



2009-2010 Sacred Heart School Enrollment Agreement

Family of _____:

Sacred Heart School is committed to doing its best to enrich the lives of all students by helping each child develop through spiritual, moral, intellectual, social, cultural, and physical growth. The tuition and fees that each family pays in support of its child/ren are but a fraction of the funds needed. The balance comes from Sacred Heart Parish, its service organizations, foundation grants, private gifts and donations, and the PTC/Advisory Council fundraising efforts.

Of paramount importance is the commitment of each family:

- ♥ to send its child/ren to school on time and ready to learn
- ♥ to partner with the school in supporting learning and behavioral objectives
- ♥ to pay its fees and tuition on time
- ♥ to provide voluntary service that SHS support groups need to sustain their efforts
- ♥ to participate in fundraising activities.

Your signature at the bottom of this page indicates your agreement to the terms as mentioned below which are necessary for enrolling your child/ren for the coming school year.

<u>Type of Commitment</u>	<u>Payment Amount</u>	<u>Due Date to SHS</u>
Registration fees	\$ _____	No later than June 1, 2009
Tuition	\$ _____	Due by 5 th of Month

♥ _____ Volunteer a minimum of 25 hours in support of SHS or
_____ Pay \$400/Family

♥ _____ Participate in SHS Fundraising Activities or
_____ Pay \$250/Family

Parent/Guardian Signature

Date

SHS Principal

Date

Family _____

Attached please find the registration materials for Sacred Heart School for the 2009-10 school year. Below is a breakdown of next year's tuition costs. Each family has several options from which to choose.

Families who do not wish or are unable to volunteer their time may pay an extra \$400.00. This excuses them from working with Gregory Ladies, at Castaways, or in the Lunchroom.

Families who do not wish to participate in Fundraising activities may pay \$250.00 on or before August 1st, and they will not be asked to work with fundraising for the school year.

Registration Fees for one family for 2009-2010*

Registration fee per Family: \$ 125.00

Service Fee per student \$145.00 x # students = _____

Montessori Fee per student \$20.00 x # PM students= _____

Total Fees per Family \$ _____

Annual Tuition**

Tuition Expense charged family w/one SHS child \$ 2,350.00

Add \$200.00 if non-parishioner + _____

Add \$400.00/family if no Volunteer service + _____

Total Balance of Tuition Owed-One child \$ _____

	<u>Parishioner</u>	<u>Non-Parish</u>
Add Yearly Tuition Charge for Second Child	\$1,850.00	\$2,550.00
“ “ “ “ “ Third Child	\$1,650.00	\$2,550.00
“ “ “ “ “ Fourth Child	\$1,300.00	\$2,550.00

Total Tuition for Family for 2009-2010 \$ _____

* **Fees are due on or before June 1, 2009** . (SHS cannot reserve enrollment without payment of registration fees.)

**Tuition may be paid in full for the year or in 10 monthly installments.
Monthly tuition payments are due on the 5th of each month.

**2009-2010
Sacred Heart School
111 N. Church
Rockport, Texas 78382
Application**

Office Use Only	
Date Reg Rec'd: _____	
Regis. Paid <input type="checkbox"/>	1 st Mo. Tuition <input type="checkbox"/>
Birth Cert. <input type="checkbox"/>	SS Card <input type="checkbox"/> Bapt. Cert. <input type="checkbox"/>
Imm. Record <input type="checkbox"/>	Parent's D.L. <input type="checkbox"/>

This registration application should be completed and submitted to the principal's office along with the registration fees and required documents for each child. New families should expect to be interviewed by the principal. A letter will then be sent informing the family as to their enrollment status.

Grade placement for 2009/10 by official records: _____ **Student's age as of Sept 1, 2009** _____

Student's name: _____ **SSN:** _____

Date of Birth: _____ **Place of Birth:** _____ **Gender:** _____

Ethnicity: White, Black, Hispanic, Asian, Multi-racial, Other _____ (Please circle one) **US Citizen:** ___ Yes ___ No

Address: _____, Texas _____
(Physical address) (City) (Zip)

Address: _____, Texas _____
(Mailing address if different than above) (City) (Zip)

Home Phone Number: _____ **Child's Religion** _____

Name, Address, & Phone Number of Last School Attended: _____

(If not Sacred Heart School)

If child attended another school
list the number of absences: _____

Guardianship: (circle one) MOTHER FATHER BOTH *OTHER _____

Father's Name: _____ **Appropriate Title if other than Mr.** _____ **Religion:** _____

