



# **HOLY NAME CATHOLIC SCHOOL**

## **REGISTRATION PACKET**

**2024-2025**

**3814 NASH BLVD.**

**SAN ANTONIO, TX 78223**

**[www.holynamesatx.org](http://www.holynamesatx.org)**

Holy Name Catholic School admits students of any race or national origin to programs and activities of the school with all rights and privileges. Equal opportunity and access is provided to persons without regard to race, color, ancestry, national and ethnic origin or gender in the administration of educational policies and admission policies.

# HOLY NAME CATHOLIC SCHOOL

## REGISTRATION PACKET

|                      |                 |
|----------------------|-----------------|
| OLDEST CHILD'S NAME: | ENTERING GRADE: |
| SIBLING 1:           | ENTERING GRADE: |
| SIBLING 2:           | ENTERING GRADE: |
| SIBLING 3:           | ENTERING GRADE: |

### REGISTRATION CHECKLIST

Please attach all paperwork and registration fees and submit directly to the school office. **Incomplete applications will be put on hold.** Registration packets and fees will not be accepted from families who are delinquent in tuition payments.

### RETURNING STUDENTS

|                                  |                 |
|----------------------------------|-----------------|
| STUDENT REGISTRATION FORM        | OFFICE INITIAL: |
| REGISTRATION FEE \$250 PER CHILD | OFFICE INITIAL: |
| FINANCIAL AGREEMENT              | OFFICE INITIAL: |
| FACTS TUITION PAYMENT FORM       | OFFICE INITIAL: |
| EMERGENCY INFORMATION FORMS      | OFFICE INITIAL: |
| LEGAL ORDERS (IF APPLICABLE)     | OFFICE INITIAL: |

### NEW STUDENTS

|                                       |                 |
|---------------------------------------|-----------------|
| REPORT CARDS                          | OFFICE INITIAL: |
| STANDARDIZED TEST SCORES              | OFFICE INITIAL: |
| ADDITIONAL TESTING/SPEC. ED PAPERWORK | OFFICE INITIAL: |
| IMMUNIZATION RECORDS                  | OFFICE INITIAL: |
| BIRTH CERTIFICATE                     | OFFICE INITIAL: |
| BAPTISMAL CERTIFICATE                 | OFFICE INITIAL: |
| 1 <sup>ST</sup> COMMUNION CERTIFICATE | OFFICE INITIAL: |

|                            |       |
|----------------------------|-------|
| PARENT/GUARDIAN SIGNATURE: | DATE: |
|----------------------------|-------|

# HOLY NAME CATHOLIC SCHOOL

## 2024-2025 REGISTRATION FORM

(APPLICATIONS MUST BE FILLED OUT COMPLETELY. PLEASE PRINT CLEARLY)

| NAME OF CHILD(REN) ATTENDING<br>(OLDEST TO YOUNGEST) | ENTERING<br>GRADE | RETURNING<br>STUDENT | NEW<br>STUDENT |
|--|-------------------|----------------------|----------------|
| 1:   |                   |                      |                |
| 2:   |                   |                      |                |
| 3:   |                   |                      |                |
| 4:   |                   |                      |                |
| 5:   |                   |                      |                |

### 1. FAMILY INFORMATION

FATHER'S/GUARDIAN NAME: \_\_\_\_\_ ( ) LIVING ( ) DECEASED

RELIGION: \_\_\_\_\_ CHURCH REGISTERED AT: \_\_\_\_\_ CHURCH ATTENDING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVERS LICENSE STATE: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

MOTHER'S/GUARDIAN NAME: \_\_\_\_\_ ( ) LIVING ( ) DECEASED

RELIGION: \_\_\_\_\_ CHURCH REGISTERED AT: \_\_\_\_\_ CHURCH ATTENDING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVERS LICENSE STATE: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

### 2. EMPLOYMENT INFORMATION

FATHER'S/GUARDIAN EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CHECK ONE ( ) CURRENTLY EMPLOYED ( ) SELF-EMPLOYED ( ) UNABLE TO WORK ( ) RETIRED ( ) N/A

I WOULD BE WILLING TO VOLUNTEER MY EXPERTISE IN THIS FIELD OF WORK: ( ) YES ( ) NO ( ) N/A

MOTHER'S/GUARDIAN EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CHECK ONE ( ) CURRENTLY EMPLOYED ( ) SELF-EMPLOYED ( ) UNABLE TO WORK ( ) RETIRED ( ) N/A

I WOULD BE WILLING TO VOLUNTEER MY EXPERTISE IN THIS FIELD OF WORK: ( ) YES ( ) NO ( ) N/A

FAMILY INCOME RANGE: THIS IS FOR AGGREGATE/GROUP REPORTING ONLY. THE INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL. IE: E-RATE, GRANT SUBMISSIONS. PLEASE CIRCLE ONE:

\$0 - 5,000    \$5,000 - \$20,000    \$20,000 - \$50,000    \$50,000 - \$100,000    \$100,000 +

MEMBERS OF OUR FAMILY ARE ALUMNI OF HOLY NAME CATHOLIC SCHOOL: ( ) YES ( ) NO

IF YES, PLEASE LIST PERSONS, RELATIONSHIPS, AND YEARS ATTENDED OR GRADUATED:

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**3. PERSON RESPONSIBLE FOR TUITION**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT(S): \_\_\_\_\_

**4. NAME OF YOUR LOCAL PUBLIC SCHOOLS: (MUST BE COMPLETED)**

DISTRICT: \_\_\_\_\_

ELEMENTARY SCHOOL: \_\_\_\_\_

MIDDLE SCHOOL: \_\_\_\_\_

DISTRICTS

HARLANDALE (904) - EDGEWOOD (905) - SAN ANTONIO (907) - SOUTH SAN ANTONIO (908) NORTHEAST (910) - EAST CENTRAL (911) - SOUTHWEST (912) - NORTHSIDE (915) - JUDSON (915) - SOUTHSIDE (917)

**STUDENT INFORMATION**

**(OLDEST CHILD)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF COMING YEAR: \_\_\_\_\_ GRADE: \_\_\_\_\_ (PK3, PK4, K5/GRADE)

ETHNIC BACKGROUND, CHECK ALL THAT APPLY: ( ) WHITE ( ) BLACK ( ) HISPANIC ( ) ASIAN/PACIFIC ISLANDER ( ) NATIVE AMERICAN ( ) OTHER

(NEW STUDENTS ONLY: PLEASE SUBMIT A COPY WITH THIS REGISTRATION PACKET)

| SACRAMENT      | DATE | CHURCH | CITY & STATE |
|----------------|------|--------|--------------|
| BAPTISM        |      |        |              |
| HOLY EUCHARIST |      |        |              |
| CONFIRMATION   |      |        |              |

**(SIBLING 1)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF COMING YEAR: \_\_\_\_\_ GRADE: \_\_\_\_\_ (PK3, PK4, K5/GRADE)

ETHNIC BACKGROUND, CHECK ALL THAT APPLY: ( ) WHITE ( ) BLACK ( ) HISPANIC ( ) ASIAN/PACIFIC ISLANDER  
( ) NATIVE AMERICAN ( ) OTHER

(NEW STUDENTS ONLY: PLEASE SUBMIT A COPY WITH THIS REGISTRATION PACKET)

| SACRAMENT      | DATE | CHURCH | CITY & STATE |
|----------------|------|--------|--------------|
| BAPTISM        |      |        |              |
| HOLY EUCHARIST |      |        |              |
| CONFIRMATION   |      |        |              |

**(SIBLING 2)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF COMING YEAR: \_\_\_\_\_ GRADE: \_\_\_\_\_ (PK3, PK4, K5/GRADE)

ETHNIC BACKGROUND, CHECK ALL THAT APPLY: ( ) WHITE ( ) BLACK ( ) HISPANIC ( ) ASIAN/PACIFIC ISLANDER  
( ) NATIVE AMERICAN ( ) OTHER

(NEW STUDENTS ONLY: PLEASE SUBMIT A COPY WITH THIS REGISTRATION PACKET)

| SACRAMENT      | DATE | CHURCH | CITY & STATE |
|----------------|------|--------|--------------|
| BAPTISM        |      |        |              |
| HOLY EUCHARIST |      |        |              |
| CONFIRMATION   |      |        |              |

**(SIBLING 3)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

GENDER: ( M ) / ( F ) AGE ON SEPT. 1ST OF COMING YEAR: \_\_\_\_\_ GRADE: \_\_\_\_\_ (PK3, PK4, K5/GRADE)

ETHNIC BACKGROUND, CHECK ALL THAT APPLY: ( ) WHITE ( ) BLACK ( ) HISPANIC ( ) ASIAN/PACIFIC ISLANDER  
( ) NATIVE AMERICAN ( ) OTHER

(NEW STUDENTS ONLY: PLEASE SUBMIT A COPY WITH THIS REGISTRATION PACKET)

| SACRAMENT      | DATE | CHURCH | CITY & STATE |
|----------------|------|--------|--------------|
| BAPTISM        |      |        |              |
| HOLY EUCHARIST |      |        |              |
| CONFIRMATION   |      |        |              |

HOW DID YOU HEAR ABOUT HOLY NAME CATHOLIC SCHOOL?

\_\_\_\_\_ WE ARE A RETURNING FAMILY

\_\_\_\_\_ WEBSITE/INTERNET

\_\_\_\_\_ FAMILY/FRIENDS

\_\_\_\_\_ ADVERTISEMENT, WHICH ONE? \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

BY SIGNING BELOW, I (WE) ACKNOWLEDGE THAT THE INFORMATION ABOVE IS ACCURATE.

|                           |       |
|---------------------------|-------|
| PLEASE PRINT PARENT NAME: | DATE: |
| PARENT SIGNATURE:         |       |
| PLEASE PRINT PARENT NAME: | DATE: |
| PARENT SIGNATURE:         |       |

| GRADE LEVEL                           | ANNUAL TUITION  | 12 MONTH PAYMENT JUNE-MAY ENROLLMENT REQUIRED BY JUNE 10, 2024 | 11 MONTH PAYMENT JULY-MAY ENROLLMENT REQUIRED BY JULY 10, 2024 | 10 MONTH PAYMENT AUG-MAY ENROLLMENT REQUIRED BY AUG 10, 2024 |
|---------------------------------------|-----------------|--|--|--|
| PK3 & 4 THROUGH 8 <sup>TH</sup> GRADE | 1 CHILD \$5,150 | \$429.16/MONTH   | \$468.18//MONTH  | \$515.00/MONTH   |

2024-2025 TUITION & FEES EACH ADDITIONAL CHILD WILL RECEIVE A \$1,100 DISCOUNT ON TUITION

PLEASE NOTE: THE TOTAL AMOUNT NEEDED TO EDUCATE EACH CHILD IS \$8,000-\$10,000.

| FEE          | AMOUNT        | GRADES             |
|--------------|---------------|--------------------|
| REGISTRATION | \$250/STUDENT | 3K-8 <sup>TH</sup> |
| PTC          | \$50/FAMILY   | 3K-8 <sup>TH</sup> |

### AFTERSCHOOL CARE PROGRAM

3:00P.M. – 5:30P.M.

| MONTHLY FEES |          | DROP-IN FEES                           |         |
|--------------|----------|--|---------|
| 1 CHILD      | \$130.00 | AFTERSCHOOL PROGRAM PER DAY/PER CHILD  | \$10.00 |
| 2 CHILDREN   | \$165.00 | EARLY DISMISSAL DAYS PER DAY/PER CHILD | \$15.00 |
| 3 CHILDREN   | \$200.00 |  |         |
| 4 CHILDREN   | \$235.00 |  |         |

MANDATORY FUNDRAISERS – TWO PER FAMILY, ONE IN THE FALL & ONE IN THE SPRING

|        |                             |              |                              |
|--------|-----------------------------|--------------|------------------------------|
| FALL   | CATHOLIC LIFE TICKET RAFFLE | \$300/FAMILY | DEADLINE – DECEMBER 11, 2024 |
| SPRING | \$100 TICKET RAFFLE         | \$200/FAMILY | DEADLINE – APRIL 25, 2025    |

### SERVICE HOURS

EACH FAMILY IS REQUIRED TO PERFORM 20 HOURS OF SERVICE TO THE SCHOOL COMMUNITY. THIS SERVICE CAN BE PERFORMED AT A VARIETY OF FUNCTIONS APPROVED BY THE SCHOOL PRINCIPAL THROUGHOUT THE SCHOOL YEAR. AIAL (SPORTS) FAMILIES ARE REQUIRED TO PERFORM AN ADDITIONAL 4 HOURS OF ATHLETIC SERVICE PER CHILD, PER SPORT, DURING THE SPORT SEASON THE CHILD IS A PARTICIPANT. ALL UNEARNED HOURS BY DUE DATE WILL BE CHARGED TO YOUR SCHOOL ACCOUNT AT \$25.00/HR.

# FINANCIAL AGREEMENT

|                      |                 |
|----------------------|-----------------|
| OLDEST CHILD'S NAME: | ENTERING GRADE: |
| SIBLING 1:           | ENTERING GRADE: |
| SIBLING 2:           | ENTERING GRADE: |
| SIBLING 3:           | ENTERING GRADE: |

## GENERAL OVERVIEW OF TUITION, FEES, & REQUIREMENTS

### TUITION

- PARTICIPATION IN FACTS TUITION AND MONTH PAYMENT PLAN IS REQUIRED. PAYMENT DUE DATE OPTIONS ARE THE 5<sup>TH</sup> or 20<sup>TH</sup> OF EACH MONTH. . THE 12-MONTH PAYMENT OPTION IS ONLY AVAILABLE UNTIL JUNE 10, 2023. IF A STUDENT REGISTERS ANY TIME AFTER JULY 31, 2023, TUITION WILL BE DIVIDED BY THE REMAINING MONTHS OF THE SCHOOL YEAR.
- IF WITHDRAW DATE FALLS ON SATURDAY OR SUNDAY, PLEASE KNOW THAT YOUR FACTS TUITION ACCOUNT WILL BE DEBITED THE FOLLOWING MONDAY.
- TUITION PAYMENT DOES NOT INCLUDE THE REGISTRATION AND PTC FEE. ADDITIONAL FEES ARE DUE AUG 1, 2024. IF NOT PAID BY THE DUE DATE, THEY WILL BE ADDED TO YOUR TUITION ACCOUNT.
- IN ORDER TO RECEIVE TUITION ASSISTANCE INCLUDING SIBLING DISCOUNTS, THE FAMILY MUST KEEP THEIR ACCOUNT CURRENT.

### MANDATORY FUNDRAISERS

- \$500 PER FAMILY AND WILL INCLUDE FUNDRAISING IN THE FALL (\$300) AND IN THE SPRING (\$200)

### SERVICE HOURS

- EACH FAMILY IS REQUIRED TO PROVIDE 20 HOURS OF SERVICE TO THE SCHOOL COMMUNITY. THE 20 REQUIRED HOURS WILL NEED TO BE COMPLETED BY MAY 5, 2025. SERVICE HOURS CAN BE COMPLETED AT A VARIETY OF FUNCTIONS THROUGHOUT THE SCHOOL YEAR. UN-COMPLETED HOURS WILL BE BILLED TO THE FAMILY ACCOUNT AT \$25/HR. AIAL (SPORTS) FAMILIES ARE REQUIRED TO PERFORM AN ADDITIONAL 4 HOURS OF ATHLETIC SERVICE PER CHILD, PER SPORT, DURING THE SPORT SEASON THE CHILD IS A PARTICIPANT. ALL UNEARNED HOURS BY DUE DATE WILL BE CHARGED TO YOUR SCHOOL ACCOUNT AT \$25.00/HR. .
- AN ARCHDIOCESE BACKGROUND CHECK FORM WILL NEED TO BE COMPLETED IN THE SCHOOL OFFICE.

### BALANCES

- TUITION PAYMENTS THAT ARE 30 DAYS PAST DUE WILL RESULT IN STUDENTS NOT BEING ALLOWED TO RETURN TO SCHOOL UNTIL THE DEBT IS PAID.
- IN ADDITION TO TUITION FEES BEING WITHDRAWN FROM YOUR FACTS ACCOUNT, AFTERSCHOOL CARE FEES WILL ALSO BE WITHDRAWN.
- NSF'S: IF PAYMENT MADE TO THE HOLY NAME SCHOOL (NOT FACTS) IS RETURNED FOR NON-SUFFICIENT FUNDS, THE FAMILY WILL NO LONGER BE ALLOWED TO REMIT PAYMENT USING PERSONAL CHECKS. THEREAFTER, ONLY CASH, MONEY ORDER, CASHIER'S CHECK, OR CREDIT CARD WILL BE ACCEPTED FOR THE REMAINDER OF THE SCHOOL YEAR. THIS APPLIES TO ANY SCHOOL PAYMENTS INCLUDING LIBRARY, ATHLETICS, OR CLUBS.
- DELINQUENCIES (TUITION/EXTENDED CARE/FEES): FAILURE TO COMPLY WITH ANY PAYMENT OBLIGATION/ARRANGEMENT WILL RESULT IN YOURCHILD(REN) BEING ASKED NOT TO RETURN TO SCHOOL UNTIL ALL FINANCIAL OBLIGATIONS HAVE BEEN MADE CURRENT. ONLY CASH, MONEY ORDER, OR CREDIT CARD PAYMENTS WILL BE ACCEPTED ON ANY DELINQUENT ACCOUNTS NOT BEING COLLECTED THROUGH FACTS.

