

Juan Diego Academy

Registration Checklist

Student's Name _____ Student's ID No. _____

Current School _____ City _____ State _____

Parent/Guardian's Name _____ Mobile _____

<i>Item</i>	<i>Date Received</i>	<i>Office Staff Initial</i>
1. ___ Application for Admission	_____	_____
2. ___ Registration/Health Form	_____	_____
3. ___ Enrollment Contract	_____	_____
4. ___ ACH Payment Authorization	_____	_____
5. ___ Copy of Recent Transcript	_____	_____
6. ___ Copy of Final Report Card	_____	_____
7. ___ Mathematics Teacher Recommend.	_____	_____
8. ___ English/Lang. Art Teacher Recommend	_____	_____
9. ___ Complete Immunization Record	_____	_____
10. ___ TB test	_____	_____
11. ___ Copy of Birth Certificate	_____	_____
12. ___ \$1,300.00 Registration Fee (New/Returning)	_____	_____
___ \$1,500.00 Registration Fee (Senior)	_____	_____
13. ___ Student/Parent Handbook Acknowledgement Form	_____	_____
14. ___ Authorization for Release of information	_____	_____
15. ___ Bus Transportation Form	_____	_____

Optional Form:

15. ___ Diagnosed Disability Documentation* _____

Educating for Eternity



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Juan Diego Academy

Catholic Regional High School



P.O. Box 3888 (5208 S. FM 494)
Mission, TX 78573

(956) 583-2752 office
(956) 583-3782 fax

Application for Admission

Applicant is to type or print all information in full. Essays must be completed by the student applicant without assistance.

Full Legal Name (*Print last name, first, middle*)

Application for Grade: _____

Applicant Information:

Street Address

City

State

Home telephone with area code

Email address

Date of Birth

Place of Birth

Religious Affiliation

Parent/Guardian Information: FATHER

Name

Address

Telephone

Email address

Occupation/Job Title

Work address

Work telephone

Cell phone number

Foreign Language Study

Please indicate the number of years of high school study you have completed in foreign language:

Language Studied

Years of Study Completed

Check if you:

Speak Spanish fluently

Write Spanish fluently

Read Spanish fluently

Date of Application

Are you applying for financial assistance?

YES NO

The Financial Aid Application should be completed and submitted at the same time as the Application for Admission. This ensures that the applicant will be informed of the financial aid decision concurrently with the admissions decision.

Applying for financial aid has no impact on admissions decisions.

The Financial Aid Application, as well as the Application for Admission are available online at www.juandiegoacademy.org

Parent/Guardian Information: MOTHER

Name

Address

Telephone

Email Address

Occupation/Job Title

Work address

Work telephone

Cell phone number

Admissions Checklist:

Application for Admission (all Documents)

Copy of most recent transcript, including standardized test scores.

Copy of most recent report card

Mathematics teacher recommendation

English/Language Arts teacher recommendation

Complete immunization record

If applicable, current documentation of diagnosed disability

Please tell us about all the schools that you have attended, listing your current school first.

1.

_____	_____	_____
<i>School Name</i>	<i>Dates Attended</i>	<i>Grades Completed</i>
_____	_____	_____
<i>Street Address</i>	<i>City/State/Zip Code</i>	
_____	_____	
<i>Principal's Name</i>	<i>School Telephone</i>	

2.

_____	_____	_____
<i>School Name</i>	<i>Dates Attended</i>	<i>Grades Completed</i>
_____	_____	_____
<i>Street Address</i>	<i>City/State/Zip Code</i>	
_____	_____	
<i>Principal's Name</i>	<i>School Telephone</i>	

3.

_____	_____	_____
<i>School Name</i>	<i>Dates Attended</i>	<i>Grades Completed</i>
_____	_____	_____
<i>Street Address</i>	<i>City/State/Zip Code</i>	
_____	_____	
<i>Principal's Name</i>	<i>School Telephone</i>	

Has the applicant ever been diagnosed with a learning difference? Yes No If yes, please explain.

