

APPLICATION FOR ADMISSION 2017-2018



ST. HELEN CATHOLIC SCHOOL

2213 OLD ALVIN ROAD, PEARLAND, TEXAS 77581 281 485-2845

Wisdom, Age and Grace

STUDENT INFORMATION

Please type or print. Circle the grade you are applying for admission: PK3 PK 4 K 1 2 3 4 5 6 7 8

Last Name _____ First _____ Middle _____ Preferred Name _____
 Male Female Birthdate _____ Social Security Number _____ Age as of 9/1/17 _____
Must be 5 by Sept 1 to enter kindergarten.

Street address _____ City _____ State _____ Zip _____ Years at this address _____

Is the student Hispanic/Latino? YES or NO

What is the student's race? Check all that apply.
[Asian] [Indian/Native Alaskan] [Black/African American] [White]

Do you reside in Pearland School District Yes No List other _____

Is student related to a current or former student of St. Helen Catholic School? Yes No

If yes, name of relative and date of enrollment _____

Student's religion _____ Language spoken at home _____

Sacraments received : Baptism Reconciliation First Eucharist

SCHOOL INFORMATION

Student's previous school name _____ City _____ State _____ Dates/grade attended _____

Student's previous school name _____ City _____ State _____ Dates/grade attended _____

Has student ever been suspended or asked to leave any school? Is yes, explain _____

Are you aware of any special considerations required by your child that may impact his or her ability to participate in all aspects of the programs offered by St. Helen Catholic School? If so, list any academic, behavioral, physical or social considerations below. Include allergies and medication being taken:

PARISHIONER STATUS

Our family is registered at St. Helen Church Parish and we are requesting the active stewardship rate for tuition. Our parish number is _____

Our family is not registered at St. Helen Church Parish.

FAMILY INFORMATION

Please list names and ages of applicant's siblings: _____

Parent's Marital status (circle one) Married Separated Divorced* Father remarried* Mother remarried*

Student living with (circle one) Mother and Father Mother Father Guardian Other _____

*If the student's parents are divorced or legally separated, a certified copy of the court order or decree must be on file in the school office.

Mailings should be sent to (circle one) Parents Father Mother Guardian

STUDENT CELL NO: _____

FATHER/GUARDIAN

Please check: Mr. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Home phone _____

Work phone _____

Place of employment _____

Occupation/title _____

Cell/pager _____

Email _____

Religion _____

MOTHER/GUARDIAN

Please check: Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Home phone _____

Work phone _____

Place of employment _____

Occupation/title _____

Cell/pager _____

Email _____

Religion _____

STEPPARENT

Please check: Mr. Dr. Deceased

Full name _____

Address _____

Home phone _____

Work phone _____

Place of employment _____

Occupation/title _____

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Religion _____

STEPPARENT

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