



**SANTA CRUZ CATHOLIC SCHOOL**  
 1100 Main Street, Buda, Texas 78610  
 (512) 312-2137  
[lgonzales@sccstx.org](mailto:lgonzales@sccstx.org)

**APPLICATION CHECKLIST**

*No Application will be considered for Admission until it is complete.*

NAME OF STUDENT: \_\_\_\_\_ GRADE \_\_\_\_\_

DESCRIPTION	Enclosed	Needed	Not Relevant
<b>Application Fee \$150.00</b>			
<b>Registration Fee \$400.00</b>			
<b>Application Form Page 1 (General Information)</b>			
<b>Page 2 and 3 (Student Profile)</b>			
<b>Page 4 (Family Information)</b>			
<b>Page 5 (Parental Information)</b>			
<b>Page 6 (1<sup>st</sup> – 8<sup>th</sup> Teacher Form)</b>			
<b>Page 7 (Parent Witness Statement)</b>			
<b>Enrollment Agreement Form</b>			
<b>Handbook Agreement Form</b>			
<b>Admission Acceptance Letter</b>			
<b>Verified Parishioner Form</b>			
<b>Baptismal Certificate (Catholic Students only)</b>			
<b>Other Sacraments (First Reconciliation/First Communion)</b>			
<b>Copy of State Certified Birth Certificate</b>			
<b>Student Cumulative record with the following:</b>			
..... Previous Grades			
..... Standardized /TAKS results			
..... Student Testing (educational, diagnostic, psychological)			
..... Health records (Medication Permit Form)			
..... Immunizations			
..... TB Questionnaire			
<b>Student Emergency Care Form</b>			
<b>Before &amp; After School Care Form</b>			
<b>Photo-Video Release Form/Technology Contract</b>			
<b>Any Custodial Forms</b>			

We appreciate your help and cooperation. Thank you.

Office Use Only

Date Received: \_\_\_\_\_ Amount Collected: \_\_\_\_\_ Staff Initials: \_\_\_\_\_