



SAINT MONICA

CATHOLIC SCHOOL

Phone: 210.658.6701

www.saintmonica.net

Application for Registration:

Student Name _____ Grade _____

School Year _____ Referred by: _____

New Student Registration Checklist (For office use only)

Government Documentation
 Official State Birth Certificate*

Registration Information
 Student Application for Admission*
 Student Health Form*
 Household Income verification*
 Home Language survey
 Current Immunizations*

Educational Information
 Student/Parent Handbook Form*
 Official Cumulative Academic Records/Transcripts/Conduct/Attendance

Payment Information
 Must sign up with FACTS (online tuition collection)
 Payment of Enrollment Fee

Religious Information
 Parish Affiliation
 Baptismal Certificate
 First Eucharist Certificate
 First Reconciliation Certificate

Would you like for your child to receive the Sacraments? Yes No

Family Documentation
 Criminal Background Check(s)*
 Parent(s)/Guardian(s) Drivers License(s)*
 Copy of your Social Security Card
 Court Certified Copy of the Custody Section of any existing Divorce/Separation Decree
 Proof confirming Military Status

Staff initial: _____

*Required

Registration Payment
Date: ____/____/____ Amount: _____ Check # _____ Cash FACTS

Admission Policy: Registration is incomplete and enrollment will not proceed until the Registration Checklist above has been completed and approved. Failure to provide copies of all requested records could affect enrollment status with the student being denied admission or asked to withdraw. *Any misrepresentation or incomplete information on these forms may result in immediate dismissal.

Before any student is accepted to St Monica Catholic School, an acceptance qualification assessment will be conducted by the school administration. This assessment is made in consultation with the family, examining the student's past academics, attendance, and conduct records. Enrollment is Complete upon receipt of your Notification of Acceptance.

All new students are conditionally admitted for their first 9 weeks.

I(We) accept the Admission Policy and would like to apply for enrollment at St Monica Catholic School. I(We) understand that I(We) assume full financial responsibility. I(We) understand that the application process will only proceed upon receipt of all documentation and payment of the registration fee.

Parent/Guardian signature _____ Date: ____/____/____

Parent/Guardian signature _____ Date: ____/____/____

515 North Street
Converse, TX 78109

bookkeeper@saintmonica.net
office@saintmonica.net



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Student Information

Grade entering: _____

Last Name: _____ Street Address: _____

First Name: _____ City: _____

Middle Name: _____ State: _____ Zip Code: _____

Nickname: _____ Gender: Female Male

Birth Date: ____/____/____ Place of Birth(City, State): _____

Student resides with: Both Parents Mother Father Mother and Stepfather
 Father and Stepmother Grand parent Guardian Other _____

Race: (St. Monica Catholic School is open to all children, regardless of race, color, creed, or national origin)

African American White (Caucasian) Asian Multi-Racial
 Native Hawaiian Native American Indian Other _____

Primary Language: _____ Second Language: _____

US Citizen: Yes No If no, Country of Birth: _____

Ethnicity: Non-Hispanic Hispanic

Religion: _____ Church Attending: _____

	Baptism	First Eucharist	First Reconciliation
Church			
Date	/ /	/ /	/ /
City			
State			

Census Information:

Number of Children in family Boys: _____ Girls: _____ Student's Sibling Rank _____

Previous School: _____ City: _____ State _____

Year(s) attended _____ Grade Level(s) _____

Public School which student would attend: _____

Public School District to which student belongs:

Northeast (NEISD) Judson (JISD) Alamo Heights (AHISD) Fort Sam Houston (FSHISD)
 Northside (NISD) Harlandale (HISD) San Antonio (SAISD) Other _____

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Educational Information Questionnaire

Student's Name _____

Grade: _____

Section 1: Has the student received		If yes, please explain below or on the back of this page
Received individual tutoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been on a behavior management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Had a behavior problem in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been tested for ADD/ADHD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been in a gifted/talented school program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been in special education program? (inclusion, pull out etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participated in psychological or psychoeducational testing? (Counselor/Behavior Interventionist)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of the final report

If the answer was yes to any question in Section 1 please continue to Section 2

Section 2:		If yes, please explain below
Content Mastery Program (Gifted/Talented)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individualized Education Program (IEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title 1 services (if yes, math or reading. Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-contained classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Separate Special Education Campus	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Modification in regular education/curriculum	<input type="checkbox"/> Yes <input type="checkbox"/> No	
504 plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychiatric Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternative school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (dyslexia, ESL, retained grade level, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Family Information

Parent/Guardian

Name: _____ Relationship to Student: _____

Maiden Name: _____ Financially Responsible: Yes No

Gender: _____ Street Address: _____

Home Phone: (____) _____ - _____ City: _____

Cell Phone: (____) _____ - _____ State: _____ Zip Code: _____

Work Phone: (____) _____ - _____ Email #1: _____

Drivers License Number/ State Issued: _____ Religion: _____

Occupation: _____ Church: _____

Company: _____ Marital Status: Single Married Divorced

Highest Education Level: _____ Remarried Seperated Widow(er)

Parent/Guardian

Name: _____ Relationship to Student: _____

Maiden Name: _____ Financially Responsible: Yes No

Gender: _____ Street Address: _____

Home Phone: (____) _____ - _____ City: _____

Cell Phone: (____) _____ - _____ State: _____ Zip Code: _____

Work Phone: (____) _____ - _____ Email #1: _____

Drivers License Number/ State Issued: _____ Religion: _____

Occupation: _____ Church: _____

Company: _____ Marital Status: Single Married Divorced

Highest Education Level: _____ Remarried Seperated Widow(er)

Parent/Guardian Signature: _____ Date ____ / ____ / ____

Parent/Guardian Signature: _____ Date ____ / ____ / ____



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www.saintmonica.net

<http://online.factsmgmt.com/signup/45CZ7>

School code: SMC-TX

ST MONICA CATHOLIC SCHOOL 2023-2024 New Student Application for Admission

Enclosed is information about the enrollment options for the 2023-2024 school year. There is a \$350 registration fee for returning families, and a \$500 registration fee for new families.

Student's Name	Male/Female	Date of Birth	Grade (2022-2023)

Please initial your billing preference:

_____ 10 month payment plan, beginning in August 2023 and ending in May 2024

_____ 11 month payment plan, beginning in July 2023 and ending in May 2024

Please initial any discounts that apply:

_____ 10% tuition discount for each sibling

_____ 5% tuition discount for military families per child

Will you need After School Care

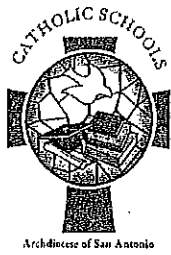
_____ Yes, monthly \$250 starting in August After School Care is 2:45-5:30

_____ Yes, Drop in- as needed \$15 hour a \$5 per minute late fee will be charged after

_____ No, I do not anticipate the need 5:30 pm

_____	_____	_____
Parent /Guardian Name	Parent/Guardian Signature	Date

_____	_____	_____
Parent /Guardian Name	Parent/Guardian Signature	Date



Department of Catholic Schools
Archdiocese of San Antonio
2718 W. Woodlawn Ave
San Antonio, TX 78228
210-734-2620 • Fax 210-734-9112
www.sacatholicschools.org

STUDENT HEALTH FORM

School Year: _____ Grade: _____ Homeroom Teacher: _____

Student's Name: _____ M / F
Last Name First Name M.I. Date of Birth Gender

Primary Address: _____
Street Address City State Zip

It is the Texas Catholic Conference of Bishops policy that every student in a Catholic School in the State of Texas be immunized against vaccine preventable diseases caused by infectious agents in accordance with the immunization schedule adopted by the Texas Department of State Health Services.

Children will be screened as set forth by the Texas Department of State Health Services for hearing, vision, scoliosis and acanthosis nigricans. The school follows the required screening schedule from the State of Texas.

WHERE CAN PARENTS/GUARDIANS BE REACHED?

