



**Santa Cruz Catholic School**  
 P.O. Box 160, Buda, Texas 78610  
 Phone: 512-312-2137 Fax: 512-312-2143  
 E-mail [lgonzales@sccstx.org](mailto:lgonzales@sccstx.org)

### APPLICATION FOR ADMISSION

Applying for grade \_\_\_\_\_ Present grade \_\_\_\_\_

Student's full name \_\_\_\_\_  
*First Middle Last*

Nickname \_\_\_\_\_ Gender  Male  Female

Birth date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age on September 1, 2019 \_\_\_\_\_  
*Month day year*

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Present Address \_\_\_\_\_  
*Street Address City State/Zip*

Primary Phone \_\_\_\_\_ Family Email \_\_\_\_\_

United States Citizen?  Yes  No Primary Language \_\_\_\_\_

Secondary Language \_\_\_\_\_

Public school district in which you reside:  Hays CISD  Austin ISD  Wimberley ISD  
 San Marcos ISD  Other: \_\_\_\_\_

Name of Public School student would attend: \_\_\_\_\_

Previous schools attended starting with most recent first.

Name of School	City/State	Years Attended

**I/we hereby authorize SCCS to obtain all scholastic information and files from previous schools.**

\_\_\_\_\_  
*Signature*

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



## STUDENT INFORMATION

For Statistical purposes only, please choose one from each category ~ Ethnicity and Race (Categories taken from the US Census)

- |           |  |  |
|-----------|--|--|
| Ethnicity | <input type="checkbox"/> Hispanic                        | <input type="checkbox"/> Non-Hispanic      |
| Race      | <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Asian             |
|           | <input type="checkbox"/> Black/African American          | <input type="checkbox"/> Native Hawaiian   |
|           | <input type="checkbox"/> White                           | <input type="checkbox"/> Two or More Races |

Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Has diagnosed learning disability<br><input type="checkbox"/> Required daily medication or services of any kind<br><input type="checkbox"/> Has received psychological counseling<br><input type="checkbox"/> Has received speech or special education<br><input type="checkbox"/> Receiving tutoring services | <input type="checkbox"/> Has diagnosed behavior disorder<br><input type="checkbox"/> Has physical disability<br><input type="checkbox"/> Has diagnosis of ADD or ADHD<br><input type="checkbox"/> Been suspended from school<br><input type="checkbox"/> Other _____ |
|---|--|

Please list all medications and purpose:

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If child has a diagnosed disability, are there any accommodations that have been recommended

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***If any of the boxes above have been checked, please provide a copy testing results, recommendations and/or education plans.***

## SACRAMENT INFORMATION

Baptized Catholic?  Yes  No      Current Parish \_\_\_\_\_  
 Church Envelope # \_\_\_\_\_

Baptism	First Reconciliation	First Eucharist	Confirmation
____/____/____ <small>mm dd yyyy</small>	____/____/____ <small>mm dd yyyy</small>	____/____/____ <small>mm dd yyyy</small>	____/____/____ <small>mm dd yyyy</small>
_____ Church	_____ Church	_____ Church	_____ Church
_____ City and State	_____ City and State	_____ City and State	_____ City and State



## PARENTAL PERSPECTIVE

1. Student's Name \_\_\_\_\_

2. What are your child's greatest strengths?

**Academically** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Socially** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe any unique talents or achievements either in or outside school.

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

4. Describe your child's participation in faith/church related activities.

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

5. List the extracurricular activities in which your child is currently engaged.

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

6. What kind of activities do you enjoy doing as a family?

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

7. Please explain your expectations of Santa Cruz with regard to your child's education. *You may use the back of this sheet to write your complete answer.*

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



## FAMILY INFORMATION

Applicant lives with:

- Both Parents     Father     Stepfather     Other \_\_\_\_\_
- Grandparents     Mother     Stepmother

Check as appropriate:

- Parents Separated     Father Remarried     Father Deceased     Student Adopted
- Parents Divorced     Mother Remarried     Mother Deceased     Other \_\_\_\_\_

List all children in family, including applicant, in order of birth

Name	Sex	Age	Date of Birth	Current Grade	Current School

Is applicant a sibling of a current student?  Yes    No

*If yes, please list name and grade* \_\_\_\_\_

Is applicant a former student?  Yes    No

*If yes, when did he/she attend* \_\_\_\_\_

If accepted, I anticipate that my student will remain enrolled in Santa Cruz Catholic School through grade \_\_\_\_\_.

