



OUR LADY OF SORROWS SCHOOL
1100 GUMWOOD AVE.
MCALLEN, TX 78501-4559
PHONE: (956) 686-3651 | FAX: (956) 686-1996

CURRENT FAMILIES - NEW STUDENT APPLICATION FORM B*
2017-2018

*****This packet is for current families who wish to enroll a new student at OLSS. This application is a supplemental packet to the Re-enrollment form. This application must be filled in and returned with the Re-enrollment form A.*****

DOCUMENTS NEEDED FOR NEW STUDENTS, COPY OF:

- Application for Admission (all documents)
- Birth Certificate
- Baptismal Certificate
- Social Security Card
- If from another country:
- Student Visa (F-1, I-20, forms must be picked up and submitted to immigration before August 1st)
- Complete Immunization Schedule
- Copy of most recent transcript, including standardized test scores
- Copy of most recent report card
- Letters of Recommendation from School Principal
- Letters of Recommendation from Current Teacher (or Counselor)
- If transferring from another school:
- Name of School _____
- School Address _____
- Phone Number _____
- Fax Number _____

FOR OFFICE USE ONLY:	
DATE RECEIVED _____	DATE PAID _____
REG. PAYMENT _____	RECEIPT # _____
REGISTERED BY _____	

****Application MUST be completed, if not, it will not be processed.****

1. NAME OF PUBLIC SCHOOLS THAT YOUR CHILD IS ZONED FOR: *(MUST BE FILLED IN)

DISTRICT: _____

ELEMENTARY: _____

MIDDLE SCHOOL: _____

HIGH SCHOOL: _____

2. NEW STUDENT INFORMATION

1. Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Birth Date _____ City and State of Birth _____ Gender _____

Age as of Sept. 1, 2017 _____ Grade Placement _____ (PK, K, or Grade)

Student Special Needs: _____

Sacrament Date Church City and State
 Baptism _____
 Reconciliation _____
 Holy Eucharist _____
 Ethnic Background () White () Black () Hispanic () Asian () American Indian () Other _____

2. Last Name _____ First Name _____ M.I. _____

 Social Security Number Birth Date City and State of Birth Gender
 Age as of Sept. 1, 2017 _____ Grade Placement _____ (PK, K, or Grade)
 Student Special Needs: _____

Sacrament Date Church City and State
 Baptism _____
 Reconciliation _____
 Holy Eucharist _____
 Ethnic Background () White () Black () Hispanic () Asian () American Indian () Other _____

3. Last Name _____ First Name _____ M.I. _____

 Social Security Number Birth Date City and State of Birth Gender
 Age as of Sept. 1, 2017 _____ Grade Placement _____ (PK, K, or Grade)
 Student Special Needs: _____

Sacrament Date Church City and State
 Baptism _____
 Reconciliation _____
 Holy Eucharist _____
 Ethnic Background () White () Black () Hispanic () Asian () American Indian () Other _____

4. Last Name _____ First Name _____ M.I. _____

 Social Security Number Birth Date City and State of Birth Gender
 Age as of Sept. 1, 2017 _____ Grade Placement _____ (PK, K, or Grade)
 Student Special Needs: _____

Sacrament Date Church City and State
 Baptism _____
 Reconciliation _____
 Holy Eucharist _____
 Ethnic Background () White () Black () Hispanic () Asian () American Indian () Other _____

IF YOUR CHILD IS PLACED ON A WAIT LIST AND A SPACE SHOULD BECOME AVAILABLE DURING THE SCHOOL YEAR, WOULD YOU BE WILLING TO ENROLL YOUR CHILD AT THAT TIME?
 _____ YES _____ NO



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PRINCIPAL EVALUATION School Year 20___ - ___

Principal or Head of School:

Thank you for taking the time to complete this evaluation. All information will be considered strictly confidential. The insight you are able to provide helps us tremendously in the admission process.

The student whose name appears below is a candidate for admission to Our Lady of Sorrows School.

Applicant's Name _____
Last, First Middle

Current Grade _____ Applying for Grade _____

Please rank the student in each area using the following scale. Provide comments for those areas meriting a '1' or '2'.

