same or less than the amount shown on the chart beside your family size,	res	NO

NAME OF CHILD	NAME OF SCHOOL	GRADE LEVEL

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



Home Language Survey 2022-2023

Family Name:			
Student Name:	Grade:		
The following information is essential in Please answer the following questions.	order for us to be able	to provide meaningful	l instruction to all students.
PART A:			
(1) Place of Birth (Country of Origin)	(1) Date of initial en	try into U.S. schools	(1) Number of complete
City Country	Month Day	Year	academic years in a U.S. School
(M) Has your family worked in either the AGRIC YES	CULTURE or FISHING indus	stry in the last 3 years?	
PART B:			
What language is spoken in your h	ome most of the time?		
English Spanish	Vietnamese	Other (Specify)	
2. What language does the student (c	lo vou) speak most of t	he time?	
English Spanish	Vietnamese		
(Parent/Guardian Signature)			
(Date)			



St. Rose of Lima Catholic School

3600 Brinkman St. Houston, TX 77018

Phone: (713) 691-0104 - Fax: (713) 692-8073 www.stroseschool.org

SPECIAL NEEDS INFORMATION DISCLOSURE FORM

Studer	nt Name:	:			
bested concer learnir prohib preser	ducatior rning young envir it the st nt reaso	t. Rose of Lima Catholic School to enter into a partnership with you, the parent(s)/guardian(s), to provide the infor your child/our student and to be successful in this task, it is necessary that all pertinent data our child's medical, psychological, behavioral, emotional or educational history which may affect the conment or the educational progress of the child be disclosed. Failure to provide this information may taff of St. Rose of Lima Catholic School from meeting the individual needs of your child, and consequently, on to request withdrawal.			
ALL II	NFORM	IATION 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 Psychological disability, ADD/ADHD and/or any educational, psychological or medical testing? If yes, attach a copy of the child's recent Academic or Psychological disability, ADD/ADHD and/or any educational, psychological or medical testing? If yes, attach a copy of the child's recent Academic or Psychological disability, ADD/ADHD and/or any educational, psychological or medical testing? If yes, attach a copy of the child's recent Academic or Psychological disability, ADD/ADHD and/or any educational, psychological or medical testing? If yes, attach a copy of the child's recent Academic or Psychological disability.					
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.			
Paren	t/Guard	dian Signature Date			



TB QUESTIONNAIRE: STUDENTS Catholic Schools Office

F

Archdiocese of Galveston-Houston

Name of Child: Date	e of Birth:
School: St. Rose of Lima Catholic School Date	te:
Tuberculosis (TB) is a disease caused by TB germs and is usually trans TB lung disease. It is spread to another person by coughing or sneezing may be breathed in by the child. Children who have active TB disease usymptoms: cough for more than two weeks duration, loss of appetite, we short period of time, fever, chills and night sweats. A person can have Thave active TB disease (this is called latent TB infection or LTBI). Tube TB skin testing (often called the PPD or Mantoux test) is used to see if yearms. No vaccine is recommended for use in the United States to prevokaccination against TB. We need your help to find out if your child has been supported by the confidence.	g TB germs into the air. These germs usually have many of the following reight loss of ten or more pounds over a TB germs in his or her body but not erculosis is preventable and treatable. your child has been infected with TB vent tuberculosis. The skin test is not a
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 weeks), or coughing up blood. As far as you know: • Has your child been around anyone with any of these symptoms or proble • 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 Caribbea Africa, Eastern Europe or Asia? Has your child traveled in the past year to Mexico or any other country in Latin An Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries?	g over two ems? or ean,
To your knowledge, has your child spent time (longer than 3 weeks) with anyone we been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came 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/	e to the United
Parent signature	Date

PPD administered No Yes If YES: Date administered:// Date read:// Resu	
PPD provider signature printed name	
City:County:	
Type of service provider (i.e. school, Health Steps, other clinics)	



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 Sc	hool
Street Address	
City, State, Zip	
Fax Number	
Please provide copies of the fol	llowing records for:
(Student's Nar	me)
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 refax (713-692-8073) or email (registrar@st	
(Parent/Guardian Signature)	(Date)

Please



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:ADDRESS:		MOTHER/GUARDIAN NAME:				
EMAIL:						
CELL PHONE:			NE:			
FATHER'S EMPLOYER:		MOTHER'S	S EMPLOYER:			
WORK PHONE:		ONE:				
LIST PERSONS TO BE CONTACTED	IN CASE OF EMER	GENCY WHE	N PARENT/GUAR	DIAN CANI	NOT BE RE	ACHED
	EMERGEN	ICY CONT	ACTS			
NAME:		NAME:				
PHONE:						
EMAIL:		EMAIL:				
RELATIONSHIP:		RELATION	NSHIP:			
	MEDICA	L INFORMAT	TION			
PHYSICIAN NAME:			PHONE:			
DENTIST NAME:	ENTIST 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 EMERGEN	CY:			
I,	enter for emergency ed above. I further a to be solely respons indemnify the Most be Diocese of Galvesemployees or represal injury, death, or lo	ey, I authorize somedical or sur- uthorize the re- ible for the pay Reverend Dan ston-Houston, sentatives ("Releass of or damages	school administration gical treatment and lease of the above rment of all expens diel Cardinal DiNard eased Parties") from ge to property arisin	on to have not to contact medical information in the medical information in	ny child tran my child's p ormation to in such an o chdiocese o	sported to obysician all medical emergency. of Galveston- School laims,
Parent/Guardian Signature:				Dat	e:	



STUDENT:

St. Rose of Lima Catholic School 2022-2023

01002111 <u>.</u>	(Last)	(First)	(MI)	(Grade)
The following	people have my per	mission to pick-up my o	child(ren) from St. Rose of L	ima Catholic School:
NAME:			NAME:	
PHONE:			PHONE:	
RELATIONSHIP:_			RELATIONSHIP:	
NAME:			NAME:	
PHONE:			PHONE:	
RELATIONSHIP:			RELATIONSHIP:	
•				
Parent/Guardi	ian Signature:			Date: