



2700 East University Ave.
Georgetown, TX 78626
512-868-0744 Phone
512-869-3244 Fax
www.sainthelens.org/school

St. Helen Catholic School

Instructions on filling out the online Application for Enrollment:

1. Fill out the application;
2. Print out the application;
3. Sign the application;
4. Bring application, supporting documents and fee to the school;
5. You do not have to hit the “Submit” button. Just exit the online application.



St. Helen Catholic School

New Student Application
2012—2013

Attached are the forms necessary to begin the enrollment process (submitting this application does not mean your child has been admitted). **All prospective students will be tested.** Final confirmation of enrollment is done after testing.

Documents needed for enrollment:

- Completed Application Form
- Copy of Birth Certificate*
- Copy of Baptism Certificate*
- Copy of First Communion Certificate*
- Copy of Social Security Card*
- Copy of Immunization Record
- Copy of Current Report Card
- Copy of Standardized Test Results or Academic Record
- Copy of Custody Agreement (if applicable)
- Parish Affiliation Form (if applicable)
- \$150 Non-refundable Application Fee

Applications are received on a first-come first-served basis. It is highly recommended that these items be hand-delivered to the address above.

*You will need to bring in the original copy of these 3 documents for verification by the School Administration.



St. Helen Catholic School

New Student Application
2012—2013

Grade applying for: _____

*(If applying for PreK, child MUST be 4 by September 1, 2012)
(If applying for Kindergarten, child MUST be 5 by September 1, 2012)*

Is child baptized Catholic? Yes No

Applicant's Legal Name _____
First Middle Last Name preferred (Nickname)

_____ Street Address or P.O. Box City State Zip Code

_____ Home Phone Date of Birth Place of Birth (City, State/Country) Social Security Number

Male Female

Age of Applicant as of September 1, 2012: _____ years _____ months

We have been registered, contributing members* of St. Helen Catholic Church since _____.
*Parish membership will be verified by Pastor or Parish Administrator (Enter MM/YY)

For Diocesan statistical purposes, please check one from each group below (for student):

Ethnic Group: Hispanic Non-Hispanic

Race Group: American Indian/Native American Asian Black/African American
 Native Hawaiian/Pacific Islander White Two or more races

Below check which Sacraments the Applicant has received. Must provide a copy of Baptism Certificate for all grades. If enrolling in grades 3 through 8, you must provide a copy of Applicant's First Communion Certificate.

	Baptism	1st Reconciliation	1st Communion	Confirmation
	Y N	Y N	Y N	Y N
Date				
Church				
City/State				

Applicant lives with (check one):

Both Parents Mother Only* Father Only* Grandparents Only*

Mother/Stepfather* Father/Stepmother* Other (please describe)* _____

If you checked a living arrangement that has an * you must provide submit a copy of the Custody or Guardian Agreement

Next Page



Father/Guardian: _____ Religion _____
(First/Middle/Last)

Work Phone _____ Cell Phone _____ Email Address preferred for School to use _____

Employer _____ Occupation _____

Education (highest level) _____ (i.e. high school, some college, Bachelor's, Master's, Advanced)

If Father has a different address than student's, please fill out information below:

Street or P.O.Box/City/State/Zip _____ Home Phone _____

Mother/Guardian: _____ Religion _____
(First/Middle/Last)

Work Phone _____ Cell Phone _____ Email Address preferred for School to use _____

Employer _____ Occupation _____

Education (highest level) _____ (i.e. high school, some college, Bachelor's, Master's, Advanced)

If Mother has a different address than student's, please fill out information below:

Street or P.O.Box/City/State/Zip _____ Home Phone _____

Fill out information below if student lives with parent and step-parent:

Step-parent: _____ Religion _____
(First/Middle/Last)

Work Phone _____ Cell Phone _____ Email Address preferred for School to use _____

Employer _____ Occupation _____

Education (highest level) _____ (i.e. high school, some college, Bachelor's, Master's, Advanced)

Next Page
→



Applicant's Health History

Immunizations Current? Yes No (Must submit a recent copy of child's Immunization Record for review)

Does child have any special health concerns that school personnel should be made aware of? (i.e., asthma, severe allergies, heart problems, etc.) Yes No If yes, please describe _____

Does child wear glasses or contacts lenses? Yes No If yes, which one: _____

Does child need daily medication*? Yes No If yes, please describe: _____

SURVEY OF SPECIAL NEEDS: We at St. Helen Catholic School 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.**

All of the following questions must be answered.

1. Has your child been tested for any special concerns (i. e. academic, behavioral or other)? Yes No
If yes, please describe: _____

2. Has your child ever been on medication for educational/behavioral purposes? Yes No
If yes, please describe: _____

3. Has your child ever been referred for special educational services? Yes No
If yes, please describe: _____

4. Has your child had special educational services provided? Yes No
If yes, please describe: _____

5. Has your child ever been under the care of a professional counselor, psychologist, or psychiatrist? Yes No

Next Page



*The proper Diocesan Medication Dispensation form must be on file with the School Office in order for medication to be administered to a student during school hours (whether prescription medication and/or over-the-counter). This form is available on our website.



Survey of Special Needs (continued):

All three questions must be answered (application will be deemed incomplete if not answered):

1. Are you willing to share all previous and future special education information/tests with the Principal of St. Helen Catholic School?
 Yes No
2. Would you allow a copy of the special education information/tests to be placed in a confidential student file(s) at St. Helen Catholic School?
 Yes No
3. 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 Print Name

Date

Parent/Guardian Signature



Authorization is hereby granted to:

Name of Former School Attended

Street Address

City/State/Zip Code

Phone Number

to release school records (including educational/psychological/medical) records of

Name of Student

This child attended the Former School from _____ to _____
(MM/YY) (MM/YY)

Records should be mailed to: St. Helen Catholic School
Attn: School Administrator
2700 E. University Avenue
Georgetown, TX 78626

Parent/Guardian (Print Name)

Date

Parent/Guardian Signature

**This form will be mailed to your child's school at the end of the current school year.*