

ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL

2020-2021
Application Process

Please visit the school website seasc.org for the registration forms.

1. Complete and submit the application, along with copies of the following (*for each student*)
 - Birth Certificate
 - Baptismal Certificate
 - First Eucharist Certificate
 - Most Recent Report Card
 - Most Recent Achievement Test Scores
 - Immunization Record
 - Completed Health History Form
 - Signed Release of Records Form (*This goes to your child's current school for grades 1-8 only*)
 - Current Court Order or Decree of Custody/Conservation (*if applicable*)
2. Submit **two** Teacher Recommendation and/or PK-Kindergarten Evaluation forms (*found online*) to the grade level your child/children will be entering. These forms should be sent via email, mail, or faxed directly to St. Elizabeth Ann Seton Catholic School by current homeroom or core subject teachers.
3. If applying to Kindergarten, the Gesell screening is one tool used in determining acceptance. Scheduling for screening will be done at the time all paperwork is submitted. Gesell has a \$50.00 **non-refundable** fee, which is payable, **in cash only**, when you sign up for your child's screening date.
4. If applying to grades 1-8, the admissions test is one tool used in determining acceptance. Scheduling for admission testing will be done at the time your paperwork is submitted. There is a \$50.00 **non-refundable** fee for testing, and this fee is payable, **in cash only**, when you sign up for your child's testing date.
5. Upon completion of steps 1-4, parents will be notified if the student has (*or has not*) been accepted for enrollment. A **non-refundable** registration fee of \$250 for the first child and \$125 for each additional child is due upon acceptance.

Age Requirements for Admissions

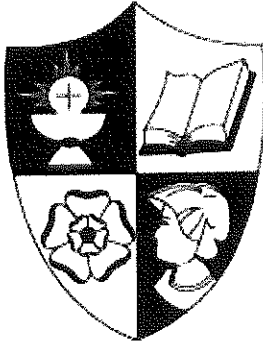
Pre-K3 – 3 years of age by September 1, 2020

Pre-K4 – 4 years of age by September 1, 2020

Kindergarten – 5 years of age by September 1, 2020

1st Grade – 6 years of age by September 1, 2020

2nd – 8th Grade – Successful completion of the previous grade level



ST. ELIZABETH ANN SETON CATHOLIC SCHOOL

2020-2021 Tuition Schedule

A non-refundable registration fee of \$250 for the first child and \$125 for each additional child is due upon acceptance.

12-Month Tuition Schedule 2020-2021

| | | | |
|-----------------|-------------------|-------------------|-------------------|
| 1 Child | 2 Children | 3 Children | 4 Children |
| \$774.10 | \$1,432.08 | \$2,012.65 | \$2,477.10 |

Paid In Full Tuition Schedule by June 1, 2019

| | | | | |
|-----------------------------|------------|-------------|-------------|-------------|
| | 1 Child | 2 Children | 3 Children | 4 Children |
| Base Rate | \$9,289.14 | \$17,184.91 | \$24,151.76 | \$29,725.25 |
| Early Payment Discount (3%) | \$278.67 | \$515.55 | \$724.55 | \$891.76 |
| Tuition Total With Discount | \$9,010.47 | \$16,669.36 | \$23,427.21 | \$28,833.49 |

All tuition is non-refundable

All monthly payments will be made through the FACTS tuition payment plan. Payments are automatically deducted from a checking, savings or credit card account or by invoice. Monthly payments are due on the 10th or 20th of each month. FACTS Management Company has a processing fee of \$20 for families paying in full and \$50 for those families paying monthly. You will see this charge added to your account as an "Enrollment Fee." Additional FACTS fees exist for late or failed payments.

A 3% tuition discount will be given if paid in full by June 1, 2020.

Each family is required to sell \$200 worth of tickets during the annual school raffle. Families that do not sell at least \$200 dollars in raffle tickets will have the remainder added to tuition.

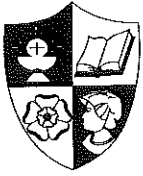
Private School Aid Service

The PSAS application for the 2020-2021 school year is available at the Catholic Schools website <http://www.psas.org/hous.aspx> Please check website for details, including application deadlines.

2020-2021 Before/After School Program

| | | | |
|-------------------|------------------------------|-----------------------------|--|
| | Before School Program | After School Program | After School Program Sibling Rate |
| Hours | 6:30 -7:20 AM | 3:30 – 6:00 PM | |
| Daily Rate | \$4 | \$13 | \$11 |

- A \$50 one-time registration fee (per child) will be added to your account upon first drop-in at BASP.
- A late fee of \$5 per minute per child will be assessed if picked up after 6:00 PM
- Parents/Guardians will be billed through BASP.



Student Information

Application to Grade: _____ Date: _____

Student's Full Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Street)

(City) (State) (Zip Code) (County)

E-mail Address: _____ Gender: Male
 Female

Birth Date: _____ Current Age: _____ Birthplace: _____

Religion _____ Church Parish _____

Sacraments Received: Baptism Reconciliation Eucharist Confirmation

Languages spoken by student: English Spanish Other: _____
Language spoken at home: _____

Scholastic Information

Current or most recent school: _____ Grades attended: _____

Address: _____

Phone: _____ Principal or Head: _____

Other Schools Attended:

| Name of School | Address | Grades | Dates |
|----------------|---------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

In which Public School District does student reside? _____

Has student been suspended or asked to leave any school? No Yes
If yes, please explain: _____

What type of evaluations has student undergone? None

- Behavioral Result: _____
Evaluated By: _____ Date: _____
- Psychological Result: _____
Evaluated By: _____ Date: _____
- Educational Result: _____
Evaluated By: _____ Date: _____

Will copies of evaluation report be given to school? Yes No

Please describe any illnesses, diseases, or physical disabilities, which have affected or may affect student's general health, schoolwork, or participation in athletics: _____

What special abilities (athletic, artistic, musical, or academic, etc.) does student possess? _____

Parent/Guardian Information

Student lives with (check all that apply):

Father Mother Step-father Step-mother Other (please specify): _____

Father's full name: (As shown on driver's license) _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Place of Employment: _____

Employer Address: _____

Religion: _____ Registered Parish: _____

Mother's full name: (As shown on driver's license) _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Place of Employment: _____

Employer Address: _____

Religion: _____ Registered Parish: _____

Step-Parent's full name: (As shown on driver's license) _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Place of Employment: _____

Employer Address: _____

Religion: _____ Registered Parish: _____

| Siblings | Name | DOB | School | Grade |
|----------|------|-----|--------|-------|
| | | | | |
| | | | | |
| | | | | |

How did you hear about St. Elizabeth Ann Seton Catholic School?

Notice of Non-Discrimination Policy

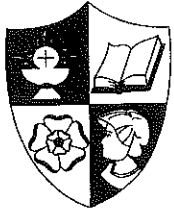
St. Elizabeth Ann Seton Catholic School recognizes the value of a diverse educational community and does not discriminate on the basis of race, gender, religion, or ethnic background in the administration of our education policies. Preference for enrollment will be given to current SEASCS families and active parishioners (participation in parish stewardship will be used as criteria for determining active parishioners.)

Acceptance

In signing this application, I understand the following:

Every student must submit a completed and signed application, birth certificate, baptismal certificate, immunization record, report cards or transcripts of grades, test scores and two teacher evaluations. **Application does not guarantee enrollment.** The parent/guardian will assume full financial responsibility for annual tuition. This application will not be processed unless all forms have been completed, the application is signed, and required fees paid. Presentation of false information or omission of pertinent information on this application will constitute grounds for dismissal from St. Elizabeth Ann Seton Catholic School with no refunds of tuition or fees.

