



Registration process at St Gregory the Great Catholic School

1. _____ Fill out *Application for Admission Form* for grade level the student will be entering for the appropriate school year.
2. _____ Grades 1-8, fill out **top** portion of *Request for Information From Present Teacher Form* and (PreK/K if applicable) We will fax it to the appropriate school.
3. _____ Grades 1-8, fill out *Transcript Request Form* and (PreK/K if applicable). We will fax it to the appropriate school.

Please submit all applicable documents in steps 1, 2, and 3 to the Development Director. Documents 2 and 3 will be faxed to the student's present school to be completed. Once they are completed and sent back to our school, you will be notified and we may proceed with the registration process.

4. _____ Grades K-8 need to schedule an assessment. Our Reading Facilitator, Mrs. Flores will contact you regarding your child's assessment day and time. (There is a \$25.00 non-refundable fee for this service.)
5. _____ All paperwork will then be submitted to our Principal and/or Vice Principal for final approval. At This time, you will be notified of admission/non-admission.
6. _____ Upon acceptance, the following documents are necessary to complete registration:
 - _____ Health Questionnaire
 - _____ Immunization record
 - _____ Original Birth Certificate
 - _____ Original Social Security Card
 - _____ Green Registration Card
 - _____ Blue Family Data Card
 - _____ Pink Directory Card

School Motto:

"United in Spirit Through Faith in God and Academic Excellence."



St. Gregory the Great Catholic School
"United in Spirit through Faith in God and Academic Excellence"

APPLICATION FOR ADMISSION

Pre-K – Kindergarten – First Grade
School Year 2008-2009

Date: _____

Student's Name: _____

Date of Birth: _____

Address: _____

Entering grade: _____

Home Phone #: _____

Present Parish: _____ How long: _____

My child has previously attended:

Pre-School: _____ How long: _____
Name & location of School

Kindergarten: _____ How long: _____

Please return this application with a copy of the child's last report card (for children entering first grade only) to the school office as soon as possible. Once the complete application is received testing will be scheduled and a non-refundable fee of \$25.00 will be collected.

You will be called to inform you of admission/non-admission. If accepted, an appointment will be set for registration. The following original documents are necessary to begin the registration process: **Child's Immunization Record, Birth Certificate, Baptismal Certificate, and Social Security Card.** These documents will be copied for our files. According to the law, a child must be the following ages on or before September 1 to enter the specific grades: (3 yrs for Pre-K 3)(4 yrs for Pre-K 4)(5 yrs for Kindergarten)(6 yrs for 1st grade).

Please provide a name and daytime phone number of a contact to advise of admission/non-admission of your child.

Contact Person: _____ Relationship to student: _____

Daytime Phone number: _____

Office use only: Records sent for: _____

Received: _____

700 Dewhurst San Antonio, TX 78213 Phone (210) 342-0281
Fax (210) 308-7177 mgomez@archdiosa.org www.stgregorys.net



St. Gregory the Great Catholic School
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APPLICATION FOR ADMISSION

Grades 2 – 8

School Year 2008-2009

Date: _____

Student's Name: _____ Date of Birth: _____

Address: _____ Entering Grade: _____

_____ Home Telephone: _____

School presently attending: _____ How long: _____

Address of school (include city and zip): _____

Why do you want your child to attend St. Gregory the Great Catholic School?

Attached, please find a Request for **Information from Present Teacher** form that needs to be completed by your child's current teacher. Please return the **Application, Request for Information form, from present teacher, a copy of your child's current report card and standardized test scores** to the school office as soon as possible. Once the complete application is received testing will be scheduled and a non-refundable fee of \$25.00 per child will be collected.

You will be called to inform you of admission/non-admission. If accepted, an appointment will be set for registration. The following original documents are necessary to begin the registration process: **Immunization Record, Birth Certificate, Baptismal Certificate, and Social Security Card**. These documents will be copied for our files.

Please provide a name and daytime phone number of a contact to advise of admission/non-admission of your child.

Name of contact person: _____ Relation to student: _____

Daytime phone number: _____

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REQUEST FOR INFORMATION FROM PRESENT TEACHER

Student's name: _____ Present grade: _____

School presently attending: _____

Address: _____

Length of time at present school: _____

I. Please grade the following areas by:

- 1 - Outstanding Progress/Effort
- 2 - Satisfactory Progress/Effort
- 3 - Below Average Progress/Effort
- 4 - Unsatisfactory Progress/Effort

Reading	General Attitude	Co-operation	Works According to Ability	Conduct	Relationship to Teacher	Relationship to Peers	Study Habits
Math							
English							
Science							
Social Studies							
Reading							

II. Reading series and present level of student: _____

Math series and present level of student: _____

III. Has this child ever had special education testing? _____

IV. Has this child ever received special education services (I.E. reading resource, speech therapy, tutoring)?

Referral continued: student name: _____

V. If applicable, please describe any disabilities, i.e., physical, emotional family situations, language barriers, etc. that might affect the applicant's progress:

VI. Please comment on child's classroom behavior: _____

VII. Most recent Achievement Test: _____ Form: _____ Date: _____

Total Reading Score: _____ Total Math Score: _____

Signature of person completing report: _____

Date: _____

Is the person filling out the report the homeroom teacher? Yes _____ No _____

If not the homeroom teacher, how long, and in what capacity have you known this student?

Comments (if any):

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Transcript Request



Name	Grade	Date of Birth	Social Security #
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() is applying for enrollment in our school. Please release any and all information available to help facilitate the enrollment process.

Or

() has enrolled in our school. Please send us the records for this student, including transcript of past academic records, grades earned during the current year to date, record of attendance, immunization record, standardized tests, and pertinent information (psychological and discipline information).

Date

Parent Signature (request for Release of Records)

Send to:

Fax: 210-308-7177

St. Gregory the Great Catholic School

700 Dewhurst Rd.

San Antonio, TX 78213

Please provide address of school most recently attended below.

Name of School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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