



St. Mary's
Catholic School

ENROLLMENT CHECKLIST

- ☐ Registration Packet
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Immunization Record (no waivers accepted)
- ☐ Copy of Baptismal Certificate (if baptized Catholic)
- ☐ Complete Virtus Training (Protecting God's Children)
- ☐ Entrance Exam (3rd-8th grade only)
- ☐ Pre-K students required to be potty trained
- ☐ Enrollment fee (\$150 per family)
- ☐ Once enrolled- set up FACTS Account

Date Completed _____

Authorized Signature _____

Application for Admission



St. Mary's
Catholic School

Student Information

Applying for Admission <input type="checkbox"/> Fall <input type="checkbox"/> Spring		Year	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Full Name				
Social Security Number			Date of Birth (MM/DD/YYYY)	
Home Address				
City		State	ZIP	
Home Phone		Cell Phone		
Student Religion		Language Spoken at Home		
Rank of Child	Boys in Family:		Girls in Family:	
Please check the box that best describes the student's race or ethnicity: <input type="checkbox"/> Hispanic/Latin origin <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian				

Previous School Information

School Name		Grade Levels (i.e., 3K-8th)
Address		
City	State	Zip
School Phone:	Dates of Attendance	

How did you hear about St. Mary's Catholic School?

- ☐ Friend/Relative: _____
☐ Advertisement: _____
☐ Church: _____
☐ Internet: _____

Family Information

Father/Guardian	Religion	SSN:
Home Address		
City	State	ZIP
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widower		
Home Phone:	Cell Phone:	Work Phone:
Occupation	Email Address:	

Mother/Guardian	Religion	SSN:
Home Address		
City	State	ZIP
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widower		
Home Phone:	Cell Phone:	Work Phone:
Occupation	Email Address:	

Student Sibling(s)- Please list all siblings other than enrolling student

Name	Age	Grade	Current School

Emergency Information

Physician:	Physician's Phone:
Please list two relatives or neighbors who will assume temporary care of your child if you cannot be reached.	
Name: _____	Phone: _____
Name: _____	Phone: _____
Special health conditions or comments:	

Payment Schedule

Tuition for the current school year is prescribed in the attached schedule. The principal, office staff or accounting department will be glad to answer any questions you may have.

Registration: is payable in full at the time of registration. Registration is not complete until the enrollment fee is paid and accepted. Registration will not be accepted until any outstanding balance from prior years is brought current. The enrollment fee is non refundable.

You will set up an online FACTS account once the student is enrolled. Please have an account established no later than June 1.

Tuition: the family has the option of three payment schedules: (check only one)

- ☐ One payment of the full annual tuition paid on July 1 (\$200 discount)
- ☐ Two equal payments, one on July 1 and one on January 1 (\$100 discount)
- ☐ Ten equal payments, from August 1 through May 1

FACTS customer-Who will be financially responsible? _____

Withdrawal

In the event that a student withdraws from St. Mary's School during the school year, a partial refund of paid tuition only may be made. Unpaid tuition is due prior to withdrawal.

Enrollment Requirements

The following documents are required to complete your child's registration.

- | | |
|---------|---|
| Initial | If your child is enrolling in St. Mary's School for the first time you will need to present immunization records*, birth certificate, social security card and a baptismal record if the child is Catholic. Registration is NOT complete and a child may be denied attendance if these records are missing or incomplete. |
| Initial | If your child is transferring from another school, we must receive all transfer records before full acceptance is granted. If the child is transferring from a non-accredited school, the child will take the school achievement test to determine placement in a grade. |
| Initial | The registration deposit is payable at the time of registration and is non-refundable. |

*It is the policy of the Archdiocese of San Antonio that immunizations are required; affidavits of objection based on reason of conscience are **not** acceptable.

Protecting God's Children

It is Archdiocesan policy that all volunteers have an up-to-date criminal background check and have completed Protecting God's Children. The criminal background checks automatically renew, but the Protecting God's Children certificate expires after three years.

Below is the link to help walk you through the Protecting God's Children module.

Registration: <https://www.virtusonline.org/virtus/>

- First-time Registrant
- Begin the registration process
 - San Antonio, TX (Archdiocese)
- Create a User ID and password
- Complete registration information
 - Primary location-St. Mary's **School** Fredericksburg
- Do you interact with minors? **YES**
- Have you ever taken a Protecting God's Children session? **NO**
- Click Protecting God's Children to begin watching the video
- Please print and submit certificates of completion to the school office

These safety videos are required to participate in any school activities (field trips, class parties, etc), so it is vital that we have your information and that it is up to date. If there are others (grandparents, etc) that volunteer at St. Mary's, please forward this information on to them.

Parent-School Agreement

I request that St. Mary's School enroll my child. I agree to comply with the policies set forth in the St. Mary's Parent/Student Handbook posted online. I agree to be responsible for the timely and regular payment of tuition based on the payment schedule I have chosen. I understand the school may withhold exams and grade reports until all payments are made. I also understand that my child will not be eligible to participate in extracurricular activities if my balance is not current.