Parent/Guardian Signature: _____ Date: _____



**ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL**

**2020-2021
Health History**

Student's Name: _____ Age: _____ Grade: _____

Please circle any of the following your child has or has ever had:

1. Allergy (to what things): _____
2. Does your child have Asthma? ____ Yes ____ No
3. Does your child require medication for Asthma? Prescription: _____
4. Bone Disorders
5. Diabetes
6. Heart or Cardiac Disease
7. Kidney Disease
8. Rheumatic Fever
9. Tuberculosis (or contact with active case yes or no)
10. Sickle Cell Anemia
11. Seizures
 - a. Frequent Fainting
 - b. Convulsions
 - c. Frequent Dizziness
 - d. Tremors
12. Hearing Loss
13. Vision Loss
14. Psychiatric-Psychological
15. Learning Disorder
16. Cancer
17. Other: _____

Indicate if he/she has had the usual childhood diseases:

a. Measles ____ b. Mumps ____ c. Chickenpox ____ (if yes approximate date __/__/__)

Does your child wear eye glasses or contact lenses? _____

Were there any unusual circumstances regarding the birth of this child? _____

Any specific symptoms we should know about, and how they are treated, such as:

1. Frequent Headaches
2. Frequent Stomach Aches
3. Nosebleeds
4. Frequent colds, sore throats
5. Other _____

Is your child now under a Physician's Care? _____

For what condition? _____

If you circled anything above, please comment further here below:

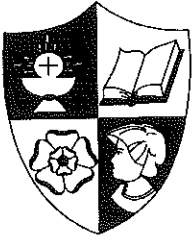
Is your child on any medications? If so, what _____ For what condition? _____

As part of our School health services your child will be provided with Visual and Hearing screenings. You will be informed if your child is found to have a deviation from normal, so that he/she can be further checked by your private physician.

Telephone number where you can be reached in case of emergency?
Home _____ or Work _____

Date your child had last physical examination: _____ Date your child had last eye examination: _____

Parent Signature Date



**ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL**

**2020– 2021
PreK-3 Evaluation Form**

Name of Child: _____ Date of Birth: _____

To the Parent or Guardian: Please write your child's name in the space above. Read and sign this form before giving it to your child's teacher. *I understand and agree that the information contained on this Evaluation Form is confidential and will be used only in the selection of candidates. It will not become part of the child's permanent file. I also agree that this completed form will be sent directly to St. Elizabeth Ann Seton Catholic School, upon request of the parent or guardian, and I waive any right to see it.*

Parent/Guardian Signature

Date

To the Teacher/Counselor: Using your knowledge of this child in his/her current school environment, please complete the following evaluation. This information is confidential and it will not become part of the student's permanent record. **Please send forms directly to St. Elizabeth Ann Seton Catholic School:**

6646 Addicks-Satsuma Road, Houston, Texas 77084; climes@seasc.org; or Fax: 281-463-8707.

| Personal & Social Development | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
|---|---------------------|------------------------|-------------------------|-------------------------|----------------------|
| I can accept and obey adult authority. | 1 | 2 | 3 | 4 | 5 |
| I have consideration for people and things around me. | 1 | 2 | 3 | 4 | 5 |
| I play and share cooperatively with others. | 1 | 2 | 3 | 4 | 5 |
| I can recognize body parts. | 1 | 2 | 3 | 4 | 5 |
| I can handle bathroom hygiene. | 1 | 2 | 3 | 4 | 5 |
| I exhibit a positive self-image and am decisive when making a decision. | 1 | 2 | 3 | 4 | 5 |
| My attention span is lengthening in self-chosen activities. Approximate time: | 1 | 2 | 3 | 4 | 5 |
| My attention span is lengthening in group settings. Approximate time: | 1 | 2 | 3 | 4 | 5 |
| I can follow simple directions. | 1 | 2 | 3 | 4 | 5 |
| I can follow classroom rules and routines. | 1 | 2 | 3 | 4 | 5 |
| Language Skills | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
| I can speak clearly. | 1 | 2 | 3 | 4 | 5 |
| I can say my first and last names. | 1 | 2 | 3 | 4 | 5 |
| I know my age. | 1 | 2 | 3 | 4 | 5 |
| I can recognize at least four colors. | 1 | 2 | 3 | 4 | 5 |
| I know some position orientation words (top, bottom, etc.) | 1 | 2 | 3 | 4 | 5 |

