

**OUR LADY OF LOURDES
CATHOLIC SCHOOL**

10114 Hwy. 6
Hitchcock, TX 77563
(409) 925-3224 ~ Fax: (409) 925-5094

February 22, 2010

Dear Parents,

It is time to register students for the 2010-2011 school year. In preparing the budget for the next school year, our school board was well aware of the many sacrifices many of our families make to give their child/children the gift of a Catholic education. Your school board, I believe, did a very good job of trying to keep the tuition cost in balance with the school's monetary needs as well as the burden tuition puts on our families.

Next year's budget will not make up the \$1,758 over tuition that it costs to educate one child at Lourdes. This budget does allow for the purchase of new science books, and gives our teachers a modest 3% raise. If it were not for the generosity of Our Lady of Lourdes Parish and many other contributors to our school, Our Lady of Lourdes Catholic School would not be able to stay open. This is not only true for Lourdes, but also for many other Catholic schools.

Tuition for the 2010-2011 school year will increase from \$3,575 this year, to \$3,900 next year for parishioners. The cost for a second child will go from 1/3 of tuition to 2/3. The third child will remain at 1/3 of tuition. Non-parishioners cost will remain at \$4,125.

Our Lady of Lourdes tuition compared to the other Catholic schools in Galveston County is still the lowest. We have only increased tuition to cover our essential needs.

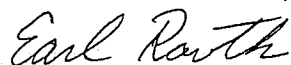
We are forever mindful that you send your child/children to our school to receive strong academic preparation, as well as to develop the necessary faith formation that can no longer be taught in public schools. Faith formation not only helps your child/children today, it also instills in them the ability to make appropriate decisions in the future.

All returning students who register before March 31, 2010 will receive the benefit of paying \$105 when they register and the remaining \$100 of the registration fee with the July tuition payment. Students registered after March 31st, returning and new, will pay \$225 dollars. After April 30th, all registration fees will be \$325.00 dollars per student.

Tuition will be paid over 10 months from July to April. By starting our tuition payments in July we hope to be able to avoid borrowing money from the Archdiocese, (that has to be paid back) to meet our financial obligations for July and the first half of August.

If you have any questions about the budget, please call me, come by and meet with me, or be at the Home and School meeting in March for an overview of the budget for 2010-2011.

Your Fellow Servant in Christ,

A handwritten signature in cursive script that reads "Earl Routh".

Earl Routh
Principal, Our Lady of Lourdes School

TUITION/REGISTRATION RATES 2010-2011 SCHOOL YEAR

Tuition Rates for Parishioners:

All grades:	First Child	\$3900/yr =	\$3900	\$390.00/mo
	Second Child	2613/yr. =	\$6513	651.30/mo
	Third Child	1287/yr. =	7800	780.00/mo

Tuition Rates for Non-Parishioners:

All grades:	First Child	\$4125/yr =	\$4125	\$412.50/mo
	Second Child	2764/yr =	6889	688.90/mo
	Third Child	1361/yr =	8250	825.00/mo

Registration Fees:

Early Registration \$205. (Returning students only, by March 31, 2010)
\$105 at early registration, \$100 with first tuition payment.

Returning: \$225. (April 1st to April 30, 2010)
New: 250. (April 1st to April 30, 2010)

After May 1, 2010 registration fees: \$325.00

Tuition Payable in 10 installments: on the first day of July, August, September, October, November, December, January, February, March and April.

Late Tuition Payment Fee: \$20 (payment after the current month) Added to next month's tuition.

Home and School fund raising activities raised approximately **\$485 per student**, last year. As a parent, we need you to actively participate in Home and School fundraising activities. For example, working several hours at the Halloween Carnival, helping out with at least one Friendship Friday, spending several hours parking cars during the Fair and Rodeo season, and actively soliciting sales in the various fundraisers during the school year.

Extended Day Program:

The rate for EDP is \$5.00 per hour per child. If your child stays 15 minutes into the hour, you will be charged for an additional hour. If your child is picked up after 6:00 p.m. you will be billed \$2.00 per minute per child. You will be notified each Monday of your balance. This must be paid upon notification unless other arrangements are made with the EDP director.

Extended Day Hours of Operation:

6:30 a.m. until 7:45 a.m. – No Charge
3:00 p.m. until 6:00 p.m. Monday through Thursday
2:00 p.m. until 6:00 p.m. Friday

Our Lady of Lourdes Catholic School
Health Care Procedures

We do not have a full time nurse on duty, therefore the office staff will take care of your child should they become sick. You will be notified if there is an illness or an accident. Please remember it is your responsibility to get medical attention unless the emergency is so great that your child must be taken immediately from school by school personnel.