### AFTERSCHOOL PROGRAM

- ALL FAMILIES MUST COMPLETE THE REGISTRATION FORM. ONLY THOSE THAT CHOOSE TO BE BILLED FOR THE MONTHLY PROGRAM WILL BE CHARGED THE MONTHLY RATE. 15 MINUTES AFTER DISMISSAL, A STUDENT BECOMES A DROP-IN AND THE STUDENT'S FACTS TUITION ACCOUNT WILL BE CHARGED.

### TUITION DISCOUNT FOR 2024-2025 SCHOOL YEAR (ALL DISCOUNTS MUST BE APPROVED BY THE PRINCIPAL)

- 3% percent FULL TUITION PAYMENT (INCLUDES REGISTRATION FEE) DEADLINE AUGUST 1, 2024
- 5% MILITARY DISCOUNT (MUST SHOW PROOF OF ACTIVE MILITARY ORDERS)
- 5% ARCHDIOCESAN EMPLOYEE (DISCOUNT BASED ON PROOF OF LEGAL CUSTODY OR PAYMENT OF CHILD SUPPORT)

### FACTS TUITION

- PARTICIPATION IS REQUIRED. FACTS FEE IS INCLUDED IN TUITION. PAYMENT DUE DATE OPTIONS ARE THE 5<sup>TH</sup> or 20<sup>TH</sup> OF EACH MONTH

### TUITION ASSISTANCE

- HOPE FOR THE FUTURE SCHOLARSHIP APPLICATIONS CAN BE FOUND AT [HOPEFORTHEFUTE.ORG](http://HOPEFORTHEFUTE.ORG) (IN ORDER TO RECEIVE TUITION ASSISTANCE INCLUDING DISCOUNTS, THE FAMILY MUST KEEP THEIR ACCOUNT CURRENT).

## FINANCIAL AGREEMENT PART 2



**PLEASE INITIAL EACH ITEM:**

\_\_\_\_\_ FAMILIES ARE RESPONSIBLE FOR ALL TUITION AND FEES. ALL TUITION AND FEES WILL POSTED TO THE FAMILY'S FACTS ACCOUNT. THESE CHARGES WILL BE WITHDRAWN MONTHLY, JUNE-MAY FOR 12 MONTHS, JULY-MAY FOR 11 MONTHS, AUG-MAY FOR 10 MONTHS. THE FACTS WITHDRAW DATE IS EITHER THE 5<sup>TH</sup> OR THE 20<sup>TH</sup> OF EACH MONTH. IF THE WITHDRAW DATE FALLS ON A SATURDAY OR SUNDAY, THE WITHDRAW WILL TAKE PLACE ON THE FOLLOWING MONDAY.

\_\_\_\_\_ TUITION COSTS FOR THE 2024-2025 SCHOOL YEAR ARE:

GRADES PK3 - 8<sup>TH</sup>: \$5,150.00. EACH SIBLING RECEIVED AN ADDITIONAL \$1,100.00 DISCOUNT

\_\_\_\_\_ ALL FUNDRAISERS WILL NEED TO BE PAID IN FULL AS INDICATED ON THE TUITION & FEES SCHEDULE

\_\_\_\_\_ AFTER SCHOOL CARE COSTS FOR THE 2024-2025 SCHOOL YEAR ARE:

