

All Saints Catholic School

4001 36th Avenue, N.W.
Norman, Oklahoma 73072
(405) 447-4600

Dear Prospective ASCS Family,

Thank you for your interest in All Saints Catholic School. The next step in the enrollment process is to complete the enclosed pre-enrollment packet. In order to be considered for enrollment, please return the completed forms and a check for \$175 to the school office. Completion of this packet does not guarantee admission. The registration fee will be deposited upon formal admission. Please return the packet, including information below, by February 12, 2010. Packets arriving after this date will be considered on a space-available basis.

The following information is needed for all applicants at time of application:

Current Immunization records

Birth Certificate (official certificate issued by state, not the hospital)

Baptismal Certificate (Catholic applicants only)

First Communion Certificate (Catholic applicants only, Grades 3-8)

Custodial Agreement (If parents are divorced)

Students entering Grades 1-8 must provide copies of report cards for the past two years, academic test results, the attached teacher recommendation form and if applicable, copies of Individualized Education Plans (IEP) or Individualized Service Plans (ISP) at time of application.

All students entering Grades 1-8 will have an admission interview. Families will be called to schedule an interview, as positions are available. Students entering Pre-Kindergarten and Kindergarten will be invited to screening sessions this spring.

Please note that if you are a member of one of the Cleveland County Catholic parishes, you must submit the enclosed parish verification form to your parish priest no later than February 26, 2010. Families without a signed verification form on file will not be eligible for the Cleveland County parishioner tuition rate.

At any time, if you have questions or need additional information, please call us at 447-4600 or e-mail at dwade@allsaintsnorman.org. Feel free to explore our school website at www.allsaintsnorman.org. Thank you for your continued interest in All Saints Catholic School for your family.

Yours truly,



Leslie Schmitt, M.Ed.
Principal



Dana Wade, M.Ed.
Assistant Principal

Theresa A. Bragg, Ph.D.
Director of Operations

All Saints Catholic School
ENROLLMENT PACKET
2010-2011 School Year

For office use only.
Homeroom _____
Immunization _____
Birth Certificate _____
Baptismal Certificate _____
First Communion Certif. _____
Registration Fee _____
Previous School Records _____
Parish Verification Form _____

Today's Date _____

Student Name _____ Grade _____ Gender: M F
Last First Middle

Birthdate _____ Baptism Date _____

Is this student Hispanic/Latino? Yes No

What is the student's race?: White Black American Indian Asian Pacific Islander Multi-Racial
(Circle one)

Religion _____ Parish/Church _____

Father's/Guardian's Name: _____ Religion _____

Address _____ City/State _____ Zip Code _____ E-Mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Mother's/Guardian's Name: _____ Religion _____

Address _____ City/State _____ Zip Code _____ E-Mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

With whom does the student live? _____

Parental marital status _____ Married _____ Divorced* _____ Single _____ Widowed
Name/s Relationship

* If divorced:

Custodial parent name _____

Noncustodial parent name _____

Who is responsible for payment of school tuition? _____

Should school information be sent to the non-custodial parent? Yes No (circle one)

(if yes, please provide address) _____

Please provide ASCS with a copy of the custodial agreement.

Names of persons allowed to pick-up my child/ren from school (a signed permission slip is required before the student/s will be released to any person not listed):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

All Saints Catholic School
Student History Survey

Student's Name _____

Applying for Grade _____

**** To purposefully fail to disclose all pertinent information (i.e. health, behavioral, learning issues) in regard to your student/s can be reason for non-admittance or dismissal. All Saints reserves the right to contact previous schools or daycare facilities ****

1. Please explain your reasons for applying to attend All Saints Catholic School. _____

2. Why do you wish to leave your current/previous school? _____

3. Other child care or schools this child has attended (include dates) _____

4. Has your child been educationally evaluated or tested? _____ If so, for what purpose? _____

Does your child have an IEP (Individual Education Plan) or an ISP? _____ If yes, please attach.