For the protection of all students, the following rules have been set up and will be followed at all times. A child will be sent home:

Diocese of Galveston-Houston Catholic Schools
Communicable Disease
Guidelines for excluding and Re-Admitting of Ill Students

Exclusion Guidelines	Return to School Guidelines
Oral Temperature of 100 or more	Fever free for 24 hours
Vomiting, nausea or severe abdominal pain	Symptom free
Marked drowsiness or malaise	Symptom free
Sore throat, acute cold, or persistent cough	Symptom free
Red, inflamed, or discharging eyes	Written physician release
Acute skin rashes or eruptions	Written physician release
Swollen glands around jaws, ears, & neck	Written physician release
Suspected scabies or impetigo	Written physician release
Any skin lesion in the weeping stage	Written physician release
Earache	Symptom free
Pediculosis (head lice)	Nit free
Diarrhea; runny, watery or bloody	Symptom free
Other symptoms suggestive of acute illness	Written physician release

If your child has any of the above symptoms before coming to school in the morning, please keep them at home. Your child should not return to school for at least 24 hours after the condition has ceased.

OUR LADY OF LOURDES SCHOOL
REGISTRATION FORM

DATE _____

Child's Name _____ Age on Sept. 1 _____ Grade in Aug. _____

Sex: M F SS# _____ DOB _____ Place of Birth _____

Ethnic Background (needed for Arch Diocesan government reports)

White _____ Black _____ Hispanic _____ Multi-Racial _____ Native American _____ Asian _____
Hawaiin/Pacific Islander _____

Public School District you are living in: _____

Parent Information

Mother's Name _____ Maiden Name _____

Physical Address: _____

Mailing Address if different: _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Phone _____

Occupation: _____ Email _____

Are you Catholic Y N Are you an alumni of OLL School Y N Year: _____

Father's Name _____

Physical Address _____

Mailing Address if different _____

Home Phone _____ Cell Phone _____

Place of Employment: _____ Phone _____

Occupation _____ E-mail _____

Are you Catholic Y N Are you an alumni of OLL School Y N Year _____

Are you a **registered** member of Our Lady of Lourdes Church Y N Env. # _____

Has your child been baptized in the Catholic Church? Y N
Church _____ City/State _____ Date _____

Has your child received First Communion? Y N
Church _____ City/State) _____ Date _____

Documents needed for new students:

Copies of: **Certified** Birth Certificate, SS Card, Immunization Records, Baptismal Certificate (if Catholic), Signed Record Request Form for Grades 1-6.

(Over)

Emergency Contacts:

The following people can be contacted about your child if the parent cannot be reached. These people are also able to pick up your child from school and/or the Extended Day Program.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Will your child be attending Extended Day. Y N
Regular use _____

Occasional use _____

Medical Contacts:

Physician: _____ Phone _____

Dentist: _____ Phone _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Group Policy # _____

I, _____, (parent), do hereby authorize school administrations to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the hospital listed above for emergency medical or surgical treatment and to contact me, or one of my emergency contacts listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify Cardinal Daniel N. DiNardo, of the Arch Diocese of Galveston-Houston and his successors in office, the Arch Diocese of Galveston-Houston, Our Lady of Lourdes Catholic School and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expensed arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the hospital listed above.

Parent Signature

Date

**Our Lady of Lourdes Catholic School
Health Care Inventory**

Child's Name: _____ Birth date: _____
Grade Entering _____ Age as of Sept 1 _____

Indicate if your child has any health problems that school personnel should be aware of:

If your child has a severe health problem such as diabetes, asthma, epilepsy, severe allergies, heart conditions or other serious conditions, then a meeting with the teacher, nurse, and principal needs to be done before the child starts school. At this meeting doctors orders, health care plans, and medication will be discussed for your child.

Please list any medications that your child takes on a regular basis:

Any medication (prescription or over-the-counter), must have a physician note along with the parent signature, attached to the medication before it will be given at school. Cough drops, ointments, and vitamins are considered to be a medication. The parent must provide all medication in the original containers to the school. The prescription medication must have a pharmacy label that matches the doctor's orders. All medication must be brought to the school by the parent.

Indicate if your child has had any usual childhood diseases: Measles ___ Mumps ___
Chicken Pox ___ Date of disease or immunization date _____

The Diocese of Galveston-Houston Catholic Schools complies with the State of Texas Immunization requirements. Up-to-date immunization records are required to be returned to the school before registration is complete.

Does your child have allergies? Yes ___ No ___ If yes, what allergies? _____
Do they need a medical prescription for treatment in case of an attack? Yes ___ No ___
Prescription _____

If your child must carry medication such as an emergency asthma inhaler or Epipens, we must have a copy of doctor's order and proper procedure for the medication on file. If certain medications need to be in the classroom or with other personal the child may encounter on a daily basis, a duplicate medication must be in the clinic as a backup. Parents will have to provide both.

As part of our School Health Services, your child will be provided with Vision, Hearing and Scoliosis Screenings. You will be informed if your child is found to have a deviation from normal so that he/she can be further checked by your private physician.

Do you give your permission for your child to participate in these screening programs?
Yes ___ No ___

Parent/Guardian Signature

Date

TUITION AGREEMENT

PLEASE RETURN
THIS COPY

Upon enrolling my child/children in Our Lady of Lourdes School, I agree to keep my tuition payments current as outlined in the Our Lady of Lourdes School Family Handbook, page 4.