1 CHILD - \$130 PER MONTH

DROP-IN REGULAR SCHOOL DAY - \$10 PER DAY PER CHILD

DROP-IN EARLY DISMISSAL DAY - \$15 PER DAY PER CHILD

**MONTHLY WITHDRAW DATE (CHOOSE ONE): ( ) 5<sup>TH</sup> ( ) 20<sup>TH</sup>**

(IF WITHDRAW DATE FALLS ON SATURDAY OR SUNDAY, FACTS WILL DEBIT ACCOUNT THE FOLLOWING MONDAY)

MONTHLY TUITION PAYMENT OF \$ \_\_\_\_\_/MONTH ( ) 12-MONTHS ( ) 11-MONTHS ( ) 10-MONTHS  
(JUNE-May) (JULY-MAY) (AUG-MAY)

PARENTS/GUARDIANS ARE REQUIRED TO COMPLETE THE FACTS ENROLLMENT ON-LINE.

ALL CREDIT CARD PAYMENTS MADE IN THE SCHOOL OFFICE WILL INCUR A 3% CONVENIENCE FEE.

I UNDERSTAND THE TERMS OF THIS COMMITMENT AND AGREE TO THE FOLLOWING:

1. TUITION AND FEES REQUIRED AS DESCRIBED ABOVE
2. FUNDRAISER REQUIREMENTS AS DESCRIBED ABOVE
3. PARTICIPATE IN 12-MONTHS, 11-MONTHS, 10-MONTHS TUITION PAYMENT IN FACTS TUITION
4. PERFORM 20 HOURS OF SERVICE TO THE CAMPUS COMMUNITY

|                               |       |
|-------------------------------|-------|
| PLEASE PRINT PARENT (1) NAME: | DATE: |
| PARENT (1) SIGNATURE:         |       |
| PLEASE PRINT PARENT (2) NAME: | DATE: |
| PARENT SIGNATURE:             |       |

**HOLY NAME CATHOLIC SCHOOL**  
**PUBLICATION & MEDIA RELEASE**

2024-2025

I \_\_\_\_\_ (PARENT/GUARDIAN NAME), HEREBY

( ) YES OR ( ) NO GRANT HOLY NAME CATHOLIC SCHOOL THE RIGHT TO USE MY CHILD(REN'S) WORK AND/OR IMAGE IN PHOTOGRAPHS & VIDEOS, FOR PROMOTIONAL PURPOSES, FOR RECRUITMENT PURPOSES, AND/OR TO DISPENSE PUBLIC INFORMATION.

( ) YES OR ( ) NO GRANT HOLY NAME CATHOLIC SCHOOL THE RIGHT TO USE MY CHILD(REN'S) WORK AND/OR IMAGE IN THE YEARBOOK.

THIS PERMISSION FORM WILL BE KEPT ON FILE THROUGHOUT THE 2024-2025 SCHOOL YEAR.

THIS PUBLICATION & MEDIA RELEASE PERTAINS TO:

| STUDENT(S) NAME | GRADE |
|-----------------|-------|
| 1.              |       |
| 2.              |       |
| 3.              |       |
| 4               |       |
| 5.              |       |

|                                |       |
|--------------------------------|-------|
| PLEASE PRINT PARENT NAME:      | DATE: |
| PARENT (1)/GUARDIAN SIGNATURE: |       |
| PLEASE PRINT PARENT NAME:      | DATE: |
| PARENT/(2) GUARDIAN SIGNATURE: |       |



Texas Education Agency

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name: \_\_\_\_\_

District Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Campus Name: \_\_\_\_\_

## HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

**To be completed by Parent or Guardian for students enrolling in Prekindergarten\* through grade 8 (or by students in grades 9-12).**

\* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

### Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

### Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

**Part Two:**

Please answer the questions to the best of your ability.

1. Which languages are used at home? \_\_\_\_\_
2. Which languages are used by the child at home? \_\_\_\_\_
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). \_\_\_\_\_

**By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

**Note:** Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal ([txel.org](http://txel.org)) for additional information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_

**STUDENTS WITH SPECIAL NEEDS FORM**  
(PLEASE COMPLETE ONE FORM FOR EACH CHILD)

|                   |       |        |         |                    |
|-------------------|-------|--------|---------|--------------------|
| STUDENT'S<br>NAME | LAST: | FIRST: | MIDDLE: | ENTERING<br>GRADE: |
|-------------------|-------|--------|---------|--------------------|

HOLY NAME CATHOLIC SCHOOL IS COMMITTED TO PROVIDING THE BEST EDUCATION FOR YOUR CHILD. PLEASE PROVIDE THE FOLLOWING INFORMATION TO ENABLE US TO ACHIEVE THIS GOAL. ALL INFORMATION FROM THIS FORM IS HELD UNDER STRICT CONFIDENCE.