| Motor Skills | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
|------------------------------|--------------|-----------------|------------------|------------------|---------------|
| I can hold a crayon. | 1 | 2 | 3 | 4 | 5 |
| I can walk forward. | 1 | 2 | 3 | 4 | 5 |
| Math | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
| I can count 1-5 | 1 | 2 | 3 | 4 | 5 |
| I can recognize some numbers | 1 | 2 | 3 | 4 | 5 |
| I can recognize some shapes | 1 | 2 | 3 | 4 | 5 |

How long have you known this child? _____

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

With whom does the child prefer to play? _____

Do you have any concerns regarding this child?

Developmental Behavioral Academic Other (Please Explain)

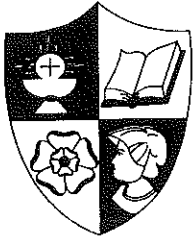
Thank you for taking the time to complete this questionnaire to the best of your ability. We truly appreciate your assistance.

Teacher Name: _____ Date: _____

Name of School: _____ Phone: _____

School Address: _____

Please return this completed form to:
 St. Elizabeth Ann Seton Catholic School
 6646 Addicks-Satsuma Road
 Houston, TX 77084
 Fax: 281-463-8707
climes@seascscs.org



**ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL**

**2020– 2021
PreK-4 Evaluation Form**

Name of Child: _____ Date of Birth: _____

To the Parent or Guardian: Please write your child's name in the space above. Read and sign this form before giving it to your child's teacher. *I understand and agree that the information contained on this Evaluation Form is confidential and will be used only in the selection of candidates. It will not become part of the child's permanent file. I also agree that this completed form will be sent directly to St. Elizabeth Ann Seton Catholic School, upon request of the parent or guardian, and I waive any right to see it.*

Parent/Guardian Signature _____ Date

To the Teacher/Counselor: Using your knowledge of this child in his/her current school environment, please complete the following evaluation. This information is confidential and it will not become part of the student's permanent record. **Please send forms directly to St. Elizabeth Ann Seton Catholic School: 6646 Addicks-Satsuma Road, Houston, Texas 77084; climes@seascscs.org; or Fax: 281-463-8707.**

| Personal & Social Development | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
|---|---------------------|------------------------|-------------------------|-------------------------|----------------------|
| I can accept and obey adult authority. | 1 | 2 | 3 | 4 | 5 |
| I have consideration for people and things around me. | 1 | 2 | 3 | 4 | 5 |
| I play and share cooperatively with others. | 1 | 2 | 3 | 4 | 5 |
| I can recognize body parts. | 1 | 2 | 3 | 4 | 5 |
| I can handle bathroom hygiene. | 1 | 2 | 3 | 4 | 5 |
| I exhibit a positive self-image and am decisive when making a decision. | 1 | 2 | 3 | 4 | 5 |
| My attention span is lengthening in self-chosen activities. Approximate time: | 1 | 2 | 3 | 4 | 5 |
| My attention span is lengthening in group settings. Approximate time: | 1 | 2 | 3 | 4 | 5 |
| I can follow directions that involve a two- or three-step sequence. | 1 | 2 | 3 | 4 | 5 |
| I can follow classroom rules and routines. | 1 | 2 | 3 | 4 | 5 |
| Language Skills | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
| I can speak clearly. | 1 | 2 | 3 | 4 | 5 |
| I communicate in complete sentences. | 1 | 2 | 3 | 4 | 5 |
| I can say my first and last names. | 1 | 2 | 3 | 4 | 5 |
| I know my age. | 1 | 2 | 3 | 4 | 5 |
| I can answer questions following a story. | 1 | 2 | 3 | 4 | 5 |
| I can recite the alphabet (rote memory). | 1 | 2 | 3 | 4 | 5 |
| I can identify some lower case alphabet letters. | 1 | 2 | 3 | 4 | 5 |
| I can identify some upper case alphabet letters. | 1 | 2 | 3 | 4 | 5 |
| I can produce some letter sounds. | 1 | 2 | 3 | 4 | 5 |
| I can write my first name. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| I can recognize at least eight colors. | 1 | 2 | 3 | 4 | 5 |
| I know some position orientation words (top, bottom, etc.) | 1 | 2 | 3 | 4 | 5 |

