







## 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.*

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





### 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