

**NEW INTERNATIONAL STUDENT**  
**ST. JOSEPH CATHOLIC SCHOOL GRADES 6 - 12**  
Admissions Procedure for the 2010-11 School Year

YOUR APPLICATION IS COMPLETE WHEN WE HAVE THE FOLLOWING:  
**All documents must be received translated into English**

- A completed Application Form; **Deadline Date:**\_\_\_\_\_
- An accompanying registration fee payable to St. Joseph Catholic School  
**Fees are non-refundable**
- A signed Enrollment Agreement
- Tuition Payment Form
- Valid Passport
- A copy of the applicant's birth certificate, please do NOT send the original.
- A copy of the applicant's immunization and health records. Note: An applicant may be required to obtain immunizations in order to comply with the Diocese of Austin policy
- Transcripts from all schools previously attended
- Records Release Form
- For all Catholics: a copy of the applicant's Baptismal, First Confession, First Holy Communion, and Confirmation records as applicable
- Proof of Financial Status (such as bank statements for two months, in English and converted to American dollars)
- Student Questionnaire – students in grades 6-12
- Completed Admissions test for grades 6-12 (if applicable)
- Two School Recommendation Forms for grades 6-12
- Interview with the Principal, all students and parents  
(this will be scheduled only after all materials are complete and in our files)
- Special Needs Survey
- TAPPS Forms for all students in grades 6 – 12. If planning to participate in extracurricular activities or competition, please request and complete these forms.

PLEASE SEND ALL OF THE ABOVE TO:  
St. Joseph Catholic School  
Attn: Admissions  
600 S. Coulter  
Bryan, Texas 77803



## ST. JOSEPH CATHOLIC SCHOOL FAMILY SURVEY

Please complete and return this survey. It is used to provide information for various grants and programs.

- A).** Find your family size (all adults and children living with you) and the annual gross income level listed beside it on the chart printed below.

<u>Family size</u>	<u>Annual Income</u>	
One*	\$ 18,889	*This may be a foster child who is your responsibility, or a special education child over age 18
Two	\$ 25,327	
Three	\$ 31,765	
Four	\$ 38,203	
Five	\$ 44,641	
Six	\$ 51,079	
Seven	\$ 57,517	
Eight	\$ 63,955	

For each additional family member (i.e. more than eight), add \$6,438.

Revised 8/2007

**Note:** If you are paid on a weekly or monthly basis, multiply that amount into an annual figure for comparison to the above chart based on the weeks or months you actually work each year.

Check (√) Yes or No as it applies to your family:

Is your annual income less than the given amount for the number of people in your family? \_\_\_ Yes \_\_\_ No

Is your family eligible for food stamps? \_\_\_ Yes \_\_\_ No

**B).** Are you receiving assistance under the Aid to Families with Dependent Children Program (A.F.D.C.)? \_\_\_ Yes \_\_\_ No

**C).** Are any of your children eligible to receive medical assistance under the Medicaid program? \_\_\_ Yes \_\_\_ No

**D).** We have not checked any of the above because we do not wish to share this information in writing. \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Public school district in which you reside: \_\_\_\_\_

List names and grade level of your children in our school: \_\_\_\_\_

\_\_\_\_\_



**ST. JOSEPH CATHOLIC SCHOOL  
STUDENT QUESTIONNAIRE GRADES 6-12  
(Handwritten by applicant in ink.)**

1. My reasons for wanting to attend St. Joseph are the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many hours a night do you spend on required homework? \_\_\_\_\_

3. About how much time a week do you read for pure pleasure? \_\_\_\_\_

4. Name three books you have enjoyed reading during the past year:

1. \_\_\_\_\_ Author \_\_\_\_\_

2. \_\_\_\_\_ Author \_\_\_\_\_

3. \_\_\_\_\_ Author \_\_\_\_\_

5. Name one person whom you admire and tell why.

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

6. In the areas below, please state your accomplishments or involvement where appropriate. Be as specific as possible.

a). Church and religious activities \_\_\_\_\_  
\_\_\_\_\_

b). Dance/Drama/Speech \_\_\_\_\_  
\_\_\_\_\_

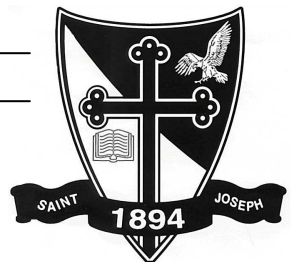
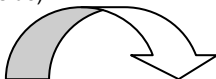
c). Music \_\_\_\_\_  
\_\_\_\_\_

d). Athletics \_\_\_\_\_  
\_\_\_\_\_

e). Scouts/Community Activities \_\_\_\_\_  
\_\_\_\_\_

(Continued on other side)