| Motor Skills | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
|---|--------------|-----------------|------------------|------------------|---------------|
| I can hold and use my crayon or pencil using pincher grasp | 1 | 2 | 3 | 4 | 5 |
| I can hold and use my scissors correctly | 1 | 2 | 3 | 4 | 5 |
| I can manipulate small pieces. (Ex.: string, beads, tracing, puzzles) | 1 | 2 | 3 | 4 | 5 |
| I can walk forward and backwards | 1 | 2 | 3 | 4 | 5 |
| I can run | 1 | 2 | 3 | 4 | 5 |
| I can balance | 1 | 2 | 3 | 4 | 5 |
| Math & Science Readiness | Almost Never | Once In A While | Moderately Often | Most of The Time | Almost Always |
| I can count to twenty | 1 | 2 | 3 | 4 | 5 |
| I can recognize some numbers | 1 | 2 | 3 | 4 | 5 |
| I can recognize some shapes | 1 | 2 | 3 | 4 | 5 |
| I can identify size differences (big, little, etc) | 1 | 2 | 3 | 4 | 5 |
| I can sequence things | 1 | 2 | 3 | 4 | 5 |
| I can categorize objects | 1 | 2 | 3 | 4 | 5 |
| I can make comparisons. (Ex.: Like/Different) | 1 | 2 | 3 | 4 | 5 |

How long have you known this child? _____

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

With whom does the child prefer to play? _____

Do you have any concerns regarding this child?

Developmental Behavioral Academic Other (Please Explain)

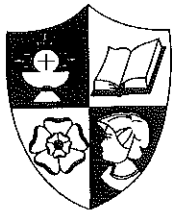
Thank you for taking the time to complete this questionnaire to the best of your ability. We truly appreciate your assistance.

Teacher Name: _____ Date: _____

Name of School: _____ Phone: _____

School Address: _____

Please return this completed form to:
 St. Elizabeth Ann Seton Catholic School
 6646 Addicks-Satsuma Road
 Houston, TX 77084
 Fax: 281-463-8707
climes@seascscs.org



**ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL**

**2020-2021
Kindergarten Evaluation
Form**

Name of Child: _____ Date of Birth: _____

To the Parent or Guardian: Please write your child's name in the space above. Read and sign this form before giving it to your child's teacher. *I understand and agree that the information contained on this Evaluation Form is confidential and will be used only in the selection of candidates. It will not become part of the child's permanent file. I also agree that this completed form will be sent directly to St. Elizabeth Ann Seton Catholic School, upon request of the parent or guardian, and I waive any right to see it.*

Parent/Guardian Signature _____
Date

To the Teacher/Counselor: Using your knowledge of this child in his/her current school environment, please complete the following evaluation. This information is confidential and it will not become part of the student's permanent record.