5. Does your child have special educational or counseling needs, diagnosed or undiagnosed? _____

If yes, please describe. _____

6. Has your child been retained or recommended for retention? _____ skipped a grade? _____ if so, which grade level? _____

7. Has your child been suspended or expelled from a school or child care facility? _____

If yes, please explain. _____

8. Does your child have any major medical health problems or take medication on a regular basis? _____ If yes, please explain. _____

FAMILY TELEPHONE DIRECTORY RELEASE

For the ease and convenience of all families at All Saints, a family directory is published each year. This directory will be distributed only to ASCS families. Please designate how you would like your family's listing to appear in the directory. **Leaving a space blank means that this information will not be published.**

Student's name _____

Parent/s or Guardian _____

Home address _____ City/State/Zip _____

Phone Number _____

- In the event of joint or shared custody, please note information if both parents are to have listings _____

PHOTO AND MEDIA RELEASE

As the parent or legal guardian, I give permission for my child's photograph to appear in brochures, exhibits, newspapers, the school yearbook, magazines, advertisements, and other forms of printed matter and in electronic format (video, audio, film and television) representing All Saints Catholic School. I understand that no compensation will be paid to my child or me.

_____ Yes, I agree to the above paragraph.

_____ I do not wish for my child/ren to be photographed EXCEPT for the school yearbook.

_____ Other (please state) _____

Parent/Guardian Signature _____ Date _____

FEDERAL LANGUAGE SURVEY

Is English spoken most often in the home? __ Yes No
If no, what language is spoke more often? _____

All Saints Catholic School School Health Services

Student Name _____ Grade _____

Medication:

- I hereby authorize ALL SAINTS CATHOLIC SCHOOL officials, school nurse, administrator or a designated school employee to administer **PRESCRIPTION OR NON-PRESCRIPTION** medication to my child. All medication must be supplied by a parent/guardian.
- I do not want medication administered to my child.

Parent or Guardian Signature

Date

Allergies or medical conditions:

Please list allergies or medical conditions* _____

* Please provide emergency instructions to deal with severe allergies or medical conditions.

* If the cafeteria needs to be aware of specific food allergies, please complete the "food allergy" form on the school website, have your child's doctor sign it and return it to the school office.

Emergency Medical Care School Consent Form:

All Saints Catholic School is authorized to secure emergency medical care for my child when a parent cannot be immediately reached at the time of emergency. A parent will be responsible for the emergency medical charges upon receipt of the statement. The child will be taken to the Norman Health Plex emergency room or the closest hospital in the event of a field trip emergency.

Signature of Parent/Guardian

Date

Relationship to Student

EMERGENCY INFORMATION

Person to be contacted if unable to reach parent/guardian (in order of preference. Please list at least 3 from different households:

1. Name _____ Relationship _____ Home Phone _____ Cell _____

2. Name _____ Relationship _____ Home Phone _____ Cell _____

3. Name _____ Relationship _____ Home Phone _____ Cell _____

All Saints Catholic School
2010-11 School Year

**PLEASE TURN FORM IN
TO PARISH PRIEST BY
FEBRUARY 26, 2010.**

Verification of Active Parish Membership

Parish Name _____

Parish Contribution Envelope Number _____

Father/Guardian's Name _____

Mother/Guardian's Name _____

Address _____

City/State/Zip _____

Members of this parish since what date? _____

School-Aged Students Names _____	Applying for Grade _____
_____	_____
_____	_____
_____	_____

Description of parish activities/boards/committees in which your family participates:

=====

For church office use only:

Verified by: _____ **Parish:** St. Joseph's St. Mark's
(Pastor Signature) (circle one) St. Thomas More
St. Andrew's

Family qualifies for Cleveland County parish tuition rate: Yes No
If no, please explain

Please complete top half of form and give it to your parish priest for verification. It is not the school's responsibility to fax or mail these forms to the parishes. If the form is not returned to the school verified and signed by the parish priest, the Cleveland County tuition rate will not be extended.

All Saints Catholic School Volunteer Opportunities 2010-2011

Parent/Guardian _____ Home Phone _____
 Child/ren's Name(s) _____

All Saints relies heavily upon the generosity of volunteers. Please check the activities that interest you.