I understand that if I fall two months behind on tuition, my child/children may not be allowed to continue until all payments are brought up to date. Report cards will be held if tuition is owed at the end of a semester.

I understand also that tuition is due on the 1st of the month. If my payment is received after the 15th of the month, I will be assessed a late fee of \$20.00 for each month that I am behind. If I do not pay the late fee at the time I pay my tuition, it will be added on to my balance at the end of the year. If I owe tuition, I will not be allowed to register my child/children for the next school year until my payments are up to date.

Finally, if I owe tuition, or any other payments, at the end of the school year, (or at any other time that I withdraw my child from school) report cards will be held and no records will be sent to another school until all payments are made. I also may not re-enroll until all outstanding fees are paid.

Our Lady of Lourdes Board of Education

Signature – Parent/Guardian

Date

ARCHDIOCESE OF GALVESTON-HOUSTON
ANNUAL INCOME ELIGIBILITY PARENT SURVEY

2010-2011

RETURN IN A SEALED ENVELOPE TO SCHOOL PRINCIPAL

Please complete and return the survey below. In order for this survey to be considered a valid measure, the survey must be returned the principal even if your income does not meet any of the criteria. The purpose of this survey is to collect data that will be used to determine the school's federal funding allocation. Use the chart below to find your family size. Family size may include a foster child, an emancipated youth or a special education student over age 18. *If you are paid on a weekly or monthly basis, please multiply that amount by the number of weeks or months actually worked each year to determine your "Annual Gross Income."*

Family Size	Annual Income	• Monthly Income	• Weekly Income
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional family member add:	6,660	555	129

Please circle your answer

1. If your family income is the same or less than the amount shown on the chart beside your family size, circle yes. YES
2. Is your family eligible for food stamps? YES NO
3. Are you receiving public assistance? Food stamps, or TANF (formerly AFDC) YES NO
4. Are any of your children eligible for the "Medicaid" program? YES NO
5. Are you receiving full scholarship based on need for your child/children? YES NO
6. Are you receiving free or reduced tuition for your child/children? YES NO
7. Does your family live in a housing project or have poor housing conditions? YES NO
8. Do you have an unusual financial burden? If yes, please explain: (If necessary use back of page) YES NO

FAMILY NAME (PRINT): _____

FAMILY ADDRESS: _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

List the name of all school age children living in your home, including which school they attend and their grade level.

NAME OF CHILD	NAME OF SCHOOL	GRADE LEVEL

NOMBRE DE LA ESCUELA _____

FECHA _____

ARQUIDIÓCESIS DE GALVESTON - HOUSTON
PLANILLA ANUAL DE ELEGIBILIDAD ECONÓMICA

2010-2011

FAVOR DE DEVOLVER EN UN SOBRE CERRADO AL DIRECTOR/A DE LA ESCUELA

Favor de llenar y devolver esta encuesta. Para que la encuesta sea considerada una medida válida debe ser devuelta al principal inclusive si sus ingresos no aplican al criterio. El propósito de esta encuesta es para coleccionar información que será usada para determinar la cantidad de fondos que hay en los distritos de escuelas públicas para proveer servicios de Título I a estudiantes elegibles en su escuela. Encuentre cuantos miembros son en su familia y mire el nivel de su ingreso anual en la caja que está abajo. La cantidad de miembros en su familia puede incluir hijos de crianza, hijos que se han ido de la casa, o hijos que necesitan educación especial aunque sean mayores de 18 años. Si le pagan cada semana o cada mes, por favor multiplique la cantidad con el número de semanas meses que trabajó para determinar su Ingreso Anual.

Tamaño de la Familia	Ingreso Anual	Ingreso Mensual	Ingreso Semanal
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Por cada miembro adicional de la familia agregue:	6,660	555	129

Favor de marcar su respuesta con un círculo

- Si su ingreso anual es *el mismo, o menor* que la cantidad mostrada en la caja de arriba al lado del tamaño de su familia, favor de marcar Sí con un círculo
- ¿Es su familia elegible para recibir estampillas para alimentos? SÍ NO
- ¿Recibe usted asistencia pública? Estampillas para alimentos, ó TANF (anteriormente AFDC) SÍ NO
- ¿Es usted ó alguno de sus niños elegible para recibir ayuda bajo el programa de "Medicaid"? SÍ NO
- ¿Está usted recibiendo una beca completa basada en la necesidad de su niño/niños? SÍ NO
- ¿Recibe usted matrícula gratis ó rebajada para su niño? SÍ NO
- ¿Vive su familia en casa de apartamentos ó está su casa en condiciones de vivienda pobres? SÍ NO
- ¿Tiene usted problemas económicos especiales? Explique. _____ SÍ NO

APELLIDO DE LA FAMILIA (IMPRIMIR): _____

DIRECCIÓN: _____

DISTRITO ESCOLAR PÚBLICO EN EL QUE USTED RESIDE: _____

Liste los nombres de todos los niños que asisten a la escuela y que viven en su casa, incluyendo el nombre de la escuela y los grados:

NOMBRE DE SU NIÑO	NOMBRE DE LA ESCUELA	GRADO