**Please send forms directly to St. Elizabeth Ann Seton Catholic School:
6646 Addicks-Satsuma Road, Houston, Texas 77084; climes@seascscs.org; or Fax: 281-463-8707.**

| Personal & Social Development | Almost Never | Once in A While | Moderately Often | Most of The Time | Almost Always |
|---|--------------|-----------------|------------------|------------------|---------------|
| I can accept and obey adult authority. | 1 | 2 | 3 | 4 | 5 |
| I have consideration for people and things around me. | 1 | 2 | 3 | 4 | 5 |
| I play and share cooperatively with others. | 1 | 2 | 3 | 4 | 5 |
| I can recognize body parts. | 1 | 2 | 3 | 4 | 5 |
| I can handle bathroom hygiene. | 1 | 2 | 3 | 4 | 5 |
| I exhibit a positive self-image and am decisive when making a decision. | 1 | 2 | 3 | 4 | 5 |
| My attention span is lengthening in self-chosen activities. Approximate time: | 1 | 2 | 3 | 4 | 5 |
| My attention span is lengthening in group settings. Approximate time: | 1 | 2 | 3 | 4 | 5 |
| I can follow directions that involve a two- or three-step sequence. | 1 | 2 | 3 | 4 | 5 |
| I can follow classroom rules and routines. | 1 | 2 | 3 | 4 | 5 |
| Language Skills | Almost Never | Once in A While | Moderately Often | Most of The Time | Almost Always |
| I can speak clearly. | 1 | 2 | 3 | 4 | 5 |
| I communicate in complete sentences. | 1 | 2 | 3 | 4 | 5 |
| I can say my first and last names. | 1 | 2 | 3 | 4 | 5 |
| I know my age. | 1 | 2 | 3 | 4 | 5 |
| I can answer questions following a story. | 1 | 2 | 3 | 4 | 5 |
| I can recite the alphabet (rote memory). | 1 | 2 | 3 | 4 | 5 |
| I can identify some lower case alphabet letters. | 1 | 2 | 3 | 4 | 5 |
| I can identify some upper case alphabet letters. | 1 | 2 | 3 | 4 | 5 |
| I can produce some letter sounds. | 1 | 2 | 3 | 4 | 5 |
| I can write my first name. | 1 | 2 | 3 | 4 | 5 |
| I can recognize at least eight colors. | 1 | 2 | 3 | 4 | 5 |
| I know some position orientation words (top, bottom, etc.) | 1 | 2 | 3 | 4 | 5 |

| Motor Skills | Almost Never | Once In A While | Moderately Often | Most of The Time |
|---|--------------|-----------------|------------------|------------------|
| I can hold and use my crayon or pencil using pincher grasp | 1 | 2 | 3 | 4 |
| I can hold and use my scissors correctly | 1 | 2 | 3 | 4 |
| I can manipulate small pieces. (Ex.: string, beads, tracing, puzzles) | 1 | 2 | 3 | 4 |
| I can walk forward and backwards | 1 | 2 | 3 | 4 |
| I can run | 1 | 2 | 3 | 4 |
| I can balance | 1 | 2 | 3 | 4 |
| Math & Science Readiness | Almost Never | Once In A While | Moderately Often | Most of The Time |
| I can count to twenty | 1 | 2 | 3 | 4 |
| I can recognize some numbers | 1 | 2 | 3 | 4 |
| I can recognize some shapes | 1 | 2 | 3 | 4 |
| I can identify size differences (big, little, etc) | 1 | 2 | 3 | 4 |
| I can sequence things | 1 | 2 | 3 | 4 |
| I can categorize objects | 1 | 2 | 3 | 4 |
| I can make comparisons. (Ex.:Like/Different) | 1 | 2 | 3 | 4 |

How long have you known this child? _____

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

With whom does the child prefer to play? _____

Do you have any concerns regarding this child? Yes No

If yes please explain (Developmental Behavioral Academic Other)

Thank you for taking the time to complete this questionnaire to the best of your ability. We truly appreciate your assistance.