SUPPORTING DOCUMENTATION AND/OR TESTING RESULTS ARE REQUIRED. ALL DOCUMENTATION MUST BE RECEIVED BY THE PRINCIPAL PRIOR TO ENROLLMENT. NO EXCEPTIONS.

1. HAS YOUR CHILD EVER HAD SPECIAL EDUCATION TESTING? ( ) YES ( ) NO
2. HAS YOUR CHILD EVER RECEIVED SPECIAL EDUCATION SERVICES? ( ) YES ( ) NO

IF YES, PLEASE DESCRIBE THESE SPECIAL CONSIDERATIONS, ACCOMMODATIONS, OR MODIFICATIONS BELOW.

ACADEMIC:

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BEHAVIORAL:

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IS YOUR CHILD ON A 504 PLAN ( ) YES or ( ) NO:

3. HAVE YOU EVER BEEN ASKED TO WITHDRAW YOUR CHILD FROM SCHOOL FOR ANY REASON? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

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|                            |       |
|----------------------------|-------|
| PLEASE PRINT PARENT NAME:  | DATE: |
| PARENT/GUARDIAN SIGNATURE: |       |

## AFTER SCHOOL PROGRAM FORM

A COMPLETED FORM IS REQUIRED FOR ALL FAMILIES. THESE ARE KEPT ON FILE IN THE AFTERSCHOOL PROGRAM IN THE EVENT THAT A CHILD(REN) MUST STAY AFTER SCHOOL.

HOLY NAME CATHOLIC SCHOOL OFFERS AN AFTERSCHOOL PROGRAM AS AN EXTENSION OF THE EXISTING SCHOOL DAY. CHILDREN MUST BE CURRENT STUDENTS OF HOLY NAME CATHOLIC SCHOOL AND MUST BE REGISTERED IN THE AFTERSCHOOL PROGRAM.

THE PROGRAM OPERATES FROM 3:00 P.M. – 5:30 P.M. ON SCHOOL DAYS ONLY. THE SCHEDULE INCLUDES, FREE PLAY, REST, HOMEWORK TIME, AND HOMEWORK ASSISTANCE. A NUTRITIOUS SNACK WILL BE SERVED DAILY. PRORATED FEES ARE NOT AVAILABLE. WRITTEN CONFIRMATION OR A PHONE CALL FOR DROP-INS WILL BE ACCEPTED. THE AFTERSCHOOL PROGRAM WILL NOT OPERATE ON WEEKENDS, HOLIDAYS, OR SCHOOL VACATION PERIODS. A CHILD BECOMES A DROP-IN 15 MINUTES AFTER THEIR DISMISSAL TIME AND THE STUDENT’S ACCOUNT WILL BE CHARGED ACCORDINGLY.

THE AFTER SCHOOL PROGRAM WILL OPERATE FROM 12:00 – 5:30 P.M. ON EARLY DISMISSAL DAYS

| MONTHLY FEES |          | DROP-IN FEES                           |         |
|--------------|----------|--|---------|
| 1 CHILD      | \$130.00 | AFTERSCHOOL PROGRAM PER DAY/PER CHILD  | \$10.00 |
| 2 CHILDREN   | \$165.00 | EARLY DISMISSAL DAYS PER DAY/PER CHILD | \$15.00 |
| 3 CHILDREN   | \$200.00 |  |         |
| 4 CHILDREN   | \$235.00 |  |         |

THE AFTERSCHOOL PROGRAM WILL BE CLOSED ON THE FOLLOWING DATES: THANKSGIVING HOLIDAYS, CHRISTMAS & NEW YEAR HOLIDAYS, SPRING BREAK, LAST DAY OF SCHOOL

I WISH TO BE BILLED (MUST CHECK ONE): ( ) REGULAR MONTHLY PROGRAM ( ) DROP-IN ONLY

STUDENT(S) ENROLLING IN THE PROGRAM:

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PERSON RESPONSIBLE FOR ASC (IF OTHER THAN PERSON PAYING THROUGH FACTS):

PARENT/GUARDIAN NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, UNDERSTAND THAT CHARGES FOR THE AFTERSCHOOL PROGRAM ARE IN ADDITION TO MONTHLY TUITION & MUST BE PAID THE FOLLOWING MONTH THROUGH FACTS TUITION.