Marital Status: (circle one) Married Single Divorced Widowed Separated

Home Address (if different from student) _____

Employer _____ **Title/Position** _____

Business Address _____ **Phone** _____

E-Mail Address: _____ **Cell Phone:** _____

Mother's Name: _____ **Maiden Name.** _____ **Religion:** _____

Marital Status: (circle one) Married Single Divorced Widowed Separated

Appropriate Title: (circle one) Mrs. Ms. Miss Other _____

Home Address (if different from student) _____

Employer _____ **Title/Position** _____

Business Address _____ **Phone** _____

E-Mail Address: _____ **Cell Phone:** _____

***If guardian is other than parent(s), please complete:**

Guardian's Name: _____ **Title: Mr. Mrs. Ms. Other:** _____ **Religion:** _____

Marital Status: (circle one) Married Single Divorced Widowed Separated

Appropriate Title: (circle one) Mrs. Ms. Miss Other _____

Home Address (if different from student) _____

Employer _____ **Title/Position** _____

Business Address _____ **Phone** _____

E-Mail Address: _____ **Cell Phone:** _____

Name of other children in the family and name of school each attends: (Attach separate sheet if necessary)

_____	_____
Name	School
_____	_____
Name	School
_____	_____
Name	School

Describe any tutoring or extra help the child is receiving or has received and any special circumstances:

Describe any health conditions the child has and/or medications he/she takes that the school should be aware of: _____

Reason(s) for choosing Sacred Heart School: _____

Please list the name of Church/Parish which you attend: Church _____ City _____

Please circle school district in which you reside: (Sinton, Gregory/Portland, Aransas Pass, Rockport, Other _____)

Sacraments

Baptism:	Date _____	Church _____	City _____
First Reconciliation	Date _____	Church _____	City _____
First Holy Communion	Date _____	Church _____	City _____
Confirmation	Date _____	Church _____	City _____

AUTHORIZATION TO PICK-UP CHILD FROM SCHOOL

Students will not be released to anyone other than custodial parents or legal guardians named on the reverse of this page or those named below unless written consent is received by the school from the parents/guardians.

NAME OF CHILD: _____ GRADE _____

1. _____	_____	_____
(Name)	Relationship	Phone No.
2. _____	_____	_____
(Name)	Relationship	Phone No.
3. _____	_____	_____
(Name)	Relationship	Phone No.
4. _____	_____	_____
(Name)	Relationship	Phone No.
5. _____	_____	_____
(Name)	Relationship	Phone No.
6. _____	_____	_____
(Name)	Relationship	Phone No.

(Signature of Parent/Guardian)

(Date)

Attention Parents/Guardians: Upon submission of these registration forms, the following documents should be brought to the school to be copied for your child's permanent record: Birth Certificate, Baptismal Certificate (if applicable), Child's Social Security Card, Parent's Driver's License and Updated Immunization Record. (By Texas Law your child must be up-to-date on all immunizations before the first day of class). **Children will not be allowed to enter school without proper immunizations.** Questions regarding immunizations are referred to the School Health Coordinator.)



Sacred Heart School Extended Day Program Enrollment Form 2009 - 2010

Office Use Only
Regis. Fee Pd _____ Date _____

Welcome to the Sacred Heart School Extended Day Program.

Registration Fee	\$15 per student - due & payable on the first day of school
Monthly enrollment fee	\$75 per child per month

Drop-ins are welcome. Parents/Guardians must call or send a **written**, signed request if the student(s) for service. **Payment is due when the child(ren) is/are picked up from the center.**

Drop-in fees are as follows:

Daily	\$6/day per child
Early Dismissal	\$12/day per child

Please pick up your child by 6:00 PM.
A late fee of \$1.00 per minute will be charged on late arrivals.

Students will be logged in daily and must be signed out by the person who picks up the student(s). Please add below any additional names and telephone numbers of people who have permission to pick up your child from Extended Day. Thank you! ☺

Student's Name: _____ Grade: _____

Home Phone Number: _____

Father's Name: _____ Work Phone #: _____

Mother's Name: _____ Work Phone #: _____

Payment Plan (Check one): Monthly (\$75/mo) Drop-In(\$6/day, \$12/day Early Dism.)

The following people have permission to pick up the above named student from Extended Day:

1. _____ (Name) _____ (Phone Number)
2. _____ (Name) _____ (Phone Number)
3. _____ (Name) _____ (Phone Number)
4. _____ (Name) _____ (Phone Number)

(Signature of Parent/Guardian)

Date



Office Use Only

Regis. Fee Pd _____
Date

Sacred Heart School Bus Riders Enrollment Form 2009 - 2010

Welcome to the Sacred Heart School Bus

Bus services are available to those families who live in outlying areas including: Aransas Pass, Ingleside and the surrounding areas.

Registration Form
Registration Fee

Due on or before the first day of class.
\$15.00 per family due with submission of this form.

Please add below any additional names and telephone numbers of people who have permission to retrieve your child/ren from the bus. Thank you. ☺

Family Name: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Physical Address: _____

Home Phone Number: _____ Other Phone #: _____

Father's Name: _____ Work Phone #: _____

Mother's Name: _____ Work Phone #: _____

The following people have my permission to retrieve the above named student(s) from the bus:

1. _____
(Name) (Phone Number)

2. _____
(Name) (Phone Number)

3. _____
(Name) (Phone Number)

4. _____
(Name) (Phone Number)

Signed by _____
(Printed Name of parent/guardian)

(Signature of Parent/Guardian)

(Date)