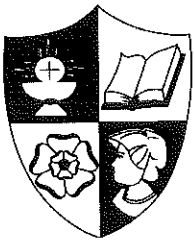
Teacher Name: _____ Date: _____

Name of School: _____ Phone: _____

School Address: _____

Please return this completed form to:

St. Elizabeth Ann Seton Catholic School
 6646 Addicks-Satsuma Road
 Houston, TX 77084
 Fax: 281-463-8707
climes@seasc.org



**ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL**

**2020-2021
1st-8th Grade Recommendation
Form**

Name of Student: _____ Applicant to Grade: _____

To the Parent or Guardian: Please write your child's name in the space above. Read and sign this form before giving it to your child's teacher.

I understand and agree that the information contained on this Recommendation Form is confidential and will be used only in the selection of candidates. It will not become part of the child's permanent file. I also agree that this completed form will be sent directly to St. Elizabeth Ann Seton Catholic School, upon request of the parent or guardian, and I waive any right to see it.

Parent/Guardian Signature

Date

To the Teacher/Counselor: We appreciate your cooperation in completing this form. We treat this information as confidential and it will not become part of the student's permanent record.

Please send forms directly to St. Elizabeth Ann Seton Catholic School:
6646 Addicks-Satsuma Road, Houston, Texas 77084; climes@seascscs.org; or Fax: 281-463-8707.

| Topic | Always | Often | Occasionally | Seldom | Never |
|----------------------------------|--------|-------|--------------|--------|-------|
| Follows directions | | | | | |
| Is cooperative | | | | | |
| Participates in activities | | | | | |
| Is able to focus on one task | | | | | |
| Follows classroom routines/rules | | | | | |
| Can work independently | | | | | |
| Relates well with peers | | | | | |
| Is comfortable with adults | | | | | |
| Is imaginative | | | | | |
| Exhibits positive self-image | | | | | |
| Is concerned for others | | | | | |
| Exhibits self-discipline | | | | | |
| Has good study habits | | | | | |
| Has good attendance | | | | | |
| Exhibits maturity | | | | | |

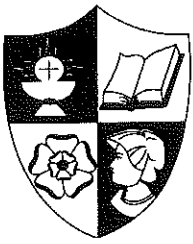
Is parent supportive of school policies/rules? Yes No
 Is parent responsive to school's suggestions? Yes No
 Has applicant had any disciplinary problems this year? Yes No

If yes, please explain _____

I highly recommend I recommend
 I recommend with reservations because _____
 I do not recommend because _____

Signature of Teacher/Counselor _____ Subject _____

School _____ Phone _____ Date _____



**ST. ELIZABETH ANN SETON
CATHOLIC SCHOOL**

**2020-2021
Release of Records**

Dear Parents,
Federal legislation mandates that parental consent be granted (for students under the age of 18) before any school records can be divulged. Please complete only one of the following sections:

Students Applying to St. Elizabeth Ann Seton Catholic School

To Whom It May Concern:

I hereby give _____
Current School *Address*

permission to forward the education and health records of _____
Name of Student

to St. Elizabeth Ann Seton Catholic School.

To Whom It May Concern:

I **do not** wish the education and health records of _____ to be
Name of Student

forwarded to St. Elizabeth Ann Seton School.

Please send all records to: St. Elizabeth Ann Seton Catholic School
 6646 Addicks-Satsuma Rd.
 Houston, TX 77084
 281-463-1444 (phone) 281-463-8707 (fax)

Students Leaving St. Elizabeth Ann Seton Catholic School

I hereby give St. Elizabeth Ann Seton School Catholic School, 6646 Addicks-Satsuma Road,
 Houston, Texas 77084 permission to release the education and health records of:

Student Name: _____ Please forward records to:

School *Address*

I **do not** wish for the education and health records of _____
Name of Student

to be released by St. Elizabeth Ann Seton School.

Signature of Parent or Guardian

Date