	1: Weak (Never)	2: Fair (Some- times)	3: Average (Usually)	4: Good (Most of the Time)	5: Superior (Always)	Comments
Academic Performance	1	2	3	4	5	
Follows Directions	1	2	3	4	5	
Organization	1	2	3	4	5	
Reading Skills	1	2	3	4	5	
Math Skills	1	2	3	4	5	
Participation	1	2	3	4	5	
Work Habits	1	2	3	4	5	
Conduct	1	2	3	4	5	
Social Skills	1	2	3	4	5	
Self-discipline	1	2	3	4	5	
Attendance	1	2	3	4	5	
Honesty	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Willingness to Help Others	1	2	3	4	5	
Respect for Property	1	2	3	4	5	
Respect for policies	1	2	3	4	5	
Overall	1	2	3	4	5	

Areas of Special Need – Please identify any programs the student has participated in:

Gifted and Talented

Section 504

ESL/LEP/Bilingual

Special Education

Dyslexia

Speech

Signature _____ Date _____

Position _____ School _____

Address _____

Contact Phone # _____



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COUNSELOR EVALUATION

School Year 20__ - __

Counselor:

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Last,

First

Middle

Current Grade _____ Applying for Grade _____

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Organization	1	2	3	4	5	
Reading Skills	1	2	3	4	5	
Math Skills	1	2	3	4	5	
Participation	1	2	3	4	5	
Work Habits	1	2	3	4	5	
Conduct	1	2	3	4	5	
Social Skills	1	2	3	4	5	
Self-discipline	1	2	3	4	5	
Attendance	1	2	3	4	5	
Honesty	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Willingness to Help Others	1	2	3	4	5	
Respect for Property	1	2	3	4	5	
Respect for policies	1	2	3	4	5	
Overall	1	2	3	4	5	

Areas of Special Need – Please identify any programs the student has participated in:

- | | |
|---------------------------|-------------------------|
| _____ Gifted and Talented | _____ Section 504 |
| _____ ESL/LEP/Bilingual | _____ Special Education |
| _____ Dyslexia | _____ Speech |

Signature _____ Date _____

Position _____ School _____

Address _____

Phone # _____ Street _____ City _____ State _____ Zip _____ Contact _____



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TEACHER EVALUATION

School Year 20____ - ____

Teacher:

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Applicant's Name _____

Last,

First

Middle

Current Grade _____ Applying for Grade _____

Please rank the student in each area using the following scale. Provide comments for those areas meriting a '1' or '2'.

	1: Weak (Never)	2: Fair (Some-times)	3: Average (Usually)	4: Good (Most of the Time)	5: Superior (Always)	Comments
Academic Performance	1	2	3	4	5	
Follows Directions	1	2	3	4	5	
Organization	1	2	3	4	5	
Reading Skills	1	2	3	4	5	
Math Skills	1	2	3	4	5	
Participation	1	2	3	4	5	
Work Habits	1	2	3	4	5	
Conduct	1	2	3	4	5	
Social Skills	1	2	3	4	5	
Self-discipline	1	2	3	4	5	
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Honesty	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Willingness to Help Others	1	2	3	4	5	
Respect for Property	1	2	3	4	5	
Respect for policies	1	2	3	4	5	
Overall	1	2	3	4	5	

Areas of Special Need – Please identify any programs the student has participated in:

_____ Gifted and Talented

_____ ESL/LEP/Bilingual

_____ Dyslexia

_____ Section 504

_____ Special Education

_____ Speech

Signature _____ Date _____

Position _____ School _____

Address _____

Street

City

State

Zip

Contact Phone # _____



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EARLY CHILDHOOD EVALUATION

School Year 20____ - ____

Current Daycare, Head of School, or Parent:

Thank you for taking the time to complete this evaluation. All information will be considered strictly confidential. The insight you are able to provide helps us tremendously in the admission process.

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Applicant's Name _____

Last,

First

Middle

Applying for (check one) PK-3 PK-4 Kinder-5

Please rank the student in each area using the following scale. Provide comments for those areas meriting a '1' or '2'.

	1: Total assistance	2: Maximum assistance	3: Moderate assistance	4: Minimal assistance	5: Requires Supervision (safety)	6: Modified independent (use of special devices) specify	7: Independent	Comments
Able to dress self	1	2	3	4	5	6	7	
Able to tie own shoes	1	2	3	4	5	6	7	
Able to handle own bathroom needs	1	2	3	4	5	6	7	
Able to use fork, spoon, and napkin	1	2	3	4	5	6	7	
Speaks Clearly	1	2	3	4	5	6	7	
Speaks English	1	2	3	4	5	6	7	
Speaks Spanish	1	2	3	4	5	6	7	
Able to say own name	1	2	3	4	5	6	7	
Able to say own age	1	2	3	4	5	6	7	
Able to say parent's name	1	2	3	4	5	6	7	
Able to sit quietly to complete a task (coloring, play dough, etc.)	1	2	3	4	5	6	7	
Able to follow oral instructions	1	2	3	4	5	6	7	
Interacts appropriately with other children	1	2	3	4	5	6	7	
What discipline method is used with the child?								
The child accepts the discipline	1	2	3	4	5	6	7	
Able to walk	1	2	3	4	5	6	7	____feet
Able to go ↑ / ↓ steps	1	2	3	4	5	6	7	
Use of hand rails	1	2	3	4	5	6	7	____1 handrail ____2 handrails
Able to transfer and use toilet	1	2	3	4	5	6	7	

