



CATHEDRAL SCHOOL OF SAINT MARY

910 SAN JACINTO BLVD., AUSTIN, TEXAS 78701

(512) 476-1480. • WWW.SMCSCHOOLAUSTIN.ORG

FAX (512) 476-9922

E-MAIL SCHOOL@SMCAUSTIN.ORG

APPLICATION PROCESS—NEW STUDENT

Admission Application—please include the following documents with your application for admission to Cathedral School of Saint Mary:

- Application Fee of \$150.00 per student
- Copy of Student Birth Certificate
- Copy of Student Baptismal Certificate (if applicable)
- Vision and hearing results from current year
- Copy of Previous Report Cards and Standardized Testing (STARR)
- Teacher Recommendation (Sent Directly from the Student's Teacher)
- Copy of Current Immunization Records *-It is Diocesan policy that all students be fully immunized, unless directed by a medical professional.*

*Additionally, an Authorization to Release Information Form must be signed and submitted so that we may request the student's official academic record from their previous school.

Entrance Assessment—All new students must be assessed as part of the admissions process to Cathedral School of Saint Mary. Assessments dates are listed below and available on the school website at www.smcschoolaustin.org.

Please contact the school office to register for an assessment date as early as possible.



APPLICATION FOR ADMISSION 2020-2021

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STUDENT INFORMATION

Please type or print.

Full Name of Applicant _____
Last Name First Middle Preferred Name

Male Female Birthdate _____ Social Security Number _____

Anticipated Grade for 2020-2021 _____ Age as of September 1, 2020 _____
Must be 5 by Sept 1 to enter Kindergarten

Street Address _____ City _____ State _____ Zip Code _____ Years at this Address _____

Is this student related to a current or former student of Catholic School of Saint Mary? Yes No If yes, name of relative(s) _____

Which School District does your family reside in? Austin Del Valle Hays Leander
 Manor Pflugerville Round Rock Other _____

Name of the public school to which the child belongs: _____ Language(s) Spoken at home: _____

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

Ethnicity Hispanic Non-Hispanic

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

SCHOOL INFORMATION

Student's current school name _____ City _____ State _____ Dates/grade attended _____

Student's previous school name _____ City _____ State _____ Dates/grade attended _____

Has student ever been suspended or asked to leave any school? If yes, explain _____

Indicate below any diagnosis and/or special considerations needed for your child. None

- Has a diagnosed learning disability
- Has a diagnosed behavior disorder
- Has a diagnosis of ADD or ADHD
- Has a physical disability
- Requires daily medication or services of any kind
- Has received dual language services
- Has received psychological counseling
- Has received speech or special education services
- Other _____

If the child falls under any of the above listed areas, please list accommodations that have been recommended.

Please list any medications your child is presently taking.

CATHOLIC SACRAMENTS INFORMATION

	Baptism	Reconciliation	First Eucharist	Confirmation
Date	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>
Parish				
City, State				

PARISHIONER STATUS

Students' religion _____

Our family is registered members at _____ Church in _____

Our family is not registered with any parish.

City _____

FAMILY INFORMATION

Parents Marital status Married Separated Divorced* Father remarried* Mother remarried* Not Married

Student lives with Mother and Father Mother Father
 Guardian, Relationship _____ Other _____

**If the student's parents are divorced or legally separated, a certified copy of the court order or decree must be submitted with application.*

Mailings should be sent to Parents Mother Father Guardian, Relationship _____

FATHER/GUARDIAN

Please check: Mr. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Date of Birth _____

Cell phone _____

DL # _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

MOTHER/GUARDIAN

Please check: Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Date of Birth _____

Cell phone _____

DL# _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

STEPFATHER

Please check: Mr. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Date of Birth _____

Cell phone _____

DL # _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

STEPMOTHER

Please check: Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Date of Birth _____

Cell phone _____

DL# _____

Place of employment _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

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

Name	Sex	Age	Date of Birth	Current Grade	Current School



TEACHER RECOMMENDATION FORM 2020-2021

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Teacher Recommendation for 1st – 8th Grade Applicants

Parent or Guardian: Please read and sign before giving this to your child's teacher(s).

I understand and agree that the information provided in this form is confidential and will be used only in the selection of candidates. I also agree that this completed form will not be available to candidates, parents, or anyone else outside Cathedral School of Saint Mary Admissions office and I waive any right that I may have to see it.

Signature of Parent/Guardian

Date

Name of applicant / student: _____

Birthdate: _____ Entering grade: _____

*Please request that this form be completed by a core subject teacher that has taught the student in the current academic year.

Name & address of School: _____

Teacher: The student named above is a candidate for admission at Cathedral School of Saint Mary. Please complete this recommendation and send both pages directly to the school to the attention of Lupe Garcia, Admissions & Development Director by fax at 512-476-9922, via email to lgarcia@cssmaustin.org or by mail at 910 San Jacinto Blvd. Austin, TX 78701.

Circle the words that best describe this applicant

Aggressive	Honest	Immature	Disobedient	Self-Disciplined
Mature	Oppositional	Vivacious	Manipulative	Conscientious
Over-protected	Social	Cheerful	Self-centered	Follower
Shy	Confident	Irritable	Easily Discouraged	Perfectionist
Helpful	Witty	Responsible	Motivated	Negative leader

Academic Skills	Frequently	Sometimes	Seldom
Listens and follows teacher's directions			
Is attentive to group discussions / activities			
Contributes appropriately to group discussions/activities			
Demonstrates ability to work independently			
Works cooperatively			
Enjoys new challenges			
Exhibits problem-solving abilities			
Expresses written ideas clearly			
Expresses verbal ideas clearly			
Is self-motivated			
Is intellectually curious			
Is prepared for class			



Over

Student's Name: _____

Entering Grade: _____

Social Skills	Frequently	Sometimes	Seldom
Responds positively to constructive criticism			
Establishes friendships easily			
Is comfortable in a group			
Is respected by faculty			
Is respected by peers			
Respects others			
Demonstrates self-control			
Demonstrates appropriate behavior			
Exhibits emotional maturity			
Demonstrates appropriate energy level			
Takes pride in appearance			

Is the student habitually tardy or absent? Yes No

If yes, please elaborate and give number of incidents of tardies and/or absences for the year to date:

Recommendation (Circle one)

Highly Recommend Recommend Recommend with reservation Do not recommend

If the answer is "Do not recommend" or "Recommend with reservation", please explain.

Please indicate if you would: like to be willing to discuss this applicant.

Indicate if parents/guardians support school policies and procedures:

Always Usually Frequently Sometimes Seldom

Is there any information regarding this family that would be helpful for us to know?

Printed name of teacher completing this form: _____

Subject(s) taught: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____