Mother/Guardian Name: _____ Primary Phone: _____

Address if different: _____ Secondary Phone: _____

Work Place: _____ Work Phone: _____

Work Address: _____ Email: _____

Father/Guardian Name: _____ Primary Phone: _____

Address if different: _____ Secondary Phone: _____

Work Place: _____ Work Phone: _____

Work Address: _____ Email: _____

Please list designated persons allowed to assume temporary care of your child if you are not available. **ONLY** the designated individuals listed below will be able to pick-up your child/children from school. *Changes or additions to this form must be made in writing.*

1) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

2) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

** You may list additional Authorized Persons to assume temporary care of your child/children on the reverse. ONLY the designated people will be able to pick up your child/children from school.**

Confidential Household Income Verification Worksheet

Judson ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

Student ID:	Student Birthdate:
Student Name:	
Student Grade:	Campus:
Parent/Guardian Name:	

Section A

Do you receive Supplemental Nutrition Assistance (SNAP)? Yes No

Do you receive Temporary Assistance to Needy Families (TANF)? Yes No

If you answered Yes on either of the above, skip Section B and continue to the Signature section.

Section B (Complete only if all answers in Section A are No)

How many members are in the household (include all adults and children)? _____

Total Yearly Income before deductions of ALL household members (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (before any type of deductions).

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 – \$23,606.00 | <input type="checkbox"/> \$48,470.01 – \$56,758.00 | <input type="checkbox"/> \$81,622.01 – \$89,910.00 |
| <input type="checkbox"/> \$23,606.01 – \$31,894.00 | <input type="checkbox"/> \$56,758.01 – \$65,046.00 | <input type="checkbox"/> \$89,910.01 – \$98,198.00 |
| <input type="checkbox"/> \$31,894.01 – \$40,182.00 | <input type="checkbox"/> \$65,046.01 – \$73,334.00 | <input type="checkbox"/> \$98,198.01 – \$106,486.00 |
| <input type="checkbox"/> \$40,182.01 – \$48,470.00 | <input type="checkbox"/> \$73,334.01 – \$81,622.00 | <input type="checkbox"/> \$106,486.01 and above |

Signature

Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

- I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.
- I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print):	
Parent/Guardian Signature:	Date:

St. Monica Catholic School
2023-2024 New Student Application for Admission

HOME LANGUAGE SURVEY

CUESTIONARIO DEL IDIOMA QUE SE HABLA EN EL HOGAR

Student Name/ Nombre de estudiante

1. Is a language other than English spoken in your home? ¿Se habla otro idioma que no sea el inglés en su casa?

No Yes/ Sí _____ (specify language/ especifique idioma)

2. Does your child communicate in a language other than English? ¿Habla el estudiante un idioma que no sea el inglés?

No Yes/ Sí _____ (specify language/ especifique idioma)

3. Which language did your child learn first?

¿Cuál fué el primer idioma que aprendió su hijo/a?

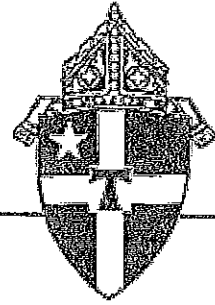
_____ (specify language/ especifique idioma)

4. In which language do you prefer to receive information from the school?

¿En que idioma prefiere recibir comunicaciones de la escuela?

_____ (specify language/ especifique idioma)

THE ARCHDIOCESE OF SAN ANTONIO



CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

**Please print as neatly as possible and fill out both sides. Illegible forms will be returned.

Name: _____
 First Middle Last

Other last names used in the past five years: _____

Current address: _____
 Street City State Zip

Work phone #: _____ Home phone #: _____

E-Mail Address: _____

Date of birth: _____ Gender: Male ___ Female ___

Driver's license #: _____ State _____

Name of Parish, School, or Agency: _____

Name of Volunteer Position or Job Title with Parish, School or Agency: _____

Will this position require you to work or volunteer consistently (more than one time) with minors? Yes ___ No ___

FOR OFFICE USE ONLY: This form entered into EappsDB system. _____ Additional Information: _____ _____
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2023-2024 SCHOOL YEAR

TUITION AND FEES

ALL PAYMENTS ACCEPTED THROUGH FACTS

ST. MONICA'S REGISTRATION FEES (NON-REFUNDABLE)



RETURNING FAMILIES PER STUDENT \$350



NEW FAMILIES Per Student \$500



ST. MONICA DRAGONS



ST. MONICA CATHOLIC SCHOOL



210 658 6701

frogstreet

ACADEMY AND PRE-KINDER CURRICULUM COVERS MATH, SCIENCE, READING AND LANGUAGE ARTS, SOCIAL STUDIES, AND SOCIAL EMOTIONAL SKILLS.

