



**OUR LADY OF SORROWS SCHOOL**  
1100 GUMWOOD AVE.  
MCALLEN, TX 78501  
PHONE: (956) 686-3651 | FAX: (956) 686-1996  
[www.olsschool.org](http://www.olsschool.org)

January 2017

Parents/Guardians:

Re: 2017-2018 Registration

Registration for the 2017-2018 academic year for students currently enrolled in Our Lady of Sorrows School will begin the week of January 16, 2017 and continue through January 31, 2017. After that date, openings will be offered to new OLS Parish families February 1<sup>st</sup>. General open enrollment is then offered to all other applicants on February 6<sup>th</sup>. Priority registration is always given to our returning families, but it is very important that all paperwork is completed and returned within the registration deadlines. The school has had a marked increase in new application requests and we anticipate filling our enrollment figures quickly.

We recognize and appreciate that many of our families make financial sacrifices to send their children to our Catholic school. We want to ensure that your investment is well worth that sacrifice. The increase in tuition allows the school the ongoing process of enhancing the quality education that your children receive in all areas of the educational programs.

Enclosed you will find the registration information and forms for the 2017-2018 school year. Please review all information carefully and return all completed forms to the business office. Enclosed evaluation forms are to be submitted by prospective students whose siblings are currently at OLSS. Acceptance for these students is still contingent upon return of all completed forms and space availability.

Please direct any questions to the school business office. Our registrar and bookkeepers will be glad to answer your questions.

Yours in Christ,

Mrs. L. DeLeon, Principal  
Assistant Principal: Mr. Marc Nava  
Registrar: Mrs. Mary Gonzalez  
Bookkeeper: Ms. Ludivina Alaniz  
Assistant Bookkeeper/Registrar: Mrs. Luz Long

# NEW STUDENT APPLICATION FORM 2017-2018

**Application must be filled out completely. Applicant is to type or print all information in full.**

Name of Child(ren) attending (Oldest to Youngest)	Grade Applying For	Returning Student	New Student
1.			
2.			
3.			
4.			

**1. FAMILY INFORMATION**

Father: \_\_\_\_\_ ( ) Living ( ) Deceased  
 Last First MI  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Work Number: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Church Registered at: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
 E-mail is required: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\*\*\*\*

Mother \_\_\_\_\_ ( ) Living ( ) Deceased  
 Last First Maiden  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Work Number: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Church Registered at: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
 E-mail is required: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Student Lives with:** ( ) Mother ( ) Father ( ) Both **Parent's Marital Status:** ( ) Married ( ) Divorced ( ) Separated  
 ( ) Parent/Step Parent ( ) Other \_\_\_\_\_ ( ) Widowed ( ) Single ( ) Remarried

**IF DIVORCED PLEASE ATTACH A COPY OF THE CUSTODY AGREEMENT**

Does the other parent have legal access? ( ) Yes ( ) No ( ) N/A

**Family Annual Income:**

\_\_\_\_\_ Under \$20,000 \_\_\_\_\_ \$20,000 - \$29,999 \_\_\_\_\_ \$30,000 - \$39,000 \_\_\_\_\_ \$40,000 - \$49,000  
 \_\_\_\_\_ \$50,000 - \$59,999 \_\_\_\_\_ \$60,000 - \$69,999 \_\_\_\_\_ \$70,000 or more Total Household size: \_\_\_\_\_

**DOCUMENTS NEEDED FOR NEW STUDENTS, COPY OF:**

- \_\_\_ Application for Admission (all documents)
- \_\_\_ Birth Certificate
- \_\_\_ Baptismal Certificate
- \_\_\_ Social Security Card
- \_\_\_ If from another country:
- \_\_\_ Student Visa (F-1, I-20, forms must be picked up and submitted to immigration before August 1<sup>st</sup>)
- \_\_\_ Complete Immunization Schedule
- \_\_\_ Copy of most recent transcript, including standardized test scores
- \_\_\_ Copy of most recent report card
- \_\_\_ Letters of Recommendation from School Principal
- \_\_\_ Letters of Recommendation from Current Teacher (or Counselor)
- \_\_\_ If transferring from another school:
- Name of School \_\_\_\_\_
- School Address \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Fax Number \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
 DATE RECEIVED \_\_\_\_\_ DATE PAID \_\_\_\_\_  
 REG. PAYMENT \_\_\_\_\_ RECEIPT # \_\_\_\_\_  
 REGISTERED BY \_\_\_\_\_