**OVER**





# SCHOOL RECOMMENDATION

## GRADES 6-12

(Confidential)

Name of Applicant \_\_\_\_\_ Grade \_\_\_\_\_

(To be completed by qualified school officials: English and Math teacher encouraged. Copies of this form may be made by the school to allow other teachers to recommend the applicant.)

Name of school \_\_\_\_\_

Estimated ranking in class: top \_\_\_\_\_ of \_\_\_\_\_ students

Regarding the student named above, please check the appropriate box for each item below.

### ACADEMIC CHARACTERISTICS

	Truly Outstanding	Excellent (more than required)	Average (what is required)	Below Average (needs improving)	Poor (needs prodding)
CREATIVITY					
USE OF TIME					
REACTION TO SETBACK					
MOTIVATION					
CURIOSITY					
SELF-CONFIDENCE					
WORKS TO POTENTIAL					
CLASS PARTICIPATION					
READING HABITS					
ORAL EXPRESSION					
WRITTEN EXPRESSION					
WORK IN ON TIME					

If your grading system differs from the usual A, B, C, D, F, please provide an interpretation: \_\_\_\_\_

\_\_\_\_\_

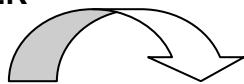
If this student is in any advanced sections or programs in your school, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**OVER**



# PERSONAL CHARACTERISTICS

	OUTSTANDING	COMMENDABLE	ACCEPTABLE	UNACCEPTABLE
Leadership Potential				
Cooperation				
Personal Initiative				
Concern for Peers				
Respect by Faculty				
Acceptance by Peers				
Reaction to Criticism				
Reaction to Setback				
Dependability				
Personal Appearance				
Sense of Humor				
Honesty				
Self-confidence				
Warmth of Personality				
Independence				
Participation in extra-Curricular activities				

1). In which area(s) is this student likely to be successful? \_\_\_\_\_

\_\_\_\_\_

2). In which area(s) do you feel this student needs improvement? \_\_\_\_\_

\_\_\_\_\_

3). Has the student been recognized for any outstanding academic, athletic, and/or artistic performance? Please describe:

\_\_\_\_\_

\_\_\_\_\_

4). Are there any personal or family problems this student has experienced or is experiencing? Please explain:

\_\_\_\_\_

\_\_\_\_\_

St. Joseph appreciates your assistance in our evaluation of this student for admission. Address this and other related correspondence to: ADMISSIONS OFFICE  
 ST. JOSEPH CATHOLIC SCHOOL  
 600 S. COULTER  
 BRYAN, TX. 77803  
 979-822-6641

Person completing recommendation \_\_\_\_\_ Subject area or title \_\_\_\_\_

Years of acquaintance with student \_\_\_\_\_ Years you have taught this student \_\_\_\_\_

Date form returned: \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**ST. JOSEPH CATHOLIC SCHOOL  
INTERNATIONAL STUDENT APPLICATION FORM  
Grades 6 - 12  
(please type or print clearly)**

Date: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Families with multiple children complete all but line one; make copies and then complete line one for each student.