- | | |
|--|--|
| <p>_____ <i>assist home room parent</i></p> <p>_____ <i>bake items (cookies, etc.) for
receptions/luncheons</i></p> <p>_____ <i>office volunteer (hours/week _____)</i></p> <p>_____ <i>lunch room volunteer</i></p> <p>_____ <i>library volunteer</i></p> <p>_____ <i>classroom volunteer, Grade Level _____</i></p> <p>_____ <i>tutoring</i></p> <p>_____ <i>science fair volunteer</i></p> <p>_____ <i>Health Screening Volunteer</i></p> <p>_____ <i>Fine Arts Night Volunteer</i></p> <p>_____ <i>trim and bundle Campbell Soup
labels and General Mills box tops
and tally IGA receipts</i></p> <p>_____ <i>Halloween Carnival Volunteer</i></p> <p>_____ <i>Bus Driver</i></p> <p>_____ <i>Healthy & Fit Advisory Council</i></p> | <p>_____ <i>Christmas Program Volunteer</i></p> <p>_____ <i>Roman Holiday committee</i></p> <p>_____ <i>School nurse</i></p> <p>_____ <i>PTO Sundae Mondays</i></p> <p>_____ <i>photography/video volunteer</i></p> <p>_____ <i>Golf Tournament Volunteer</i></p> <p>_____ <i>School Picture, Retake and Ident-
Kid Day Volunteer</i></p> <p>_____ <i>Track Meet Volunteer</i></p> <p>_____ <i>Run Errands</i></p> <p>_____ <i>Work on Special Projects at Home</i></p> <p>_____ <i>Christmas atrium decorating</i></p> <p>_____ <i>Super Saints Day</i></p> <p>_____ <i>Garage Sale Volunteer</i></p> |
|--|--|

ASCS Grandparent Association

Please provide the names, addresses, e-mail of grandparents so that they can be included on the Grandparents Association mailing list.

Name _____ Address _____
 City/State/Zip _____ E-Mail _____

Name _____ Address _____
 City/State/Zip _____ E-Mail _____

Name _____ Address _____
 City/State/Zip _____ E-Mail _____

Name _____ Address _____
 City/State/Zip _____ E-Mail _____

**ALL SAINTS CATHOLIC SCHOOL
CONSENT FOR RELEASE OF STUDENT
INFORMATION
2010-11**

Date: _____

Student's previous school:

(School)

(Address)

(City, State, Zip)

Send records to:

All Saints Catholic School
4001 36th Avenue, N.W.
Norman, Oklahoma 73072

School Telephone

School Fax

Reason for Request: _____

I hereby give my permission to release information contained in any portion, or all portions of my child's record to All Saints Catholic School, 4001 36th Avenue, N.W., Norman, Oklahoma 73072.

Student's Full Name

Student's Date of Birth

Signature of Parent or Legal Guardian

This is in compliance with Public Law 93-380, 93rd Congress, H.R. 69, Enacted August 21, 1974, Family Educational Rights and Privacy Act of 1974.

Distribution: Original copy to addressee; duplicate copy to school making request.

All Saints Catholic School
4001 36th Avenue N.W.
Norman, OK 73072
(405) 447-4600

SCHOOL RECOMMENDATION
(Confidential)

Name of Applicant _____ Applying for Grade _____

To be completed by qualified school officials: Homeroom, English and Math teachers encouraged.
Copies of the form may be made by the school to allow other teachers to recommend the applicant.

Name of School completing form: _____

Regarding the student applicant, please check the appropriate box for each item below.

ACADEMIC CHARACTERISTICS

	Outstanding	Excellent	Average	Below Average	No Basis for Evaluation
Ability					
Class Participation					
Creativity					
Growth Potential					
Initiative					
Intellectual Curiosity					
Motivation					
Oral Expression					
Self-discipline					
Study Habits					
Work in on time					
Written Expression					

If your grading system differs from the usual (A,B,C,D,F), please provide an interpretation.

If this student is in any advanced sections or programs in your school, please explain.

Estimate ranking in class: Top _____ of _____ students.

(continue on other side)

Please check the box below which best describes this applicant.

PERSONAL CHARACTERISTICS

	Outstanding	Excellent	Average	Below Average	No Basis for Evaluation
Attendance/Tardy					
Concern for Others					
Cooperation					
Emotional Stability					
Enthusiasm					
Initiative					
Integrity & Honesty					
Interaction with Faculty					
Leadership					
Manners					
Maturity					
Respect for Others					
Responsibility					
Self Confidence					
Sense of Humor					

In which area(s) is this student likely to be successful?

In which area(s) do you feel this student needs improvement?

Has this student been recognized for any outstanding academic, athletic, and/or artistic performance?

Are there any personal or family problems this student has experienced or is experiencing?

All Saints Catholic School appreciates your assistance in our evaluation of this student for admission.

Please mail this form and any other related correspondence *directly* to:

All Saints Catholic School – Registrar
 4001 36th Avenue N.W.
 Norman, OK 73072

 Person completing recommendation form

 Years of Acquaintance with student

 Subject area or Title

 Years you have taught this student