**\*\*Application MUST be completed, if not, it will not be processed.\*\***

In the Home: \_\_\_\_\_ English Only \_\_\_\_\_ Spanish Only \_\_\_\_\_ Both \_\_\_\_\_ Other  
 Child Speaks: \_\_\_\_\_ English Only \_\_\_\_\_ Spanish Only \_\_\_\_\_ Both \_\_\_\_\_ Other  
 Child Understands: \_\_\_\_\_ English Only \_\_\_\_\_ Spanish Only \_\_\_\_\_ Both \_\_\_\_\_ Other

**5. NAME OF PUBLIC SCHOOLS THAT YOUR CHILD IS ZONED FOR: \*(MUST BE FILLED IN)**

**DISTRICT:** \_\_\_\_\_  
**ELEMENTARY:** \_\_\_\_\_  
**MIDDLE SCHOOL:** \_\_\_\_\_  
**HIGH SCHOOL:** \_\_\_\_\_

**A.) HAVE YOU OR YOUR SPOUSE ATTENDED A PRIVATE SCHOOL? \_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ BOTH**

**IF YES, WHAT PRIVATE SCHOOLS DID YOU ATTEND?**

MOTHER \_\_\_\_\_ PRIMARY \_\_\_\_\_ SECONDARY \_\_\_\_\_ COLLEGE  
 FATHER \_\_\_\_\_ PRIMARY \_\_\_\_\_ SECONDARY \_\_\_\_\_ COLLEGE

**7. NEW STUDENT INFORMATION**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ City and State of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Age as of Sept. 1, 2017 \_\_\_\_\_ Grade Placement \_\_\_\_\_ (PK, K, or Grade)  
 Student Special Needs: \_\_\_\_\_

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Holy Eucharist	_____	_____	_____

Ethnic Background ( ) White ( ) Black ( ) Hispanic ( ) Asian ( ) American Indian ( ) Other \_\_\_\_\_

\*\*\*\*\*

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ City and State of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Age as of Sept. 1, 2017 \_\_\_\_\_ Grade Placement \_\_\_\_\_ (PK, K, or Grade)  
 Student Special Needs: \_\_\_\_\_

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Holy Eucharist	_____	_____	_____

Ethnic Background ( ) White ( ) Black ( ) Hispanic ( ) Asian ( ) American Indian ( ) Other \_\_\_\_\_

\*\*\*\*\*

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ City and State of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Age as of Sept. 1, 2017 \_\_\_\_\_ Grade Placement \_\_\_\_\_ (PK, K, or Grade)

Student Special Needs: \_\_\_\_\_

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Holy Eucharist	_____	_____	_____

Ethnic Background ( ) White ( ) Black ( ) Hispanic ( ) Asian ( ) American Indian ( ) Other \_\_\_\_\_  
 \*\*\*\*\*

4. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ City and State of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Age as of Sept. 1, 2017 \_\_\_\_\_ Grade Placement \_\_\_\_\_ (PK, K, or Grade)

Student Special Needs: \_\_\_\_\_

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Holy Eucharist	_____	_____	_____

Ethnic Background ( ) White ( ) Black ( ) Hispanic ( ) Asian ( ) American Indian ( ) Other \_\_\_\_\_

IF YOUR CHILD IS PLACED ON A WAIT LIST AND A SPACE SHOULD BECOME AVAILABLE DURING THE SCHOOL YEAR, WOULD YOU BE WILLING TO ENROLL YOUR CHILD AT THAT TIME?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

## TUITION AND FEE GUIDELINES

**\*\*Please read this agreement carefully and initial to confirm that you will commit to each of the following requirements\*\***

### REGISTRATION: \_\_\_\_\_ Initial

All students pay a non-refundable registration fee of **\$255**. Application will NOT be processed unless registration fee is paid. The school's expectation at the time of registration is that all tuition and fees will be paid on time. Failure to do so violates the contract that the school makes with the Parent/Guardian and this will result in the suspension of child(ren) for delinquent tuition or fees, and/or non-registration for the following year.