STUDENT'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

PREFERRED NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Parish or Church: \_\_\_\_\_

Does Student live with:  Both Parents  Mother  Father  Guardian

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Education (Highest): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Education (Highest): \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Education (Highest): \_\_\_\_\_

OF THE ABOVE WHO SHOULD BE THE FIRST CONTACT PERSON?: \_\_\_\_\_

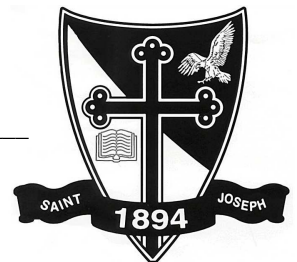
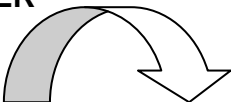
Do you want your name, address, and phone number in the school directory?  Yes  No  
May we use photographs of your child on our website or promotional material?  Yes  No

Who will be responsible for paying the tuition? THIS PERSON WILL ALSO RECEIVE ALL MAILINGS.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Has Student previously attended any other schools: \_\_\_ Yes \_\_\_ No If yes, list when and which school(s) they last attended: \_\_\_\_\_

Name of public school student would attend: \_\_\_\_\_

\*\*\*\*\*

**Emergency Information (if parents cannot be reached):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an accident or emergency (when I cannot be reached by phone), I authorize a representative of St. Joseph Catholic School to refer my child to the named family doctor.

\*\*\*\*\*

**MEDICAL HISTORY:**

Has your child had any of the following, please state the approximate age at which they had them:

\_\_\_ Measles (Rubcola-red-10days) \_\_\_ Measles (Rubella-German-3days) \_\_\_ Mumps \_\_\_ TB  
\_\_\_ Chicken Pox \_\_\_ Scarlet Fever \_\_\_ Polio

Does your child have any of the following? Answer Yes or No

\_\_\_ Asthma \_\_\_ Allergies: \_\_\_ Type 1-general dust mold or \_\_\_ Type 2 Medications \_\_\_\_\_  
\_\_\_ Diabetes \_\_\_ Heart Disease \_\_\_ Convulsions \_\_\_ Kidney or Bladder Problems \_\_\_ ADD / ADHD  
\_\_\_ Frequent Nose Bleeds \_\_\_ Other (please specify) \_\_\_\_\_

IS THE STUDENT ON ANY MEDICATIONS? \_\_\_ YES \_\_\_ NO IF YES, PLEASE STATE:

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ When Taken: \_\_\_\_\_

\*\*\*\*\*

**STUDENT RELIGIOUS INFORMATION:**

	BAPTISM	1 <sup>ST</sup> RECONCILIATION	1 <sup>ST</sup> COMMUNION	CONFIRMATION
DATE				
CHURCH				
CITY & STATE				

Did your child attend instruction classes in the Catholic faith last year? \_\_\_ No or Yes: \_\_\_ RE \_\_\_ Catholic School

\*\*\*\*\*

**OTHER INFORMATION:**

Please list the names of specific people to whom your child is **NOT** to be released and any additional information

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

Please list and attach any court documents relating to child custody/visitation rights (if applicable):

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

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Interview by Principal: \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_  
Principal's Decision: Accepted \_\_\_\_\_ Accepted on Probation \_\_\_\_\_ Denied \_\_\_\_\_  
Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**St. Joseph Catholic School**  
**INTERNATIONAL STUDENT ENROLLMENT AGREEMENT**  
**FOR THE SCHOOL YEAR 2010-2011 ONLY**  
 ONE FORM PER FAMILY

Person Responsible for Payments: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please list names of all children enrolling in School:**

Name	grade	Name	grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**1. CONDITIONS OF ENROLLMENT:**

Signing this form indicates understanding of and agreement with the philosophy and mission of St. Joseph Catholic School and indicates acceptance of the rules, regulations, payments and policies. Teacher assignment is at the discretion of the school.

The tuition is due in one annual payment on July 20<sup>th</sup> or two semester payments with the first one due July 20<sup>th</sup> and the second one due December 20<sup>th</sup>. Payments for International Students will not be accepted late. Payments returned as insufficient will be charged a \$25.00 processing fee and all applicable bank fees.

I understand that St. Joseph Catholic School has the right to refuse admittance to classes, activities, examinations, withhold grade reports, and refuse graduation and the transfer of any credits for any student whose account is delinquent.

