



ST. VINCENT DE PAUL CATHOLIC SCHOOL

6802 Buffalo Speedway • Houston, TX 77025-1499 • (713) 666-2345

New Student Procedures

1. Admissions testing

All new students must be tested before applying for admission to St. Vincent de Paul Catholic School.

- A mandatory observation for PK (Saturday Jan. 22, 2011) and Kindergarten (Saturday, January 29, 2011) will meet in the school library from 9:00 a.m. – 11:00 a.m. Please call the school office to reserve a space for your child.
- Applicants for PK and Kindergarten must take and send the results of the Wechsler Preschool and Primary Scale of Intelligence III through Education Specialists, 10700 Richmond, Houston, 713-461-7996.
- Applicants for grades 1 – 3 must complete and return the Test Reservation Card along with the \$50.00 testing fee by December 3, 2010.
- Applicants for grades 4 – 8 must take and send the results of the Independent School Admissions Examination to St. Vincent de Paul Catholic School. Our school code is 447574. You may register online at www.iseetest.org.

2. Submit application

The following completed documents must be included to complete your application:

- Original and one copy of birth certificate (original document will be returned)
- Original and one copy of baptismal certificate (original document will be returned)
- Original school records (sent directly from school of current enrollment for grades K-8)
- Teacher Recommendation Form PK - 8 (sent directly from current teacher)
- Students entering grades 6, 7, and 8 must have two recommendations: one from a language arts teacher and one from a science or math teacher
- Application for Admission
- Parish Participation Questionnaire
- Application fee of \$25.00 per family

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. TRANSFER STUDENTS WILL NOT BE ADMITTED UNTIL TRANSCRIPTS AND RECOMMENDATIONS ARE RECEIVED FROM SCHOOL OF STUDENT'S CURRENT ENROLLMENT.

The **completed application** must be returned to the school office by **Friday, December 3, 2010**. The school office cannot accept cash. All **test results** must be received by **Friday, February 4, 2011**.

All new students are admitted on a probationary basis.

Signature of Parent or Guardian

I am making this application for admission to St. Vincent de Paul Catholic School and accept the regulations and procedures of the school as stated on this form. The information provided herein to St. Vincent de Paul Catholic School is true, correct, and complete to the best of my knowledge. I further understand that the application fee is *nonrefundable*.

Date:

Signature of Parent or Guardian:

Admissions Testing

Prekindergarten – Kindergarten

Applicants for PK and Kindergarten must take and send the results of the Wechsler Preschool and Primary Scale of Intelligence III through Education Specialists, 10700 Richmond, Houston, 713-461-7996.

Cost per student - \$175.00

1st – 3rd grade

St. Vincent de Paul Catholic School will administer new student testing on Saturday, January 8, 2011. Use the card below to reserve a testing time.

4th – 8th grade applicants:

4th – 8th grade students must take the ISEE entrance exam on or before January 22, 2011. Log on to www.iseetest.org: school code 447574.

Cost per student: \$89

Parents of applicants for 1st – 3rd grade: please detach, complete and return this card with **\$50.00 testing fee** to the school office by **Friday, December 3, 2010**. The school office cannot accept cash. Make checks or money orders payable to St. Vincent de Paul Catholic School. Please print clearly in ink.

Test Reservation

STUDENT NAME: _____
Last First

GRADE IN FALL: _____ BIRTHDATE: _____

PARENT/GUARDIAN: _____
Last Name First Name Street City State Zip

DAY TELEPHONE NUMBER: _____
(Include area code)

Grade 1 – 3 applicants will be tested January 8, 2011.

Testing time: 9:15 a.m. (school Library)

ATTACH
PICTURE
OF
STUDENT

ATTACH CHECK HERE

FOR OFFICE USE ONLY:

DATE:

FEE:

APPLICATION FOR ADMISSION 2011-2012



ST. VINCENT DE PAUL CATHOLIC SCHOOL

6802 BUFFALO SPEEDWAY • HOUSTON, TX 77025-1499 • (713)666-2345

STUDENT INFORMATION

Please type or print. Applying for admission to grade: PK K 1 2 3 4 5 6 7 8

Last Name _____ First _____ Middle _____ Preferred Name _____

Male Female Birth date _____ Social Security Number _____ Age as of 9/1/11 _____

Street address _____ City _____ State _____ Zip _____ Years at this address _____

Ethnic background (circle one): Asian Asian Indian/Native Alaskan Black/African American
 White Hispanic Native Hawaiian/Pacific Islander Multi-Racial

Is student related to a current or former student of St. Vincent de Paul Catholic School? No Yes

If yes, name of relative and date(s) of enrollment _____

Student's religion _____

Sacraments received Baptism Reconciliation First Eucharist

SCHOOL INFORMATION

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

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

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

Are you aware of any special considerations required by your child which may impact his or her ability to participate in all aspects of the programs offered by St. Vincent de Paul Catholic School? If so, specify any academic, behavioral, physical or social considerations below:

FAMILY STATUS

- Our family is registered in St. Vincent de Paul Catholic Parish .
- Our family is not registered in St. Vincent de Paul Catholic Parish.

FAMILY INFORMATION

Please list name, ages and school of applicant's siblings: _____

Parents' marital status: Married
 Separated
 Divorced*
 Father remarried*
 Mother remarried*

Student living with: Mother & Father
 Mother
 Father
 Guardian**
 Mother & Stepfather
 Father & Stepmother
 Relative**
 Other**

**Please specify: _____

*If the student's parents are divorced or legally separated, a certified copy of the court order or decree must be on file in the school office.