ACADEMY FOR CHILDREN (2-3 YEARS)

\$800 MONTHLY
INQUIRE ABOUT SIBLING DISCOUNT

Tuition Assistance
Kinder-8th grade

www.hopeforthefuture.org

PRE-K - 8TH GRADE TUITION BREAKDOWN

10-MONTH PAYMENT PLAN		11-MONTH PAYMENT PLAN	
1 CHILD	\$ 595.00	1 CHILD	\$ 540.91
2 CHILDREN	\$ 1,130.50	2 CHILDREN	\$ 1,027.73
3 CHILDREN	\$ 1,666.00	3 CHILDREN	\$ 1,514.55

10% sibling discount included above

2023-2024 ANNUAL TUITION: \$5,950

OTHER FEES/EXPENSES/DISCOUNTS

BEFORE AND AFTER SCHOOL CARE

BEFORE SCHOOL: FREE

AFTER SCHOOL:

\$250/MO. 1 ST CHILD
\$200 /MO 2ND CHILD
\$15/HR DROP-IN RATE

PARTICIPATION IN AIAL SPORTS FEE (5TH-8TH GRADE)

\$100/ONE SPORT
\$50/EACH ADDITIONAL
BILLED THE FIRST MONTH OF THE SPORT BEING PLAYED

8TH GRADE GRADUATION FEE

\$150.00 PER STUDENT

MILITARY DISCOUNT

5% PER STUDENT

CATHOLIC LIFE RAFFLE TICKETS

FAMILIES MUST SELL AT MINIMUM \$160 WORTH OF TICKETS.

100% OF PROCEEDS ARE PAID BACK TO SMCS

INSTRUMENT RENTAL FEE

\$100 PER YEAR

ORCHESTRA AND MARIACHI

THANK YOU FOR BEING A PART OF OUR DRAGON FAMILY!

2023-2024 Academic School Calendar

SCHOOL : Saint Monica Catholic School



CATHOLIC SCHOOLS
ARCHDIOCESE OF SAN ANTONIO

JULY 2023						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST 2023						
S	M	T	W	T	F	S
		1	2	3	4	5
6	R	C	P	W	W	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

7 - First Day for Teachers
8 - Convocation
10 - Meet the Teacher
14 - First Day of School

SEPTEMBER 2023						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	CPD	23
24	25	26	27	28	29	30

4 - Labor Day
22 - Half Day Campus PD

LEGEND	
FD	First Day of School
	No School
	Early Dismissal
A	The Assembly
C/W	Comp / Work Day
G	Graduation
I	Inclement weather make-up Day
P	Faculty Professional Dev.
R	Spiritual Retreat
W	Teacher Work Day (optional)
LG	Last Day / Graduates
L	Last Day of School

OCTOBER 2023						
S	M	T	W	T	F	S
1	2	3	4	5	APD	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	CPD	28
29	30	31				

6 - Half Day Arch PD
27 - Half Day Campus PD

NOVEMBER 2023						
S	M	T	W	T	F	S
			1	2	3	A
5	6	7	8	9	CPD	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

4 - Eucharistic Congress
10 - Half Day Campus PD
10 - Comp Day/No School
21-24 - Thanksgiving Holiday

DECEMBER 2023						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	CPD				23
24	25	26	27	28	29	30
31						

