



SANTA CRUZ CATHOLIC SCHOOL
 1100 Main Street, Buda, Texas 78610
 (512) 312-2137
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
Application Fee \$150.00			
Registration Fee \$400.00			
Technology Fee \$150.00			
Application Form Page 1 (General Information)			
Page 2 and 3 (Student Profile)			
Page 4 (Family Information)			
Page 5 (Parental Information)			
Page 6 (1st – 8th Teacher Form)			
Page 7 (Parent Witness Statement)			
Enrollment Agreement Form			
Handbook Agreement Form			
Admission Acceptance Letter			
Verified Parishioner Form			
Baptismal Certificate (Catholic Students only)			
Other Sacraments (First Reconciliation/First Communion)			
Copy of State Certified Birth Certificate			
Student Cumulative record with the following:			
..... Previous Grades			
..... Standardized /TAKS results			
..... Student Testing (educational, diagnostic, psychological)			
..... Health records (Medication Permit Form)			
..... Immunizations			
..... TB Questionnaire			
Student Emergency Care Form			
Before & After School Care Form			
Photo-Video Release Form/Technology Contract			
Any Custodial Forms			
School Parent COVID Waiver			
COVID School Rapid Test Student Permission From			

We appreciate your help and cooperation. Thank you.

Office Use Only

Date Received: _____ Amount Collected: _____ Staff Initials: _____