### TUITION & FEE PAYMENT: \_\_\_\_\_ Initial

Your tuition payment will include technology, books and school supplies fee. Tuition itself does not help the school cover all costs of educating each child. The school must rely on other sources of funding, including parish allocations, grants, donations, and fundraisers.

- Tuition is to be paid in twelve (12) month increments (June through May).
- The tuition is due on the 1<sup>st</sup> day of each month.
- A \$30 late fee will be assessed after the 15<sup>th</sup> of each month.
- There is a 10% tuition discount for families with 3 or more children.
- The first tuition payment is due by June 1, 2017 (12 months).
- **Tuition past due 90 days or more may result in the ineligibility for the student(s) to remain at Our Lady of Sorrows School.**
- If a student withdraws from school voluntarily, advance tuition will be refunded by the following schedule (not including registration or other fees):
  - **Prior to July 1<sup>st</sup>..... 100%**
  - **July 2<sup>nd</sup> – July 13<sup>th</sup> ..... 50%**
  - **On or After July 14<sup>th</sup> ..... NO REFUND**

### MANDATORY FUNDRAISERS: \_\_\_\_\_ Initial

The school has two major fundraising projects per year. The **MANDATORY FUNDRAISERS** will be a total of \$400.00 per family. The Fall Raffle Commitment will require selling \$200 worth of raffle tickets. The Spring Car Raffle Commitment will require selling \$200 worth of tickets. Families are encouraged to sell additional tickets to support the school.

### SERVICE HOURS: \_\_\_\_\_ Initial

Each family is required to perform 3 hours of SERVICE to the school for the 2017-2018 school year. A volunteer orientation will be held at the start of the school year to inform parents about volunteer opportunities within the school and/or during school functions. Mandatory service hours must be completed by April 27, 2018 to avoid having financial account billed for the remaining difference of \$50 per hour.

### DELINQUENT ACCOUNTS: \_\_\_\_\_ Initial

**Suspension:** Students whose accounts are 90 days or more past due will be suspended until the account is paid up to date.

**Report Cards/Progress Reports:** Report card will not be issued to students whose accounts are delinquent.

**Credit Card Payment:** Delinquent accounts may be subject to payment by credit card. Repeated account delinquency, will require a credit card authorization to be on file.

**Withdrawal:** In the event that a student with a delinquent account withdraws from school, no grades, transcripts, or other records will be released until all financial obligations have been met.

### PAYMENT TYPE \_\_\_\_\_ Initial

Payments may be made by check, money order, credit/debit card, pre-authorized credit/debit card charge or by pre-authorized ACH (no service charge). We accept Debit card payments with a service charge of \$5 and Credit Card (Visa, MasterCard, and Discover) payments with a service charge of \$5.

### INSUFFICIENT FUNDS (NSF) & ACH RETURNS \_\_\_\_\_ Initial

A \$35 Fee will be assessed in each case when a check or ACH is returned by the bank for insufficient funds.