19 - Half Day Campus PC
20-29 - Christmas Holiday

Month	Instructional Days	In-Service Days
Aug	14	5
Sept	20	0.5
Oct	22	1
Nov	17	1.5
Dec	13	0.5
Jan	21	0.5
Feb	20	0.5
Mar	15	0.5
April	20	0.5
May	18	3
June		
Total	180	13.5

JANUARY 2024						
S	M	T	W	T	F	S
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	CPD	27
28	29	30	31			

1 - New Years Day Holiday
15 - Martin Luther King, Jr Day
26 - Half Day Campus PD

FEBRUARY 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	APD	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

9 - Half Day Arch PD
19 - President's Day

MARCH 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	CPD		30
31						

11-15 Spring Break
28 - Half Day Campus PD
29 - Good Friday
31 - Easter Sunday

APRIL 2024						
S	M	T	W	T	F	S
		2	3	4	5	6
7	8	9	10	11	CPD	13
14	15	16	17	18	19	20
21	22	23	24	25		27
28	29	30				

1 - Easter Monday
12 - Half Day Campus PD
26 - Battle of Flowers (SA Sch)

MAY 2024						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	L	25
26	CPD	CPD	W	31		

17 - Graduation
24 - Last Day
27 - Memorial Day
28 & 29 - CPD or I

JUNE 2024						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Principal: Karmen Chase 5/2/23
 Pastor: Rev. Thurman 05/02/2023
 School Council President: [Signature] 4/25/23
 Superintendent: Mark West 4/25/23

2023 - 2024 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level												Notes		
	Grades K - 6 th						Grade 7 th	Grades 8 th - 12 th							
	K	1	2	3	4	5	6	7	8	9	10	11	12		
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap)							5 doses or 4 doses	3 dose primary series and 1 booster dose of Tdap / Td within the last 5 years						3 dose primary series and 1 booster dose of Tdap / Td within the last 10 years	<p>For K - 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday.¹ For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday.¹</p> <p>For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.*</p> <p>For 8th - 12th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.*</p> <p>*Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.</p>
Polio							4 doses or 3 doses								<p>For K - 12th grade: 4 doses of polio; 1 dose must be received on or after the 4th birthday.¹ However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.¹</p>
Measles, Mumps, and Rubella ² (MMR)							2 doses								<p>For K - 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday.¹ Students vaccinated prior to 2009 with 2 doses of measles and 1 dose each of rubella and mumps satisfy this requirement.</p>
Hepatitis B ²							3 doses								<p>For students aged 11 - 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombinax[®]) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombinax[®]) must be clearly documented. If Recombivax[®] was not the vaccine received, a 3-dose series is required.</p>
Varicella ^{2,3}							2 doses								<p>For K - 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday.¹</p>
Meningococcal (MCV4)															<p>For 7th - 12th grade: 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th birthday.</p> <p>NOTE: If a student received the vaccine at 10 years of age, this will satisfy the requirement.</p>
Hepatitis A ²							2 doses								<p>For K - 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday.¹</p>

NOTE: Shaded area indicates that the vaccine is not required for the respective grade.

↓ Notes on the back page, please turn over. ↓

- 1 Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- 2 Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.
- 3 Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunize/school/default.shm>.

Exemptions

Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.dshs.texas.gov/immunize/school/exemptions.aspx. The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Provisional Enrollment

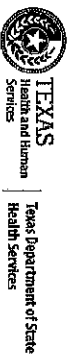
All immunizations must be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. Student must not be overdue for the next dose in a series to be considered provisional. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school.

A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.





SAINT MONICA

CATHOLIC SCHOOL



Payment Plan Through FACTS

As a Catholic School, our desire is always to concentrate our available human and financial resources on our primary mission of education. To help us meet this goal, we will continue to be co-sourcing through FACTS Management Company for payment of tuition. It will also provide us a billing platform for fees incurred throughout the year. Our families will be able to access their account online.

Sensible Plan

We are proud to partner with FACTS; this system is used by over 13,000 other institutions. It is not a loan, there is no debt, no interest or finance charges are assessed, and there is no credit check. The FACTS annual enrollment fee will be deducted from your account prior to the first scheduled tuition payment (\$50 per family for monthly or quarterly payments, or \$20 for tuition payment in full or semiannual). Tuition is handled conveniently and securely through a preauthorized automatic bank payment from checking or savings or automatic charge to credit card with 2.85% service fee.