I am aware that my child must take required physical examinations-vision, hearing, height, weight, lice, scoliosis and acanthosis nigricans. My child will receive all state mandated immunizations when they become due.

I authorize a representative of St. Mary's School to refer and/or transport my child to a doctor in the event of an emergency or sudden illness, providing the primary or alternate person designated on page 1 cannot be reached.

I certify that I have read and understand all the provisions of this contract and agree to abide by all of its conditions.

Student Name: _____

Parent Signature: _____

Signed this _____ day of _____, 20 ____

Principal Signature: _____ Date: _____

St. Mary's Catholic School

2024-2025 Student Information

I have read, and I agree to be governed by the rules, regulations and procedures that are outlined in the St. Mary's Parent/Student handbook posted online. I understand that some rules may be amended during the year, and that I will be informed of those amendments before they are enforced.

Student Name: _____ Teacher/Grade: _____

Parent Name (printed): _____

Please check the appropriate boxes below.

Parent/Student handbook:

- ☐ I would like to have a printed copy of the handbook
- ☐ I will view the handbook online (school.stmarysfbg.com)

School Directory:

- ☐ I would like to have my family's name, address, and phone number listed in the school directory.
- ☐ I do not give permission to list my family's name, address, and phone number in the school directory.

Publications:

- ☐ I give permission to have my child's picture used in news publications, advertising publications, and the school's website.
- ☐ I do not give permission to have my child's picture used in news publications, advertising publications, and the school's website.

Release of phone number:

- ☐ I give permission to release my phone number if it is requested by a SMS room parent
- ☐ I do not give permission to release my phone number to anyone.

I understand that my student must be in attendance at least 90% of the time to receive credit for the school year.

Parent Signature: _____ Date: _____



Department of Catholic Schools
Archdiocese of San Antonio
2718 W. Woodlawn Ave
San Antonio, TX 78228
210-734-2620 • Fax 210-734-9112
www.sacatholicschools.org

STUDENT HEALTH FORM

School Year: _____ Grade: _____ Homeroom Teacher: _____

Student's Name: _____ M / F Last
Name First Name M.I. Date of Birth Gender

Primary Address: _____
Street Address City State Zip

It is the Texas Catholic Conference of Bishops policy that every student in a Catholic School in the State of Texas be immunized against vaccine preventable diseases caused by infectious agents in accordance with the immunization schedule adopted by the Texas Department of State Health Services.

Children will be screened as set forth by the Texas Department of State Health Services for hearing, vision, scoliosis and acanthosis nigricans. The school follows the required screening schedule from the State of Texas.

WHERE CAN PARENTS/GUARDIANS BE REACHED?

Mother/Guardian Name: _____ **Primary Phone:** _____

Address if different: _____ **Secondary Phone:** _____

Work Place: _____ **Work Phone:** _____

Work Address: _____ **Email:** _____

Father/Guardian Name: _____ **Primary Phone:** _____

Address if different: _____ **Secondary Phone:** _____

Work Place: _____ **Work Phone:** _____

Work Address: _____ **Email:** _____

Please list designated persons allowed to assume temporary care of your child if you are not available. **ONLY** the designated individuals listed below will be able to pick-up your child/children from school. *Changes or additions to this form must be made in writing.*

1) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

2) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

** You may list additional Authorized Persons to assume temporary care of your child/children on the reverse.
ONLY the designated people will be able to pick up your child/children from school.**

Student's Name: _____

3) Name: _____ **Primary Phone:** _____

Address: _____ **Secondary Phone:** _____

Relationship: _____ **Work Phone:** _____

4) Name: _____ **Primary Phone:** _____

Address: _____ **Secondary Phone:** _____

Relationship: _____ **Work Phone:** _____

*** Is any person, including mother or father, legally restrained from picking up this child? Yes / No If yes, please give a brief description of the restrictions in the space below:**

CONDITION	Moderate	Severe	COMMENTS
Allergy - Drug/Other			
Asthma			
Accident or Illness**			
Blood Disorder			
Cardiac Disease/Problem			
Chicken Pox (date required)			
Congenital Deformity			
Diabetes			
Hearing Loss			
Hypertension			
Neurological Disorder			
Otitis Media (Ear Infection)			
Seizure Disorder (Epilepsy)**			
Surgery – Serious**			
Urinary Problem			
Vision Loss			
INJURIES			
Head**			
Back**			
OTHER:			

** Details required, please use COMMENTS section.

List all medications (prescription, over-the counter, and herbal) that your child takes regularly: _____

Primary Physician's Name: _____ **Phone:** _____

Hospital Preference: _____

Dentist: Phone: _____

In the case of accident or illness, I request the school contact me. If the school is unable to reach me, the school has permission to take whatever action they deem necessary for the health and welfare of my child in the event of an emergency. I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name Printed: _____