Mailings should be sent to: Parents
 Father
 Mother
 Guardian

FATHER/GUARDIAN

Please check: Mr. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Home phone _____

Work phone _____

Place of employment _____

Occupation/title _____

Pager _____ Cell _____

E-mail _____ Work Home

Religion _____

MOTHER/GUARDIAN

Please check: Mrs. Miss Ms. Dr. Deceased

Full name _____

Preferred name _____

Address _____

Home phone _____

Work phone _____

Place of employment _____

Occupation/title _____

Pager _____ Cell _____

E-mail _____ Work Home

Religion _____

STEPPARENT

Please check: Mr. Dr. Mrs. Ms.

Full name _____

Preferred name _____

Address _____

Home phone _____

Work phone _____

Place of employment _____

Occupation/title _____

Pager _____ Cell _____

E-mail _____ Work Home

Religion _____

STEPPARENT

Please check: Mr. Dr. Mrs. Ms.

Full name _____

Preferred name _____

Address _____

Home phone _____

Work phone _____

Place of employment _____

Occupation/title _____

Pager _____ Cell _____

E-mail _____ Work Home

Religion _____

Teacher Recommendation for Prekindergarten & Kindergarten

The student named below is a candidate for admission for the Prekindergarten or Kindergarten class at St. Vincent de Paul Catholic School starting August, 2011.

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

I understand and agree that the information provided on this form is confidential and will be used only in the selection of candidates and will not become part of the student's permanent files. I also agree that this completed form will not be available to candidates, parents, or anyone else outside of the St. Vincent de Paul Catholic School Admissions Committee, and I waive any right that I may have to see it.

_____ Date _____
Signature of Parent/Guardian

Name of applicant: _____ Birth date: _____

Applying for admission to: Prekindergarten Kindergarten

My child has has not attended pre-school.

Name of pre-school: _____

	Satisfactory	In Transition	Needs Attention
SOCIAL & PERSONAL DEVELOPMENT			
1. Separates from parents without difficulty			
2. Is secure and happy at school			
3. Makes activity choices without teacher's help			
4. Shares toys and materials			
5. Is able to control his/her behavior			
6. Can express anger in words rather than actions			
7. Communicates in complete sentences			
8. Articulates in a manner that is understandable to adults and peers			
SELF-HELP SKILLS			
1. Can take care of personal needs (restroom)			
2. Uses appropriate manners at lunch/snack time			
MOTOR SKILLS			
1. Works well with paints, blocks, clay, crayons, and markers			
2. Can run, throw and catch a ball, climb; exhibits proper balance			
3. Confidently attempts new activities			

If your answer to any of the statements on page 1 is "Needs Attention," please comment:

Is this child ready for a full five-day program? If no, explain.

Please attach a sample of the child's work. Include an example of their drawing, coloring and handwriting.

TEACHER RECOMMENDATION

Prekindergarten

Kindergarten

Check one: I highly recommend.

I recommend.

I do not recommend.

If not "highly recommended," please comment:

Comments: _____ _____ _____

Name of current teacher: _____
Printed name *Phone Number*

Signature of current teacher: _____
Signature of teacher

St. Vincent de Paul Catholic School

Teacher Recommendation – Grades 1-8

Name of Student _____ Applicant for Grade _____

Parent or Guardian

Parent or Guardian: Please write your child's name in the space above, read and sign the following before giving this to your child's teacher.
 I understand and agree that the information provided on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

 Signature of Parent or Guardian

 Date

Entering 6, 7, and 8th grades must have a Language Arts and Science or Math recommendations. Please make Additional copies of this form for those teachers.

General Academic Ability

- Superior
 High Average
 Average
 Below Average

Academic Skills

	Frequently	Sometimes	Seldom
Listens to and follows teacher's directions			
Is attentive to group discussions/activities			
Contributes appropriately to group discussions/activities			
Demonstrates ability to work independently			
Perseveres in spite of difficulty			
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			

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			

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

Is student habitually tardy or absent? Yes No If yes, please elaborate:

If you have additional information that will be helpful to the Admissions Committee in evaluating the candidate's application, please comment.

Check One:

Highly recommend Recommend Recommend with reservation Do not recommend

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

I would like to be willing to discuss this applicant by telephone.

Is there anything regarding the family that would be helpful for us to know?

Name of teacher completing this application: _____
Name of school _____
Subject(s) taught _____
Home phone _____ Work phone _____

**Director/Principal
Parental Involvement**

Parent(s)/Guardian(s) support school policies and procedures:
<input type="checkbox"/> Usually <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom
_____ Signature of Director/Principal
_____ Date

AUTHORIZATION TO RELEASE INFORMATION

AUTHORIZATION IS HEREBY GRANTED TO:

Name of agency **sending** information or records to St. Vincent de Paul Catholic School

TO RELEASE INFORMATION FROM THE SOCIAL, PSYCHOLOGICAL, MEDICAL,
EDUCATIONAL RECORDS OF:

Name of student

Current grade

PLEASE SEND ANY OF THE FOLLOWING INFORMATION THAT APPLIES TO THE
ABOVE STUDENT TO ST. VINCENT DE PAUL CATHOLIC SCHOOL (address below):

1. Complete transcript of grades (including entry/exit dates)
2. Current year grades with exit grades
3. Attendance records
4. Conduct grades
5. Achievement, ability, and diagnostic test results
6. Key to grading system

Authorized signature of parent/guardian

Date

Printed name of parent/guardian

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6802 BUFFALO SPEEDWAY
HOUSTON, TX 77025-1499

PHONE: 713.666.2345 ✧ FAX: 713.663-3562 ✧ WEBSITE: WWW.SAINTVINCENTSCHOOL.ORG