



INFORMATION

CONTACT PERSON: Lynn Day, Principal

GRADE LEVELS: Pre-K through Eighth Grade

ADMISSION: Our admissions policy is designed to ensure student success. Consequently, new students are given an interview/screening test to ensure that Holy Rosary can meet their needs and that they will be successful.

Holy Rosary Catholic School admits children of any race, color, national or ethnic origin. Priority registration consideration is given to those families who are members of the seven sponsoring parishes: St. Vincent de Paul, St. Joseph, St. Mary the Virgin, St. Jude, Most Blessed Sacrament, Catholic Church of the Vietnamese Martyrs, and St. Matthew.

SCHOOL HOURS: The school day begins at 8:00 am and ends at 3:00 pm. Upper grade students dismiss at 3:15 pm. HRCS offers a before school program from 7:00 – 7:45 am. The YMCA offers an on-site after school program from 3:00 – 6:30 pm. Please contact the school office for more information.

APPLICATION: A \$400.00 application fee is required. The fee is non-refundable unless HRCS cannot accommodate the student.

		<u>Catholic</u>	<u>Non-Catholic</u>
TUITION PER YEAR:*	K – higher grades:	\$5,293	\$6,753
	Pre-K, 3-day:	\$3,439	\$4,356
	Pre-K, 2-day:	\$2,382	\$3,015

Families with more than one child attending Holy Rosary Catholic School will receive a 20% discount on the first sibling’s tuition and 25% on each subsequent sibling’s tuition, excluding Pre-K and Non-Catholic students.

*The above is the tuition schedule for the 2009-2010 school year. These fees and discounts are subject to change.

- TUITION ASSISTANCE:** Tuition Assistance is available to qualified families of registered and accepted Catholic students in Kindergarten through 8th grade. Call the school office for more information.
- SERVICE HOURS:** Each family must meet 40 service hours per school year.
- REFUND POLICY:** Holy Rosary Catholic School requires a tuition payment in full on or before June 1st for the next upcoming school year. In general, tuition is non-refundable. If however a student leaves before the second semester of the school year begins, one-half (50%) of the student's full tuition payment will be refunded. Except in extreme circumstances, such as the case where the School's Principal determines that the school cannot meet the needs of a particular student, no other tuition refund is available. The decision whether to grant any tuition refund because of extreme circumstances will be made by the Principal.
- RECORDS:** All new students are required to have copies of their birth certificate, Baptismal certificate, and shot records included with their **Application for Admission**. The most recent copies of report card and achievement tests must be received by Holy Rosary Catholic School prior to acceptance of child. A **Student Information Sheet** is also required of new students who are currently in first grade and up. A physical (form provided by the Diocese of Fort Worth) and an emergency card will be required on or before the first day of school. Students transferring from other Fort Worth Diocesan schools must present a withdrawal form at the time of registration.
- SCHOOL UNIFORMS:** Uniforms are required and must be purchased through Parker School Uniforms in Fort Worth, Texas.
- LUNCH PROGRAM:** For the convenience of our parents, hot meals are prepared on-site by Educational Catering Inc. Parents choosing not to utilize the catering service may send a lunch with their child.
- CURRICULUM:** The educational program consists of instruction in Religion, Reading, English, Spelling, Vocabulary, Handwriting, Mathematics, Social Studies, Science, Physical Education, Fine Arts, Spanish and Computer Instruction and follows the Diocese of Fort Worth curriculum.
- ACCREDITATION:** Holy Rosary Catholic School is a part of the Catholic School System of the Diocese of Fort Worth. Holy Rosary is fully accredited through the Texas Catholic Conference Accreditation Commission which is recognized by the Texas Education Agency.

Do you have any relatives who are Holy Rosary graduates? Yes ___ No ___ If yes, please list them below.