Areas of Special Needs – Please identify any programs the student has participated in:

____ Dyslexia ____ Section 504 ____ Special Education ____ Speech

Signature _____

Date _____

Position _____

School _____

Address _____

Contact # _____

STUDENT EMERGENCY INFORMATION
SCHOOL YEAR 2017-2018

Applications must be filled out completely to complete the registration process.
An Emergency Information form must be filled out for EACH child. Please PRINT clearly.

STUDENT INFORMATION

GRADE: _____ TEACHER: _____

LAST NAME: _____ FIRST: _____ DOB: _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

GENDER: _____ HOME PHONE: _____ SSN: _____

INSURANCE COMPANY NAME: _____ POLICY NO.: _____

PARENTAL/GUARDIAN INFORMATION

MOTHER'S NAME: _____ WORK#: _____ CELL: _____

FATHER'S NAME: _____ WORK#: _____ CELL: _____

EMERGENCY CONTACTS

IN CASE OF EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL: **(MUST BE A U.S. NUMBER)**

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD FROM THIS SCHOOL:

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

LAST: _____ FIRST: _____ RELATION: _____ PHONE#: _____

HEALTH INFORMATION

1. List health conditions such as heart disease, diabetes, epilepsy, asthma, eye/ear problems, blood pressure abnormalities, severe food/drug allergies, etc. **A note from your child's physician is required for heart condition, diabetes, epilepsy/seizures, or asthma with use of inhaler.** (Please write "none" where applicable)

2. Is there any need for medication or inhalers at school? If so, list medication to be taken or kept at school?

3. Are there any special concerns or limitations regarding athletic participation for your child?

CONSENT TO TREAT

I, the undersigned, do hereby authorize the officials of Our Lady of Sorrows School to contact directly the person named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold Our Lady of Sorrows School financially responsible for the emergency care and/or transportation for said child.

PLEASE PRINT PARENT NAME

PARENT SIGNATURE

DATE

PHYSICIAN:

PHYSICIAN PHONE#:

IN CASE OF AN EMERGENCY REQUIRING PROFESSIONAL CARE, I/WE AUTHORIZE THE SCHOOL OFFICIALS TO HAVE MY/OUR CHILD TREATED BY EMS STAFF AND/OR TRANSPORTED TO _____ HOSPITAL.



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STUDENT WITH SPECIAL NEEDS INFORMATION FORM

We at **Our Lady of Sorrows School** are committed to providing the best education for your child. Please provide the following information to enable us to achieve this goal.

ALL INFORMATION IS HELD IN CONFIDENCE

Student Name _____ Grade _____

1. Has your child ever had special education testing? Yes No
 Has your child ever received special education services? Yes No

If yes, Please describe these special considerations below:

Academic: _____

Behavioral: _____

Physical: _____

School: _____

2. Have you ever been asked to withdraw your child from a particular school for disciplinary reason?
 Yes No. If yes, Please explain the circumstances:

Parent / Guardian Signature: _____ Date: _____



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TERMS OF CONDITIONAL ACCEPTANCE

 Name of Parent(s)

 Address of Parent(s)

The Administration of **OUR LADY OF SORROWS SCHOOL** agrees to accept
 Name of School

 Name of Child

as a full-time student at **OUR LADY OF SORROWS SCHOOL** for the period of

_____.

This conditional acceptance is granted to determine the student’s ability to meet the expectations of the school program. The student must maintain passing grades* and acceptable behavior as outlined in the current Our Lady of Sorrows School Handbook.

The administration of Our Lady of Sorrows School will determine the status of continued enrollment at the end of the designated time.

I/We have read this document and understand there is no guarantee of re-enrollment if above terms are not satisfactory met.

 Parent/Guardian

 Administrator

 Superintendent

Date _____

*Modified, if necessary



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AUTHORIZATION TO RELEASE INFORMATION

AUTHORIZATION IS HEREBY GRANTED TO:

Name of Agency sending information or records or in consultation of

to release information from the Education/Social/Psychological/Medical records of:

Name of Student

Please include, if available,

1. Withdrawal grades
2. Transcript of pupil cumulative records
3. Group and /or individual test results
4. Record of immunizations and health information
5. Records related to Special Needs

Please send to: Our Lady of Sorrows School
1100 Gumwood
McAllen, TX 78504

Attention to: Mary Gonzalez, Registrar

Authorization Signature of Parent/Guardian

Date _____