**2. PAYMENTS:**

**A. Registration fee is due at the time of registration. This fee is non-refundable and non-transferable.**

\$1000.00 International Student fee (includes I-20) X # \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

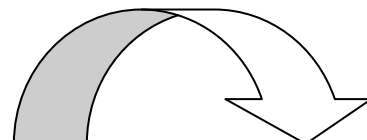
**B. Other fees per student due June 20<sup>th</sup>. These fees are non-refundable and non-transferable.**

	Grades 6 - 8	Grades 9 - 12
Activity & Technology fee:	\$175.00 X # _____	\$200.00 X # _____
Material & Book fee:	\$250.00 X # _____	\$350.00 X # _____

**ACTIVITY & TECHNOLOGY FEE TOTAL \$ \_\_\_\_\_**

**MATERIAL & BOOK FEE TOTAL \$ \_\_\_\_\_**

**PLEASE TURN OVER**



C. International Student Tuition is due in one annual payment on July 20<sup>th</sup> or two semester payments the first one on July 20<sup>th</sup> and the second one on December 20<sup>th</sup>;

TUITION PAYMENT FORM MUST BE ATTACHED TO COMPLETE ENROLLMENT.

International	Annual	Per Semester
Grades 6-8	\$6470.00	\$3235.00
Grades 9-12	\$7090.00	\$3545.00

D. Other: 1. Meal Tickets are available for purchase in the campus office. Balances are monitored by PowerLunch & PowerSchool. Payments must be kept up to date.

3. For Middle School and High School Students wishing to participate in TAPPS and extracurricular activities the following forms must be completed:

- Acknowledgement of Rules, Fine Arts Form
- Acknowledgement of Rules, Athletic Form
- Physical Evaluation
- Previous Athletic Participation Transfer Form
- Parent & Student Notification Steroid Use Agreement Form

4. Name of Guardian and place of residence while enrolled in School (all information must remain current in the School Office):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Registration will be processed and Principal's interview appointment will be set when all forms are completed and returned.

\_\_\_\_\_  
Signature of financially responsible parent or guardian      date

OFFICE USE ONLY:	Date & Notes:	Initials:	Initials:
Application received:	_____	_____	Registration Amt. \$ _____ Ck# _____
Tuition Payment Form:	_____	_____	I-20 Form: _____
	(Payment plan selected)		
Signed Enrollment Form received	_____	_____	Birth Certificate, Baptismal, Confirmation Forms: _____
Shot Records:	_____	_____	Student Questionnaire: _____
Two Student Recommendations:)	_____	_____	Records Release Form: _____
Transcripts:	_____	_____	Special Needs Survey: _____
Admission Test (if needed):	_____	_____	Interview with Principal: _____

At St. Joseph Catholic School we believe we are in a partnership with parent(s) or guardian(s), to provide the best education for their child, our student. Any information that assists us in this task ultimately benefits your son or daughter. The following information is requested to ensure that each student's individual learning needs are met to the best of our ability. Failure to provide this information may inhibit the staff's ability to meet the individual needs of your child, and consequently, the school reserves the right to forego acceptance or continuation of the child in our School if such information is not provided.

**PLEASE NOTE THAT ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE.**

1. Has your child been tested for any special concerns – academic, behavioral or other?  
\_\_\_ yes \_\_\_ no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

2. Has your child ever been on medication for educational/behavioral purposes?  
\_\_\_ yes \_\_\_ no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

3. Has your child ever been referred for special educational services? \_\_\_ yes \_\_\_ no  
If yes, what type, by whom and with what results. \_\_\_\_\_  
\_\_\_\_\_

4. Has your child had special educational services provided? \_\_\_ yes \_\_\_ no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

5. Has your child ever been under the care of a professional counselor, psychologist, or psychiatrist?  
\_\_\_ yes \_\_\_ no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

6. Are you willing to share all previous and future special education information/tests with the Principal of St. Joseph Catholic School? \_\_\_ yes \_\_\_ no

7. Would you allow a copy of the special education information/tests to be placed in a confidential student file(s) at St. Joseph Catholic School? \_\_\_ yes \_\_\_ no

8. Are you willing to sign a release to allow the Principal to speak with the person(s) who conducted any of these services or tests or prepared any information? \_\_\_ yes \_\_\_ no

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

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