First Name Maiden Last Name Relationship Year of Graduation

Is your child now taking any medication? _____ Has your child been diagnosed with any of the
(Name of Medication)
following: ADD/ADHD ___, Learning Disabilities ___, Emotional Disabilities ___, Asthma ___, Allergies _____

Please list any other needs: _____

Application Fee:

A \$400.00 per student application fee is required. The fee is non-refundable unless Holy Rosary Catholic School cannot accommodate the student.

TUITION PER YEAR:*	<u>Catholic</u>	<u>Non-Catholic</u>
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Select method of tuition payment:

_____ Lump sum due on or before June 1, 2009.

_____ Texas Catholic Community Credit Union loan, ten monthly payments,
July 5, 2009 – April 5, 2010.

Note: Please help the office keep all information current by notifying the school when any information needs updating.

Return completed application to:

Holy Rosary Catholic School
2015 S. W. Green Oaks Blvd.
Arlington, Texas 76017

To the best of my knowledge, the above information is correct. I agree to abide by the Diocesan and local School Policy in regard to the governance of Holy Rosary Catholic School.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Non-Discriminatory Policy: Holy Rosary Catholic School is in compliance with the Civil Rights Acts of 1964 and other Federal Statutes of non-discrimination in its employment and admission practices. It admits qualified students of any race, color, sex, national or ethnic origins to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.



Request for Records

Date: _____

Previous School: _____

Address: _____

City, State Zip _____

_____ has registered at Holy Rosary Catholic School
Student's Name

for the _____ school year.

Please forward my child's school records to:

Holy Rosary Catholic School
2015 S. W. Green Oaks Blvd.
Arlington, Texas 76017

817/419-6800
817/419-7080 (fax)

Parent's Signature



STUDENT INFORMATION SHEET

Holy Rosary Catholic School
2015 SW Green Oaks Blvd.
Arlington, Texas 76017
Phone: 817/419-6800
Fax: 817/419-7080

I give permission for the release of this Information Sheet to the above named school. (Holy Rosary respectfully requests that the Information Sheet be completed by the student's Teacher and/or Principal and returned to Holy Rosary within one week of receipt.)

Parent/Guardian Signature

Date

**** REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE****

Student's Name

Present Grade

Name of Present School

Length of time in present school

The above named student has applied for placement in our school. In order that we may have a record of the child's academic achievement, social behavior, and relationship with teacher and peers, we would appreciate your sharing the following information. This Student Information Sheet does not go into a child's permanent record and the information contained is entirely confidential. It is important that we have it to determine acceptance.

I. Using the following code, please grade the areas listed:

E=excellent

G=good

F=fair

U=unsatisfactory

____ General Attitude

____ Cooperation

____ Effort

____ Classroom Conduct

____ Relationship with teacher

____ Relationship with peers

____ Respect for authority

____ Home study habits

____ Initiative

____ School study habits

____ Pride in work

____ Completion of assignments

____ Attendance

II. Discipline (please comment):

III. Please describe any disabilities (physical, emotional, language barrier, family situation) that affect the applicant's progress.

IV. Using the following code, please grade the areas listed:
1=outstanding; 2=average; 3=below average progress;
4=failing to make necessary progress

_____ Christian Doctrine	_____ Social Studies
_____ Reading	_____ Science
_____ Math	_____ Spelling/Vocabulary
_____ English	_____ Computer Literacy
	_____ Foreign Language

V. Academic Information:

Has this child ever been tested for learning disabilities? ____ Yes ____ No

Has testing ever been suggested to the parents? ____ Yes ____ No

Explain: _____

Has this child ever been tested for gifted and talented? ____ Yes ____ No

Has this testing ever been suggested to the parents? ____ Yes ____ No

Explain: _____

Has this child been retained? ____ Yes ____ No

If yes, grade repeated: _____

Is retention recommended for the next school year? ____ Yes ____ No

Explain: _____

VI. Based on the work that the applicant has completed in your school, please rate the total progress of this student:

_____ Outstanding student	_____ Low average student
_____ Above average student	_____ Working <u>below</u> grade level
_____ Average student	

Please provide any other information you feel would be useful to us. Thank you for your time in completing this form.

Teacher

Date

Principal