- ❖ **Monthly payments through FACTS :** 10 payments August -May, 11 payments July to May, or 12 payments June to May. Automatic bank payment or automatic charge to credit card with 2.85% service fee on the 5 or 15th of the month. \$50 FACTS annual enrollment fee.

- ❖ **Payment in Full through FACTS:** Automatic bank payment or automatic charge to credit card with 2.85% service fee School Tuition on 5th or 15th, **Summer fun Tuition the 5th only**. \$20 FACTS annual enrollment fee.

Convenient Online Enrollment

You can enroll in the FACTS Payment Plan online by linking from the school's Web site. Enrolling online is simple and secure. Look for the FACTS logo to link to our customized online sign-in page.

Be sure to have the following information ready:

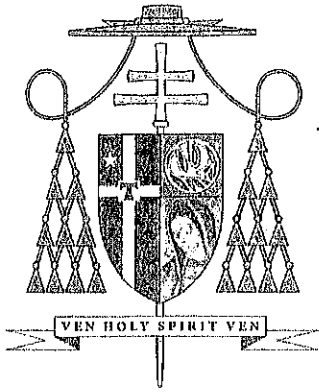
- The name, street address, and e-mail address of the person responsible for making the payments.
- Account information for the person responsible for payment: bank name, account number, and the bank routing number. Most of this information is located on your check. You may also elect FACTS to use a credit card with 2.85% service fee.

To protect your privacy, you will be asked to create your own unique FACTS user ID and Password. Before you click the Submit button, please carefully read through the Final Review and the Terms and Conditions. Notification confirming your online enrollment in a FACTS payment plan will be sent to you, and the annual enrollment fee will be automatically deducted from your account within the next 14 days after your school finalizes your payment plan.

<https://online.factsmgt.com/signin/45CZ7>

School District Code: SMC-TX

FACTS Management Company 866-441-4637. Rev. 3/26/19



Ven, Holy Spirit, Ven!

May 2016

My brothers and sisters in Christ,

The Archdiocese of San Antonio is unconditionally committed to the protection of children, youth, and vulnerable populations within our community. In order to assure their protection from harm, it has been mandated that all adults who minister to children must receive Safe Environment Training every three years. It is also mandated that all children and youth enrolled in religious education or in Catholic Schools must also receive Safe Environment Training on a yearly basis.

The Archdiocese of San Antonio is currently using Protecting God's Children by Virtus in order to train adults on abuse prevention. This training is available at our parishes, schools, and online. Protecting God's Children discusses the complexities of abuse and the steps necessary to protect children and youth. The children and youth are educated using the Yello Dyno program and the Child Lures program. These programs are intended to educate, inform, and empower the children and youth in our Archdiocese.

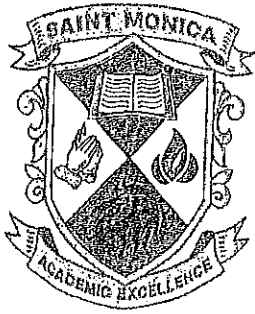
I cannot protect all children and youth alone; it is important that all Catholics ensure that we are following the mandate of Jesus, and "Let the little children come to Me." All adults, including parents, are encouraged to receive Safe Environment Training. Children and youth need trusted and loving adults in whom they can confide any concern or fear.

We have chosen to act vigorously against interpersonal violence. If you have any questions, concerns, or ideas on ways to create a Safe Environment in your parish, school, or institution, please call the Office of Victim Assistance & Safe Environment at 210-734-7786 or email at ovase@archsa.org and get involved. This is a responsibility we all must accept in order to protect all of God's children.

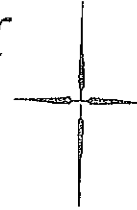
With every best wish, I remain sincerely yours in the Lord.

A handwritten signature in black ink, appearing to read "Gustavo Garcia-Siller".

