SAINT HELEN CATHOLIC SCHOOL
WISDOM • AGE • GRACE

"Growing the total child in wisdom, age, and grace."

Main 281.485.2845 Fax 281.485.7607
shcssaints.org • 2213 Old Alvin Rd., Pearland, TX 77581
Archdiocese of Galveston-Houston

NEW STUDENT APPLICATION 2026-2027

*****PLEASE TYPE OR PRINT****

STUDENT INFORMATION

Circle the grade you are applying for admission: PK3 PK 4 K 1 2 3 4 5 6 7 8

Last Name First Middle

☐ Male ☐ Female Birthdate _____ **Age as of 9/1/2026**_____(Must be 5 by Sept 1 to enter kindergarten)

Street number and address City State Zip Years at this address

Home phone ( )_____ Do you reside in Pearland School District Yes No List other district:_____

What is the student's race? Circle the predominant category that you identify with:

Asian Black/African American Hispanic White Two or more races Other:_____

Student's religion: _____Language spoken at home_:_____

Sacraments received : ☐ Baptism ☐ Reconciliation ☐ First Eucharist

SCHOOL INFORMATION

Student's previous school name City State Dates/grade attended

Student's previous school name City State Dates/grade attended

Has student ever been suspended or asked to leave any school? Is yes, explain _____

Are you aware of any special considerations required by your child that may impact his or her ability to participate in all aspects of the programs offered by St. Helen Catholic School? If so, list any academic, behavioral, physical or social considerations below so that we may notify our Interventions Specialist. Include allergies and medication being taken.

_____

PARISHIONER STATUS

☐ Our family was registered at St. Helen Church Parish (2025) and we are requesting the active stewardship rate for tuition. Our parish number is_____.

☐ Our family is not registered at St. Helen Church Parish.

FAMILY INFORMATION

Please list names and ages of applicant's siblings:

Sibling name_____ Age___ Grade__ Gender___Current school_____

Sibling name_____ Age___ Grade__ Gender__ Current school_____

Sibling name_____ ___ Age___ Grade__ Gender__ Current school_____

Sibling name_____ _____ Age___ Grade___ Gender__ Current school_____

Is student related to a current or former student of St. Helen Catholic School? Yes ☐ No ☐

If yes, name of relative and date of enrollment_____

Parent's Marital status ☐Married ☐ Single ☐ Separated/ Divorced* ☐ Father remarried* ☐ Mother remarried*

Student living with ☐Mother and Father ☐Mother ☐Father ☐Guardian_____

*If the student's parents are divorced or legally separated, a certified copy of the court order or decree must be on file in the school office prior to the first day of school.

FATHER/GUARDIAN

Please check: ☐ Mr. ☐ Dr. ☐ Deceased

Full name_____

Financial responsibility ☐ Yes ☐ No

Custodial rights ☐ Yes ☐ No

Receive correspondence ☐ Yes ☐ No

MOTHER/GUARDIAN

Please check: ☐ Ms. ☐ Dr. ☐ Deceased

Full name_____

Financial responsibility ☐ Yes ☐ No

Custodial rights ☐ Yes ☐ No

Receive Correspondence ☐ Yes ☐ No

Circle which PARENT is completing the online enrollment? Father or Mother (An email address is required)

Work phone_____

Place of employment_____

Occupation/title_____

Cell _____

Email _____

Denomination_____

Work phone_____

Place of employment_____

Occupation/title_____

Cell _____

Email_____

Denomination_____

Required document checklist:
Birth certificate ☐ All report cards ☐ Standardized test scores ☐

Teacher recommendation form ☐ (Must be sent to child's current school)

Agreements:
My signature below affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.