If the applicant has been diagnosed with a learning difference and seeks accommodations on Examinations relevant documentation (such as a learning disability assessment or other documentation from a qualified U.S. licensed/certified professional) must be submitted with this application. Documentation should include recommendations for academic accommodations or support to assist the applicant in their studies. **DOCUMENTATION MUST BE CURRENT AND DATED WITHIN THREE (3) YEARS.**

Juan Diego Academy

Health Information Form

Grade Level: 9th ___ 10th ___ 11th ___ 12th ___

Male ___ Female ___

Name (last, first, middle)			
Home Phone:	Date of Birth Mo/Day/Year	Place of Birth:	City: State:
Student's Email Address:		Student's Cell Phone:	
Religious Affiliation/Parish Or Church Attended		City	Social Security #:
Last School Attended:		City:	State:
Father's Name:	Living? Yes ___ No ___	Mother's Name:	Living? Yes ___ No ___
Occupation:	Faith:	Occupation:	Faith:
Employer:		Employer:	
Business Phone:	Home address same as student? Yes ___ No ___	Business Phone:	Home address same as student? Yes ___ No ___
Cell Number:	Email Address:	Cell Number:	Email Address:
Business Address:		Business Address:	
If divorced/separated, are you the custodial parent? Yes ___ No ___ N/A ___		If divorced/separated, are you the custodial parent? Yes ___ No ___ N/A ___	
In case of emergency, nearest relative or neighbor to call: Name: _____ Phone: _____ Relationship: _____			Number of brothers: _____ Number of sisters: _____ Number of brothers and / or sisters at Juan Diego Academy: _____
I agree to and accept all the policies of Juan Diego Academy and accept full responsibility for this student's tuition, fees, and other school expenses.			
Father/Guardian Signature		Date:	Mother/Guardian Signature Date:

Health Information*

Student Name: _____

Physician's Name: _____ Phone Number: _____

Please be advised that my child has the following existing medical conditions and must take the listed prescription medication: *(please write "none" where applicable)* _____

In the event of an accident or medical emergency, please be aware that my child has the following allergies to medication:

In the event of an accident or medical emergency, please be aware that my child has the following special medical condition(s):
Examples: Asthma, Diabetes, Epilepsy, Heart Disease, severe allergies, eye or ear problems, other medical conditions *(please specify)* _____

In the event 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.

Learning Disabilities: _____

(Documentation must be included with registration materials.)

**This information will be shared with professional staff at the discretion of the Principal.*

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ACH Payment Authorization

Complete the ACH payment authorization is for tuition and other non-tuition fees (activity, sports, etc.) only and does not apply to any other payments made to Juan Diego Academy.

1. Student/Parent information

Student's Name: _____ Parent's Name: _____

Address: _____

City/State/Zip: _____

2. Financial Institution Information

Financial institution name: _____

City: _____ State: _____ ZIP Code _____

Telephone: (____) _____

Routing transit number: _____ Account number: _____

Attach a Voided check below:

3. Signature

I authorize Juan Diego Academy to debit the account shown above for tuition and other non-tuition fees payments. I understand that my account will be charged on the 10th day of each month. If that day falls on a holiday or weekend, I understand that Juan Diego Academy will debit the account on **the previous banking day**.

Name: _____
(Please print)

Signature: _____ Date: _____

JUAN DIEGO ACADEMY

Catholic Regional High School



Bus Transportation Form

Schedule

Departing all school days from St. Joseph Catholic School at 7:15 AM (Return 4:15 PM)

Pick up and departure from Our Lady of Sorrows Church at 7:45 AM (Return at 4:00 PM)

Arrives at Juan Diego Academy at 7:50 AM

Student's Name _____ Grade _____

Contact Phone Number (in case of emergency) _____

Pick up Location (please check one)

___ St. Joseph Catholic School, Edinburg

___ Our Lady of Sorrows Church, McAllen

Service Desired (please check one)

___ Fall Semester 20__ - 20__ (\$450.00 payment due by August 10)

___ Spring Semester 20__ - 20__ (\$450.00 payment due by December 10)

___ School Year 20__ - 20__ (\$900.00 payment due by August 10 or as indicated above)

Student Signature _____ Date _____

Parent Signature _____ Date _____

By my signature, I agree that I will abide by all the rules and guidelines for the use of the Juan Diego Academy Bus Service. I know that payment for each semester must be made in advance, by the announced deadline. I further understand that violation of any safety guidelines or inappropriate conduct per policies outlined in the *Student-Parent Handbook* may be grounds for losing the privilege of using the Juan Diego Academy Bus Service.

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Student Recommendation Form

The student named below has expressed a desire to attend Juan Diego Academy. Please help us evaluate this student's potential for success by completing this form. *This form will be for admissions purpose only and will not become part of the applicant's permanent file.* The completed form will not be made available to anyone outside the admissions committee. The teacher may choose to complete and return this form directly to Juan Diego Academy, or give it to the Parent/Legal Guardian of the student.

