



OUR LADY OF SORROWS CATHOLIC SCHOOL APPLICATION FORM

Application must be filled out completely.

2010-2011



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

REQUIRED DOCUMENTS FOR ALL STUDENTS, COPY OF:

() Birth Certificate () Baptismal Certificate () Social Security Num. () Immunization Record () Student Visa (F-1) – if from another country

REQUIRED DOCUMENTS FOR TRANSFER STUDENTS:

Name of previous school _____ District _____

() Cumulative School Record () Recent Report Card () Standardized Test Scores/TAAS () Medical Records

() Letter of Recommendation from School Principal, Counselor and/or Teacher

1. FAMILY INFORMATION

Father's/Guardian Name: _____ () Living () Deceased
(Last, First Name)

Religion: _____ **Church Registered At:** _____ **Church Attending:** _____

Mother's/Guardian Name: _____ () Living () Deceased
(Last, First Name) (Maiden)

Religion: _____ **Church Registered At:** _____ **Church Attending:** _____

Physical Address: _____
City, State, Zip

Mailing Address: _____
City, State, Zip

Home Phone: _____ **Father's/Guardian Cell:** _____ **Mother's/Guardian Cell Phone:** _____

Father's/Guardian Email: _____ **Mother's/Guardian Email:** _____

Student Lives with: () Mother () Father () Both () Guardian

Parent's Marital Status: () Married () Divorced () Separated () Widowed () Single

2. EMPLOYMENT INFORMATION

Father's Employer: _____ **Position:** _____

Physical Address: _____ **Phone:** _____

Check One: () Currently Employed () Unemployed () Self-Employed () Unable to work

Mother's Employer: _____ **Position:** _____

Physical Address: _____ **Phone:** _____

Check One: () Currently Employed () Unemployed () Self-Employed () Unable to work

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: _____

FOR OFFICE USE ONLY:

Date Paid _____	Year Tuition: _____
Receipt Number: _____	Monthly Payment: _____

3. PERSON RESPONSIBLE FOR TUITION PAYMENT

(Include Name, Address, Phone Number, If Other Than Parents)

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

4. LANGUAGE SPOKEN

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 YOUR LOCAL PUBLIC SCHOOLS: (MUST BE FILLED IN) DISTRICT: _____

ELEMENTARY: _____

MIDDLE SCHOOL: _____

HIGH SCHOOL: _____

6. GENERAL INFORMATION

A.) WHY HAVE YOU SELECTED OUR LADY OF SORROWS SCHOOL FOR YOUR CHILD?

B.) HAVE YOU PREVIOUSLY APPLIED? IF YES, WHEN? YEAR?

C.) 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. MANDATORY FUNDRAISER

The mandatory fundraiser will be increased to a total of \$250.00 per family. The (fall raffle) will remain at \$150 per family. The (spring raffle) families will be given \$100 worth of ticket(s) to the spring car raffle. In the event that parents enroll their child(ren) after the Fall Fundraiser, the mandatory \$150.00 fundraiser fee will be applied to the tuition for the year.

8. NEW STUDENT INFORMATION

1. Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Birth Date _____ City and State of Birth _____

Age on Sept. 1 (Coming Year) _____ Grade Placement _____ (PK, K, or Grade)

Student Special Needs: _____

Sacrament Date Church City and State

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 _____

Age on Sept. 1 (Coming Year) _____ Grade Placement _____ (PK, K, or Grade)

Student Special Needs: _____

Sacrament Date Church City and State

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 _____

Age on Sept. 1 (Coming Year) _____ Grade Placement _____ (PK, K, or Grade)

Student Special Needs: _____

Sacrament Date Church City and State

Baptism _____ _____ _____

Reconciliation _____ _____ _____

Holy Eucharist _____ _____ _____

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

IF A SPACE SHOULD BECOME AVAILABLE DURING THE SCHOOL YEAR, WOULD YOU BE WILLING TO ENROLL YOUR CHILD AT THAT TIME?

