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.
STUDENT INFORMATION

Full Name of Applicant ____________________________________________________________

☐ 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

<table>
<thead>
<tr>
<th></th>
<th>Baptism</th>
<th>Reconciliation</th>
<th>First Eucharist</th>
<th>Confirmation</th>
</tr>
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<tbody>
<tr>
<td>Date</td>
<td>1/1/2000</td>
<td>1/1/2000</td>
<td>1/1/2001</td>
<td>1/1/2020</td>
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<tr>
<td>Parish</td>
<td>__________</td>
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<td>__________</td>
<td>__________</td>
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<tr>
<td>City, State</td>
<td>__________</td>
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PARISHIONER STATUS

Students’ religion
☐ Our family is registered members at ___________________________  Church in ___________________________.
☐ Our family is not registered with any parish.
**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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Current Grade</th>
<th>Current School</th>
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<tbody>
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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

<table>
<thead>
<tr>
<th>Aggressive</th>
<th>Honest</th>
<th>Immature</th>
<th>Disobedient</th>
<th>Self-Disciplined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mature</td>
<td>Oppositional</td>
<td>Vivacious</td>
<td>Manipulative</td>
<td>Conscientious</td>
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<tr>
<td>Over-protected</td>
<td>Social</td>
<td>Cheerful</td>
<td>Self-centered</td>
<td>Follower</td>
</tr>
<tr>
<td>Shy</td>
<td>Confident</td>
<td>Irritable</td>
<td>Easily Discouraged</td>
<td>Perfectionist</td>
</tr>
<tr>
<td>Helpful</td>
<td>Witty</td>
<td>Responsible</td>
<td>Motivated</td>
<td>Negative leader</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Skills</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Seldom</th>
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<tbody>
<tr>
<td>Listens and follows teacher’s directions</td>
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<tr>
<td>Is attentive to group discussions / activities</td>
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<tr>
<td>Contributes appropriately to group discussions/activities</td>
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<td>Demonstrates ability to work independently</td>
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<td>Works cooperatively</td>
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<td>Enjoys new challenges</td>
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<tr>
<td>Exhibits problem-solving abilities</td>
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<tr>
<td>Expresses written ideas clearly</td>
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<tr>
<td>Expresses verbal ideas clearly</td>
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<tr>
<td>Is self-motivated</td>
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<tr>
<td>Is intellectually curious</td>
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<td>Is prepared for class</td>
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<tr>
<td>Social Skills</td>
<td>Frequently</td>
<td>Sometimes</td>
<td>Seldom</td>
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<tr>
<td>Responds positively to constructive criticism</td>
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<td>Establishes friendships easily</td>
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<td>Is comfortable in a group</td>
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<td>Is respected by faculty</td>
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<td>Is respected by peers</td>
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<td>Respects others</td>
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<tr>
<td>Demonstrates self-control</td>
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<td>Demonstrates appropriate behavior</td>
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<tr>
<td>Exhibits emotional maturity</td>
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<td>Demonstrates appropriate energy level</td>
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<tr>
<td>Takes pride in appearance</td>
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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: ___________________________