Name of Student _____ Grade _____

Name of Recommending Teacher _____

Subject Area: ___ English/Language Arts ___ Mathematics

1. Please indicate how long you have known this student _____
2. Has this student ever been a disciplinary problem? If so, please explain: _____

3. Using a scale of 1 - 5 (1 being the lowest) please rate this student in the following areas:

- Academic Maturity _____
- Conduct _____
- Self-Discipline _____
- Study Skills _____

4. Please use the reverse side of this page (or attach a separate sheet of paper) to write whatever you think is important about this student - academic or personal characteristics - in evaluating them for admission to Juan Diego Academy. Thank you for taking the time to complete this recommendation.

Signature of Recommending Teacher

Please return this form to:
Juan Diego Academy
P.O. Box 3888
Mission, TX 78573
Fax: 956-583-3782

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 - Conduct _____
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4. Please use the reverse side of this page (or attach a separate sheet of paper) to write whatever you think is important about this student - academic or personal characteristics - in evaluating them for admission to Juan Diego Academy. Thank you for taking the time to complete this recommendation.

Signature of Recommending Teacher

Please return this form to:
Juan Diego Academy
P.O. Box 3888
Mission, TX 78573
Fax: 956-583-3782

JUAN DIEGO ACADEMY

Student-Parent/Guardian Acknowledge Form

Student's Last Name	First Name	Middle Name	Date
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Please read each item thoroughly and initial on the corresponding line. Students and parent(s) are required to initial each line and provide a signature and date at the bottom before submission.

Student Initial	Parent/Guardian Initial
-----------------	-------------------------

- | | | |
|--|--|--|
| | | I/We acknowledge receipt of the Juan Diego Academy Student-Parent Handbook and acknowledge that it is our responsibility to become familiar with the contents of the Student-Parent Handbook, including the policies, rules, and procedures. |
| | | I/We agree that I have read and understood the Release of Student Information. Unless otherwise state in writing and attached to this acknowledgement form upon submission. I/We consent to the Release of Student Information and grant Juan Diego Academy permission to use my child's likeness, image, name grade, or video as specified above. |
| | | I/We agree to the stated terms of responsibility of the Wireless Network Policy and Acceptable Use Policy. I/We understand that Juan Diego Academy reserves the right to monitor and log all activity for security purposes. |
| | | I/We agree that Juan Diego Academy is not responsible for misplaced, lost damaged, or stolen personal technology resources and/or devices. |
| | | I/We agree that any form of personal technology resources are subject to search by administration at any time. Violation of the rules may result in termination of access and consequences that include but are not limited to expulsion. |
| | | I/We acknowledge and accept financial responsibility for damage to Juan Diego Academy property, equipment, or other materials that result from intentional abuse, gross negligence, misbehavior, or failure to follow instructions. |
| | | I/We acknowledge that it is our responsibility to support the school's policies and philosophies. |
| | | By signing the Acknowledgment Form of the Student-Parent Handbook, (I/We) agree to the above-stated/aforementioned terms of responsibility. |

Student's Signature	Date
---------------------	------

Parent's/Guardian's Signature	Date
-------------------------------	------

Juan Diego Academy

Catholic Regional High School



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Authorization for release of information

I/We hereby authorize _____

To release to Juan Diego Academy information from the academic records of

Name of Student

Including, if available:

- Final/Withdrawal Grades
- Transcript of pupil cumulative records
- Group and/or individual test results
- Immunization Record/Health Information
- Records related to Special Needs

Please send to: **Juan Diego Academy**
P.O. Box 3888
Mission, TX 78573

Signature(s) of Authorized Parent(s)/Guardian(s)

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Authorization for the Administration of Medication by School Personnel

I request that the medication, ordered by the Health Care Provider licensed to practice in the United States, or the over-the-counter, (OTC) medication proved by me for my child, be administered by school personnel.

I understand that all medication must be in the original container that it was dispensed in and that it is properly labeled for my child.

I understand that only FDA approved medications will be accepted by the school.

I understand that this medication will be destroyed if it is not picked up after the termination of the order or the last day of school.

Only a parent, guardian, or responsible adult may bring or pick up medication from school.

Student's Name: _____ DOB: _____

Physician: _____ Phone: _____

Reason for Medication: _____

Allergies: _____

Name of Medication: _____ Dose: _____

Route: _____ Time: _____ Start Date: _____ End Date: _____

Parent's/Guardian Signature: _____ Phone: _____

Medication Count:

Date: _____ Count: _____ Signature: _____

Date: _____ Count: _____ Signature: _____

Date: _____ Count: _____ Signature: _____

Medication was picked up: Date: _____ Signature: _____

Medication was discarded: Date: _____ Signature: _____

Medication was discontinued: Date: _____ Signature: _____