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## Enrollment Contract for School Year 2017-2018

### Non-Refundable Fees

Registration Fee- \$255.00 per Student  
 Fall Fundraiser Commitment- \$200.00 per Family  
 Spring Fundraiser Commitment- \$200.00 per Family

#### U.S. Resident

PK-Kinder	Annual	12 Month
1 <sup>st</sup> & 2 <sup>nd</sup> Child	\$5400.00	\$450.00
3 <sup>rd</sup> + Child*	\$4860.00	\$405.00
1 <sup>st</sup> -8 <sup>th</sup> grade		
1 <sup>st</sup> & 2 <sup>nd</sup> Child	\$5400.00	\$450.00
3 <sup>rd</sup> + Child*	\$4860.00	\$405.00

#### NON-U.S. Resident

PK-Kinder	Annual	12 Month
1 <sup>st</sup> & 2 <sup>nd</sup> Child	\$5640.00	\$470.00
3 <sup>rd</sup> + Child*	\$5076.00	\$423.00
1 <sup>st</sup> -8 <sup>th</sup> grade		
1 <sup>st</sup> & 2 <sup>nd</sup> Child	\$5640.00	\$470.00
3 <sup>rd</sup> + Child*	\$5076.00	\$423.00

1. Payment of non-refundable registration fee of \$255.00 per child is due upon submission of a completed application.
2. Payment is due on the 1<sup>st</sup> of each month. Payments received after the 15<sup>th</sup> of each month will be subject to a \$30 late charge per month. Tuition past due 90 days or more may result in the ineligibility of my son/daughter to remain at Our Lady of Sorrows School.
3. The parent(s)/guardian(s) agree to participate in and support all school activities, including fundraising events. **Parent(s)/Guardian(s) agree to sell mandatory fall and spring raffle commitment tickets of \$200 per raffle (\$400 annually).** If not fulfilled by event date (TBD) the tuition account will be billed for the monetary difference and an **additional late fee charge of \$30.00**
4. The parent(s)/guardian(s) agrees to complete 3 hours of service to the school by April 27, 2018. **Parent(s)/Guardian(s) agree to pay \$50 per service hour not completed.**
5. If a student withdraws from the school voluntarily on the opening day or thereafter, advance tuition payments will be refunded according to the schedule given on the previous page. All other fees are nonrefundable.
6. There is a \$35 NSF fee for checks and ACH returns by the bank for insufficient funds. At the discretion of the administration, it may be necessary to require all future payments be made in the form of cash, credit card, money order or cashier's check.
7. I, \_\_\_\_\_ **will be responsible for all financial obligations stated above.**  
 Print Parent/Guardian responsible for tuition

\_\_\_\_\_  
 Parent/Guardian Signature  
 Responsible for Tuition

\_\_\_\_\_  
 Date

#### OFFICE USE ONLY

Total Annual Tuition \$ \_\_\_\_\_  
 Total Registration Payment \$ \_\_\_\_\_  
 \_\_\_ Cash      \_\_\_ Check

Date Received \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Receipt # \_\_\_\_\_

Registered By: \_\_\_\_\_





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**COUNSELOR EVALUATION**

School Year 20\_\_\_\_ - \_\_\_\_

**Counselor:**

Thank you for taking the time to complete this evaluation. All information will be considered strictly confidential. The insight you are able to provide helps us tremendously in the admission process.

The student whose name appears below is a candidate for admission to Our Lady of Sorrows School.

Applicant's Name \_\_\_\_\_

Last,

First

Middle

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Please rank the student in each area using the following scale. Provide comments for those areas meriting a '1' or '2'.

	1: Weak (Never)	2: Fair (Some-times)	3: Average (Usually)	4: Good (Most of the Time)	5: Superior (Always)	Comments
Academic Performance	1	2	3	4	5	
Follows Directions	1	2	3	4	5	
Organization	1	2	3	4	5	
Reading Skills	1	2	3	4	5	
Math Skills	1	2	3	4	5	
Participation	1	2	3	4	5	
Work Habits	1	2	3	4	5	
Conduct	1	2	3	4	5	
Social Skills	1	2	3	4	5	
Self-discipline	1	2	3	4	5	
Attendance	1	2	3	4	5	
Honesty	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Willingness to Help Others	1	2	3	4	5	
Respect for Property	1	2	3	4	5	
Respect for policies	1	2	3	4	5	
Overall	1	2	3	4	5	

Areas of Special Need – Please identify any programs the student has participated in:

- |                           |                         |
|---------------------------|-------------------------|
| _____ Gifted and Talented | _____ Section 504       |
| _____ ESL/LEP/Bilingual   | _____ Special Education |
| _____ Dyslexia            | _____ Speech            |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_





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**TEACHER EVALUATION**

School Year 20\_\_\_\_ - \_\_\_\_

**Teacher:**

Thank you for taking the time to complete this evaluation. All information will be considered strictly confidential. The insight you are able to provide helps us tremendously in the admission process.