Most Reverend Gustavo Garcia-Siller, M.Sp.S.
Archbishop of San Antonio



St. Monica Catholic School



Phone: (210) 658-6701
Fax: (210) 658-6945
www.saintmonica.net

Volunteer Form

In accordance with Archdiocesan policy, all adults volunteering must be current with an Archdiocese-approved criminal background check and VIRTUS training (required every three years). Please allow at least two weeks for approval. It is recommended that you submit the background check at the beginning of the school year.

Please go to the following website for the VIRTUS training online:
www.virtusonline.org and choose the following training at the bottom of the page.

1. Protecting God's Children
2. Sexual Harassment
3. Vulnerable Adults

Any questions may be directed to Norma Alvarado at (210)734-7786 or 1(877)700-1888.

Please bring your certificate as proof of VIRTUS training to the school office or email a copy to secretary@saintmonica.net to keep on file.

Please fill out the attached criminal background form.



Ordering lunches has never been easier!

Saint Monica Catholic School has partnered with Crave-it Nutrition to provide you a secure, fast, and easy-to-use online ordering system that allows you to view our lunch menu, order, prepay and manage student lunches from a smartphone, tablet or computer. Make sure to follow the steps below, create your account, and order your child's lunch when ordering opens at the end of July. **If you do not order lunch for your child, there will NOT be one provided to them. We are excited to serve you!**

Register as early as TODAY! Lunch ordering will be OPEN at the end of July!

- Go To:** <https://craveit.boonli.com> - (please bookmark this page)
- Click on Create an Account:** School Password is: **SMCS6**
- Enter information and click **Submit**
- Enter information for your students, **Add Profile**. Repeat for any additional students
- Click **I'm Done** and **Sign In**

PROGRAM INFO -- (also available online once you are logged in to your account)

- **FOOD or POLICY (Missed/Late Orders, Credits, and Changes/Cancellations):** email billing@craveitnutrition.com and they'll get back to you right away.
- **TECHNICAL SUPPORT (help navigating the site):** email billing@craveitnutrition.com
- **PAYMENT INFORMATION** The program accepts payment by Debit Card or Credit Card: Visa, MasterCard & Discover.

ORDERING INFORMATION

- **Click the "Order Lunch" button** and begin selecting the meal items you want for each child on each day.
- **Be sure to proceed to checkout** and process your payment. Orders that are left in the shopping cart will **NOT** be processed and your student(s) will not be included in the lunch service.
- **PROCESSING FEE:** A nominal processing fee of 3.5% is charged so that we can offer our lunch program online.
- **SALES TAX:** A Sales Tax fee of 8.25% is charged to each purchased based on state & local guidelines.

Required Uniforms for 2022-2023

Must be worn every day and is required for school Masses, special events, and formal field trips.

Uniforms are to be purchased from Flynn O'Hara, a portion of the purchase comes back to St Monica Catholic School. See Reverse for shopping details.

Girls

Pre-K-2nd grade

- Red Plaid Jumper
- White Short Sleeve Peter Pan colored Blouse
- Black Knee-highs or black crew socks (no-show socks not permitted)
- Black tights allowed with temperatures below 50
- Solid Black Shoes(no white soles or logos)

3rd-8th grade

- Red Plaid Pleated Skirt or Black Pants
- White Middy Blouse with school logo
- Red sailor tie
- Red polo shirt with logo
- Black Knee-highs or Black crew socks (no show socks not permitted)
- Black tights allowed with temperatures below 50
- Solid Black Shoes (no white soles or logos)

Boys

Pre-K

- Gray elastic pants
- White Short Sleeve Button Down shirt with logo
- Black, red, white striped tie
- Red polo shirt with school logo
- Black Crew Socks (no show socks not permitted)
- Solid black shoes (no white soles or logos)

Kinder-8th

- Black pants
- White short sleeve button down shirt with logo
- Black, red, white striped tie
- Red polo shirt with logo
- Black crew socks (no show socks not permitted)
- Solid black shoes(no white soles or logos)

** All students may purchase the red sweater, black fleece, or black windbreaker jacket. Any other jacket must be solid black in color

