



**“Growing the total child in wisdom, age, and grace.”**

**☎ Main 281.485.2845 ☎ Fax 281.485.7607**  
**shcssaints.org • 2213 Old Alvin Rd., Pearland, TX 77581**  
Archdiocese of Galveston-Houston

**NEW STUDENT APPLICATION**

\*\*\*\*\*PLEASE TYPE OR PRINT\*\*\*\*\*

**STUDENT INFORMATION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name First Middle

Male  Female Birthdate \_\_\_\_\_ Age as of 9/1/2022 \_\_\_\_\_ (Must be 5 by Sept 1 to enter kindergarten)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street number and address City State Zip Years at this address

Home phone ( ) \_\_\_\_\_ Is the student Hispanic/Latino?  YES or  NO

What is the student’s race? Check the predominant category that you identify with:

[  Asian ] [  American Indian/Native Alaskan ] [  Black/African American ] [  White ] [  Two or more races ]

Do you reside in Pearland School District  Yes  No List other district: \_\_\_\_\_

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 so that we may notify our Interventions Specialist. 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:

Sibling name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Gender \_\_\_ Current school \_\_\_\_\_

Sibling name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Gender \_\_\_ Current school \_\_\_\_\_

Sibling name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Gender \_\_\_ Current school \_\_\_\_\_

Sibling name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Gender \_\_\_ Current school \_\_\_\_\_

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 \_\_\_\_\_

Parent's Marital status  Married  Separated  Divorced\*  Father remarried\*  Mother remarried\*

Student living with  Mother and Father  Mother  Father  Guardian \_\_\_\_\_

\*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 prior to the first day of school.

## FATHER/GUARDIAN

## MOTHER/GUARDIAN

Please check:  Mr.  Dr.  Deceased

Please check:  Ms.  Dr.  Deceased

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Financial responsibility  Yes  No

Financial responsibility  Yes  No

Custodial rights  Yes  No

Custodial rights  Yes  No

Receive correspondence  Yes  No

Receive correspondence  Yes  No

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Place of employment \_\_\_\_\_

Place of employment \_\_\_\_\_

Occupation/title \_\_\_\_\_

Occupation/title \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Denomination \_\_\_\_\_

Denomination \_\_\_\_\_

### Required document checklist:

Birth certificate  All report cards  Standardized test scores

Teacher recommendation form  (Must be sent to child's current school)

### Agreements:

My signature below affirms that all of the information contained in this application is correct, complete, and honestly presented, I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.

Date: \_\_\_\_\_ Parent printed name: \_\_\_\_\_

Parent signature: \_\_\_\_\_



## St. Helen Catholic School

2213 Old Alvin Road

Pearland, TX 77581

Phone: 281.485.2845 - Fax: 281.485-7607

www.shcssaints.org

### SPECIAL NEEDS INFORMATION DISCLOSURE FORM

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

Grade: \_\_\_\_\_

In order for **St. Helen 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. Helen Catholic School** from meeting the individual needs of your child, and consequently, present reason to request withdrawal. Answering "yes" to any of the questions does not disqualify your

#### 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.

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**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.

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

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

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

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**YES NO** Does your child currently have an Individual Educational Plan (IEP) or '504 Plan' with a public school?

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

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

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\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**AUTHORIZATION TO RELEASE INFORMATION**

**St. Helen Catholic School**

Archdiocese of Galveston-Houston

AUTHORIZATION IS HEREBY GRANTED TO:

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Name of Agency sending information or records

To release information from the Social/Psychological/Medical/Educational records of:

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Name of Student

Current grade

Please send the following information to St. Helen Catholic School.

1. Complete transcript of grades including entry and exit dates.
2. Current year grades and exit grades.
3. Attendance records
4. Conduct grades
5. Achievement and ability test results.
6. Key to grading system

TO: **St. Helen Catholic School**  
**2213 Old Alvin Road, Pearland, TX 77581**  
**Attention to: Registrar**

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Authorized Signature of Parent/Guardian

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Date

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Printed Name of Parent/Guardian

Phone: 281 485-2845 Fax: 281 485-7607

Website: [www.shcssaints.org](http://www.shcssaints.org)

**TERMS OF CONDITIONAL ACCEPTANCE**

**St. Helen Catholic School  
2213 Old Alvin Road  
Pearland, Texas 77581  
281 485-2845  
281 485-7607 (fax)**

**The Administration of St. Helen Catholic School agrees to accept \_\_\_\_\_ as a full time student for a period of nine weeks.**

**This conditional acceptance is granted to determine the student's ability to meet the expectations of the school program. The student must maintain passing grades<sup>1</sup> and acceptable behavior as outlined in the current St. Helen Catholic School handbook.**

**The Administration of St. Helen Catholic School will determine the status of continued enrollment at the end of the designated time.**

**I/We read and understand the terms of the above. I/We do accept these terms and choose to enroll our son/daughter at St. Helen Catholic School under the above terms.**

**I/We are fully aware that there is no guarantee of re-enrollment if these terms are not satisfactorily met.**

\_\_\_\_\_  
**Parent Guardian**

\_\_\_\_\_  
**Phyliss Coleman, Principal, Ed.D**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
<sup>1</sup> Accomodations, if necessary

APPLICATION FEE PAYMENT SELECTION  
(CHECK ONE)



Check number \_\_\_\_\_ attached



Online giving [www.shcssaints.org](http://www.shcssaints.org)



Credit card: circle one

Type: Visa/American Express/Bank

Card number: \_\_\_\_\_

Security code: \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on card: \_\_\_\_\_