I AGREE TO INFORM THE SCHOOL IN WRITING IF MY CHILD STOPS USING THE PROGRAM OR I WISH TO CHANGE MY BILLING PREFERENCE. UNTIL SUCH TIME, I UNDERSTAND I WILL BE BILLED ACCORDING TO MY PREFERENCE NOTED ABOVE. PAYMENT MUST BE PAID IN FULL REGARDLESS OF THE NUMBER OF DAYS ATTENDED EACH MONTH. THE AFTER-SCHOOL PROGRAM WILL BE CHARGED AND PAID ONLY THROUGH FACTS TUITION.

|                            |       |
|----------------------------|-------|
| PARENT/GUARDIAN SIGNATURE: | DATE: |
|----------------------------|-------|

# HOLY NAME SCHOOL

## STUDENT EMERGENCY/HEALTH INFORMATION 2024-2025

### STUDENT INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

MOTHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS:  
\_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS:  
\_\_\_\_\_

### EMERGENCY CONTACTS:

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, THE FOLLOWING PEOPLE MAY PICK UP MY CHILD(REN) FROM SCHOOL.

|       |        |     |                      |
|-------|--------|-----|----------------------|
| LAST: | FIRST: | PH: | RELATION TO STUDENT: |
| LAST: | FIRST: | PH: | RELATION TO STUDENT: |
| LAST: | FIRST: | PH: | RELATION TO STUDENT: |
| LAST: | FIRST: | PH: | RELATION TO STUDENT: |

### HEALTH INFORMATION:

1. LIST HEALTH CONDITIONS SUCH AS HEART DISEASE, DIABETES, EPILEPSY, ASTHMA, EYE/EAR PROBLEMS, BLOOD PRESSURE ABNORMALITIES, SEVERE FOOD/DRUG ALLERGIES, ETC. A NOTE FROM YOUR CHILD'S PHYSICIAN IS REQUIRED FOR HEART CONDITIONS, DIABETES, EPILEPSY, SEIZURES, OR ASTHMA WITH USE OF INHALER.  
\_\_\_\_\_  
\_\_\_\_\_

2. IS THERE ANY NEED FOR MEDICATION OR INHALERS AT SCHOOL? LIST MEDICATION TO BE TAKEN OR KEPT AT SCHOOL:  
\_\_\_\_\_  
\_\_\_\_\_

3. ARE THERE ANY SPECIAL CONCERNS OR LIMITATIONS REGARDING ATHLETIC PARTICIPATION FOR YOUR CHILD?  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO SCREEN:**

I, THE UNDERSIGNED, UNDERSTAND SCREENINGS WILL BE PROVIDED TO MY CHILD AS REQUIRED: VISION, HEARING, SCOLIOSIS. THE SCHOOL WILL FOLLOW THE REQUIRED SCREENING SCHEDULE.

|                            |       |
|----------------------------|-------|
| PARENT/GUARDIAN SIGNATURE: | DATE: |
|----------------------------|-------|

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE OFFICIALS OF HOLY NAME CATHOLIC SCHOOL TO CONTACT DIRECTLY THE PERSONS NAMED ON THIS FORM, & DO AUTHORIZE THE NAMES OF PHYSICIANS TO RENDER SUCH TREATMENTS AS DEEMED NECESSARY IN AN EMERGENCY FOR THE HEALTH OF SAID CHILD.

IN THE EVENT PHYSICIANS, OTHER PERSONS NAMED ON THIS CARD, OR PARENTS CANNOT BE CONTACTED, THE SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY IN THEIR JUDGMENT, FOR THE HEALTH OF THE AUTHORIZED CHILD.

I WILL NOT HOLD HOLY NAME CATHOLIC SCHOOL FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION FOR SAID CHILD.

|                            |       |
|----------------------------|-------|
| PARENT/GUARDIAN SIGNATURE: | DATE: |
|----------------------------|-------|

PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NO: \_\_\_\_\_