_____ YES _____ NO

**ONE COMMITMENT CONTRACT PER FAMILY MUST BE SIGNED & RETURNED WITH APPLICATION.
REGISTRATION FEE OF \$200.00 PER STUDENT IS NON-REFUNDABLE.**

PLEASE PRINT PARENT NAME

PARENT SIGNATURE

DATE



OUR LADY OF SORROWS CATHOLIC SCHOOL

2010 – 2011 COMMITMENT CONTRACT

Application must be filled out completely.



Dear Parents and Guardians

In order to provide a salary increase for teachers and support staff, and to ensure the financial stability of the school, the School Council deemed it necessary to increase tuition for the 2010 – 2011 school year by **\$15.00 per month**. Your tuition payment will continue to include book fees and school supplies.

The **MANDATORY FUNDRAISERS** will be increased to a total of \$250.00 per family. The (Fall Raffle) will remain at **\$150.00** (30 tickets) per family. For the (Spring Raffle) families will be given \$100.00 worth of ticket(s) to the Spring Car Raffle. Families are encouraged to sell additional tickets to support the school.

Each family is required to perform **10 hours of SERVICE to the school community**. This service can be performed at a variety of functions throughout the school year. Five Service hours must be **completed by December 16, 2010 and five hours by May 6, 2011**. **Hours not completed** will be billed to the family account at \$50.00 per hour. Further details are available in the service hour program guidelines.

It is our hope that all families will approach this financial commitment in a spirit of cooperation for the continued success of our school.

I understand the terms of this commitment and agree to the following:

- (1) To pay Registration Fee of \$200.00
- (2) To pay tuition according to the school's set monthly schedule:

PK-Kinder	Year	12 Month	1 st – 8 th	Year	12 Month	Reynosa	Year	12 Month
1 st Child	\$4800	\$400.00	1 st Child	\$4500	\$375.00	1st Child	\$4620	\$385.00
2 nd Child	\$4800	\$400.00	2 nd Child	\$4500	\$375.00	2 nd Child	\$4620	\$385.00
3 rd Child	\$4320	\$360.00	3 rd Child	\$4050	\$337.50	3 rd Child	\$4158	\$346.50

- (3) To buy or sell 30 tickets at \$5.00 each for a total of \$150.00 for the Fall Raffle by **October 15, 2010**. A family commitment not fulfilled by **October 15, 2010** will result in **billing for the difference and assessed a late fee charge of \$15.00 to be applied to the tuition account**.
- (4) To buy or sell \$100.00 worth of ticket(s) for the Spring Car Raffle.
- (5) Each Family is required to complete a minimum of **10 Service Hours**.

Please Print Name

Parent Signature

Date

Please drop off or mail the following in the enclosed envelope:

- Completed registration form with Registration Fee of \$200 per student.
- Signed Commitment Contract

Registration for **current families** will take place from **January 11th to January 29, 2010**.

Registration for **new families** opens **February 08, 2010**.

Fred Valle, Principal



OUR LADY OF SORROWS SCHOOL
1100 GUMWOOD AVE.
MCALLEN, TX 78501-4559
PHONE: (956) 686-3651 FAX: (956) 686-1996
www.olsschool.org



PRINCIPAL EVALUATION
School Year 20____ - ____

Principal or Head of School:

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 _____
Street City State Zip

Contact Phone # _____



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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)	Average (Usual)	Good (Most of the)	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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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 # _____



OUR LADY OF SORROWS CATHOLIC SCHOOL

2010 – 2011 STUDENT EMERGENCY INFORMATION

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

LAST NAME: _____ FIRST: _____ DOB: _____ GRADE: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____ TEACHER: _____

GENDER: _____ HOME PHONE: _____ SSN: _____

PARENTAL/GUARDIAN INFORMATION

MOTHER'S NAME: _____ WORK#: _____ CELL: _____ PAGER: _____

FATHER'S NAME: _____ WORK#: _____ CELL: _____ PAGER: _____

EMERGENCY CONTACTS

IN CASE OF EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL

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#: _____

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.

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#: _____

ADDRESS: _____

CITY: _____ ZIP: _____

LOCAL HOSPITAL: _____ ADDRESS: _____ CITY: _____

INSURANCE COMPANY NAME: _____ POLICY No. _____