The student whose name appears below is a candidate for admission to Our Lady of Sorrows School.

Applicant's Name \_\_\_\_\_

Last,

First

Middle

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Please rank the student in each area using the following scale. Provide comments for those areas meriting a '1' or '2'.

	1: Weak (Never)	2: Fair (Some-times)	3: Average (Usually)	4: Good (Most of the Time)	5: Superior (Always)	Comments
Academic Performance	1	2	3	4	5	
Follows Directions	1	2	3	4	5	
Organization	1	2	3	4	5	
Reading Skills	1	2	3	4	5	
Math Skills	1	2	3	4	5	
Participation	1	2	3	4	5	
Work Habits	1	2	3	4	5	
Conduct	1	2	3	4	5	
Social Skills	1	2	3	4	5	
Self-discipline	1	2	3	4	5	
Attendance	1	2	3	4	5	
Honesty	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Willingness to Help Others	1	2	3	4	5	
Respect for Property	1	2	3	4	5	
Respect for policies	1	2	3	4	5	
Overall	1	2	3	4	5	

Areas of Special Need – Please identify any programs the student has participated in:

\_\_\_\_\_ Gifted and Talented

\_\_\_\_\_ ESL/LEP/Bilingual

\_\_\_\_\_ Dyslexia

\_\_\_\_\_ Section 504

\_\_\_\_\_ Special Education

\_\_\_\_\_ Speech

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Contact Phone # \_\_\_\_\_



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## EARLY CHILDHOOD EVALUATION

School Year 20\_\_\_\_ - \_\_\_\_

Current Daycare, Head of School, or Parent:

Thank you for taking the time to complete this evaluation. All information will be considered strictly confidential. The insight you are able to provide helps us tremendously in the admission process.

The student whose name appears below is a candidate for admission to Our Lady of Sorrows School.

Applicant's Name \_\_\_\_\_

Last,

First

Middle

Applying for (circle one) **PK-3** **PK-4** **Kinder-5**

Please rank the student in each area using the following scale. Provide comments for those areas meriting a '1' or '2'.

	1: Total assistance	2: Maximum assistance	3: Moderate assistance	4: Minimal assistance	5: Requires Supervision (safety)	6: Modified independent (use of special devices) specify	7: Independent	Comments
Able to dress self	1	2	3	4	5	6	7	
Able to tie own shoes	1	2	3	4	5	6	7	
Able to handle own bathroom needs	1	2	3	4	5	6	7	
Able to use fork, spoon, and napkin	1	2	3	4	5	6	7	
Speaks Clearly	1	2	3	4	5	6	7	
Speaks English	1	2	3	4	5	6	7	
Speaks Spanish	1	2	3	4	5	6	7	
Able to say own name	1	2	3	4	5	6	7	
Able to say own age	1	2	3	4	5	6	7	
Able to say parent's name	1	2	3	4	5	6	7	
Able to sit quietly to complete a task (coloring, play dough, etc.)	1	2	3	4	5	6	7	
Able to follow oral instructions	1	2	3	4	5	6	7	
Interacts appropriately with other children	1	2	3	4	5	6	7	
What discipline method is used with the child?								
The child accepts the discipline	1	2	3	4	5	6	7	
Able to walk	1	2	3	4	5	6	7	____feet
Able to go ↑ / ↓ steps	1	2	3	4	5	6	7	
Use of hand rails	1	2	3	4	5	6	7	____1 handrail ____2 handrails
Able to transfer and use toilet	1	2	3	4	5	6	7	

Areas of Special Needs – Please identify any programs the student has participated in:

\_\_\_\_ Dyslexia    \_\_\_\_ Section 504    \_\_\_\_ Special Education    \_\_\_\_ Speech

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Contact # \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION**  
**SCHOOL YEAR 2017-2018**

**Applications must be filled out completely to complete the registration process.**  
**An Emergency Information form must be filled out for EACH child. Please PRINT clearly.**

**STUDENT INFORMATION**

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

GENDER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

**PARENTAL/GUARDIAN INFORMATION**

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

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

**EMERGENCY CONTACTS**

IN CASE OF EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL: **(MUST BE A U.S. NUMBER)**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD FROM THIS SCHOOL:

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**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 condition, diabetes, epilepsy/seizures, or asthma with use of inhaler.** (Please write "none" where applicable)

\_\_\_\_\_

\_\_\_\_\_

2. Is there any need for medication or inhalers at school? If so, 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 TREAT**

I, the undersigned, do hereby authorize the officials of Our Lady of Sorrows School to contact directly the person named on this form, and do authorize the named physicians to render such treatment as may be 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 aforesaid child.

I will not hold Our Lady of Sorrows School financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
PLEASE PRINT PARENT NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

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

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

IN CASE OF AN EMERGENCY REQUIRING PROFESSIONAL CARE, I/WE AUTHORIZE THE SCHOOL OFFICIALS TO HAVE MY/OUR CHILD TREATED BY EMS STAFF AND/OR TRANSPORTED TO \_\_\_\_\_ HOSPITAL.



**OUR LADY OF SORROWS SCHOOL**  
1100 GUMWOOD AVE.  
MCALLEN, TX 78501  
PHONE: (956) 686-3651 | FAX: (956) 686-1996  
www.olsschool.org

STUDENT WITH SPECIAL NEEDS INFORMATION FORM

We at **Our Lady of Sorrows School** are committed to providing the best education for your child. Please provide the following information to enable us to achieve this goal.

ALL INFORMATION IS HELD IN CONFIDENCE

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

1. Has your child ever had special education testing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child ever received special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Please describe these special considerations below:

Academic: \_\_\_\_\_

\_\_\_\_\_

Behavioral: \_\_\_\_\_

\_\_\_\_\_

Physical: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been asked to withdraw your child from a particular school for disciplinary reason?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, Please explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**TERMS OF CONDITIONAL ACCEPTANCE**

\_\_\_\_\_  
 Name of Parent(s)

\_\_\_\_\_  
 Address of Parent(s)

The Administration of **OUR LADY OF SORROWS SCHOOL** agrees to accept  
 Name of School

\_\_\_\_\_  
 Name of Child

as a full-time student at **OUR LADY OF SORROWS SCHOOL** for the period of

\_\_\_\_\_.

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\* and acceptable behavior as outlined in the current Our Lady of Sorrows School Handbook.

The administration of Our Lady of Sorrows School will determine the status of continued enrollment at the end of the designated time.

I/We have read this document and understand there is no guarantee of re-enrollment if above terms are not satisfactory met.

\_\_\_\_\_  
 Parent/Guardian

\_\_\_\_\_  
 Administrator

\_\_\_\_\_  
 Superintendent

Date \_\_\_\_\_

\*Modified, if necessary



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## AUTHORIZATION TO RELEASE INFORMATION

### AUTHORIZATION IS HEREBY GRANTED TO:

\_\_\_\_\_  
Name of Agency sending information or records or in consultation of

to release information from the Education/Social/Psychological/Medical records of:

\_\_\_\_\_  
Name of Student

Please include, if available,

1. Withdrawal grades
2. Transcript of pupil cumulative records
3. Group and /or individual test results
4. Record of immunizations and health information
5. Records related to Special Needs

Please send to: Our Lady of Sorrows School  
1100 Gumwood  
McAllen, TX 78504

Attention to: Mary Gonzalez, Registrar

\_\_\_\_\_  
Authorization Signature of Parent/Guardian

Date \_\_\_\_\_