**Other than natural parents, please list any other adults living in the applicant's home:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*Last*                      *First*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*Last*                      *First*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*Last*                      *First*



## PARENT INFORMATION

**Father:** Title  Dr.  Mr.  Other

Natural Parent  Adoptive Parent  Stepfather

Name \_\_\_\_\_  
Last First Middle

Address (if different from student) \_\_\_\_\_  
Street or PO Box City State Zip Code

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Attended Catholic School?  Yes  No

Employer (if self-employed, provide company name) \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Marital Status  Married  Divorced  Remarried  Single

Current Parish \_\_\_\_\_ Since (mm/yyyy) \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

.....  
**Mother:** Title  Dr.  Mrs.  Ms.  Other

Natural Parent  Adoptive Parent  Stepmother

Name \_\_\_\_\_  
Last First Middle

Address (if different from student) \_\_\_\_\_  
Street or PO Box City State Zip Code

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Attended Catholic School?  Yes  No

Employer (if self-employed, provide company name) \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Marital Status:  Married  Divorced  Remarried  Single

Current Parish \_\_\_\_\_ Since (mm/yyyy) \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_



### Confidential TEACHER Report FORM-- 1st – 8th Grade APPLICANTS

Please return form(s) directly to the school with complete transcripts, report cards, testing and health information.

Santa Cruz Catholic School  
ADMISSIONS APPLICATION

P.O. BOX 160, Buda, Texas 78610

Office Phone: 512-312-2137 Fax: 512-312-2143

Applicant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Current School Year \_\_\_\_\_ Current Grade/Level \_\_\_\_\_

Current School \_\_\_\_\_ Address \_\_\_\_\_ Contact # \_\_\_\_\_

Name of Person completing form \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

<b>Social/Emotional Development</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
Attention span	_____	_____	_____	_____
Ability to follow directions	_____	_____	_____	_____
Ability to complete task	_____	_____	_____	_____
Ability to work in a group	_____	_____	_____	_____
Attitude toward teachers	_____	_____	_____	_____
Attitude toward peers	_____	_____	_____	_____
Attitude of peers toward child	_____	_____	_____	_____
Response to teacher directions	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____
Initial adjustment to class	_____	_____	_____	_____
Current adjustment to class	_____	_____	_____	_____
Leadership abilities	_____	_____	_____	_____
<b>School Performance</b>				
Language ability	_____	_____	_____	_____
Fluency in English	_____	_____	_____	_____
Vocabulary	_____	_____	_____	_____
Conversational skills	_____	_____	_____	_____
Clarity of speech	_____	_____	_____	_____
Mathematical concepts	_____	_____	_____	_____
Aesthetic development: shows ability in				
Art	_____	_____	_____	_____
Vocal Music	_____	_____	_____	_____
Instrumental Music	_____	_____	_____	_____
Speech/Drama	_____	_____	_____	_____
Reading Performance (please circle)	Above level	At Level	Below Level	
Math Performance	Above level	At Level	Below Level	
Small motor coordination	Above level	At Level	Below Level	
Large motor coordination	Above level	At Level	Below Level	
Athletic skills	Above level	At Level	Below Level	
Is English student's primary language	Yes	No		
Student requires individualized learning plan to succeed	Yes	No		
Special testing/services have been recommended	Yes	No		
Special testing/services were received	Yes	No		
Student has one or more of the following	ADD/ADHD _____		Behavioral plan _____	
	Dyslexia _____		Mood disorder _____	
	Sensory Integration disorder _____			

**Thank you for your time in completing this form. Your input is essential.**



**This application for Admission must be completed in its entirety by or on behalf of all students seeking admission to SCCS. It should be filed, with the non-refundable application fee of \$150.00, at the school office or by mail to:**

ADMISSION APPLICATION  
Santa Cruz Catholic School  
P.O. Box 160  
Buda, Texas 78610

**The parent(s) or guardian(s) acknowledge that the receipt of the application does not guarantee any admission as said admission is subject to SCCS policies, procedures, guidelines and availability.**

**NON-DISCRIMINATORY POLICY**

Santa Cruz Catholic School (SCCS) admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. SCCS does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, athletic, and other school-administered programs.

**PARENTAL WITNESS STATEMENT**

As the parent(s) or guardian(s) of the student applicant named hereinabove, I/(we) acknowledge and accept my/our privilege and responsibility to be the primary religious educator of my child(ren). I/(we) understand the Catholic School is a way in which my church seeks to share and assist me in my vocation. However, I/(we) know that no matter how clearly and effectively the Catholic School communicates the truths of our faith, unless my child(ren) see these truths take flesh in our family, then there is little hope that the Faith will take root in their hearts. I/(we) believe that the Catholic School can deepen, enrich and reinforce a Faith that my child(ren) experience in their home. I/(we) understand my/our own witness as essential to the religious development and growth of my child(ren).

Aware of the dignity of my call from God and with a reverent awe for the responsibility that is mine, I commit myself to be in word and deed the first and best teacher of my child.

Family Name \_\_\_\_\_  
(Please Print)

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

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

If accepted into the school, I give my permission to use the *home* information in the SCCS Family Roster Book

Yes \_\_\_\_\_ use the information as listed

No \_\_\_\_\_ do not list contact info in Roster Book

Yes \_\_\_\_\_ I/we do want to be listed, but use only the information I have starred (\*) above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date