Date:_____ Parent printed name:_____

Parent signature:_____

St. Helen Catholic School
2213 Old Alvin Road
Pearland, TX 77581
Phone: 281.485.2845 - Fax: 281.485-7607
www.shcssaints.org

SPECIAL NEEDS INFORMATION DISCLOSURE FORM

Student Name:_____ Grade:_____

In order for St. Helen Catholic School to enter into a partnership with you, the parent(s)/guardian(s), to provide the best education for your child/our student and to be successful in this task, it is necessary that all pertinent data concerning your child's medical, psychological, behavioral, emotional or educational history which may affect the learning environment or the educational progress of the child be disclosed. Failure to provide this information may prohibit the staff of St. Helen Catholic School from meeting the individual needs of your child, and consequently, present reason to request withdrawal. Answering "yes" to any of the questions does not disqualify your

ALL INFORMATION IS HELD IN CONFIDENCE

YES **NO** Has your child ever been tested for a learning disability, ADD/ADHD and/or any educational, psychological or medical testing? If yes, attach a copy of the child's recent Academic or Psycho-educational assessment.

YES **NO** Has your child ever been in a special education program? If yes, indicate grade(s) and academic areas in which your child was in the program.

YES **NO** Has your child ever been in a speech therapy program? If yes, indicate grade(s) your child was in the program.

YES **NO** Has your child ever been in an ESL or bilingual program? If yes, indicate grade(s) your child was in the program.

YES **NO** Has your child ever been in an Instructional Support program? If yes indicate grade(s) your child was in the program.

YES **NO** Does your child currently have an Individual Educational Plan (IEP) or '504 Plan' with a public school?

YES **NO** Have you been asked to withdraw your child from a particular school for disciplinary reasons? If so, please explain.

YES **NO** Has your child ever been expelled, suspended, or had any discipline problems? If yes, please explain.

Parent/Guardian Signature **Date**

AUTHORIZATION TO RELEASE INFORMATION
St. Helen Catholic School
Archdiocese of Galveston-Houston

AUTHORIZATION IS HEREBY GRANTED TO:

_____
Name of Agency sending information or records

To release information from the Social/Psychological/Medical/Educational records of:

_____
Name of Student Current grade

Please send the following information to St. Helen Catholic School.

1. Complete transcript of grades including entry and exit dates.
2. Current year grades and exit grades.
3. Attendance records
4. Conduct grades
5. Achievement and ability test results.
6. Key to grading system

TO: **St. Helen Catholic School**
2213 Old Alvin Road, Pearland, TX 77581
Attention to: Registrar

_____ _____
Authorized Signature of Parent/Guardian Date

_____
Printed Name of Parent/Guardian

Phone: 281 485-2845 Fax: 281 485-7607 Website: www.shcssaints.org

TERMS OF CONDITIONAL ACCEPTANCE

St. Helen Catholic School
2213 Old Alvin Road
Pearland, Texas 77581
281 485-2845
281 485-7607 (fax)

The Administration of St. Helen Catholic School agrees to accept _____ as a full time student for a period of nine weeks.

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[1] and acceptable behavior as outlined in the current St. Helen Catholic School handbook.

The Administration of St. Helen Catholic School will determine the status of continued enrollment at the end of the designated time.

I/We read and understand the terms of the above. I/We do accept these terms and choose to enroll our son/daughter at St. Helen Catholic School under the above terms.

I/We are fully aware that there is no guarantee of re-enrollment if these terms are not satisfactorily met.

_____
Parent Guardian

_____
Ivan Earls, Principal, Ed.D

_____
Date

[1] Accomodations, if necessary

APPLICATION FEE PAYMENT SELECTION
(CHECK ONE)

Check number _____ attached

Online www.shcssaints.org

Credit card: circle one

Type: Visa/American Express/Bank

Card number:_____

Security code:_____

Exp. Date_____

Name on card:_____

St. Helen Catholic School Test Reservation (PLEASE PRINT)

Please complete and return this card with **$100 application fee** to the school office with your registration packet. Make checks or money orders payable to St. Helen Catholic School.

Student Name:

_____
Last First MI

Attach picture of student here

Grade Applying For: _____ Birthdate: _____

Financially responsible parent/guardian: _____

Address:

_____
Street City State Zip

Parent Cell Number: _____-_____ **Email:** _____
PLEASE PRINT.

Check one:

O PK4 – 8th grade **March 28, 2026 Arrive 9 a.m.** O PK3 (**May 9, 2026**) **Arrive 9 a.m.**