



Dear Parents,

Thank you for your interest in St. Therese Catholic School for the 2012/2013 school year. St. Therese Catholic School has a proud 84-year history in the Madrona neighborhood. Our school is committed to providing educational excellence in an environment where students and their families feel a strong sense of community. St. Therese Catholic School welcomes Catholics and non-Catholics alike.

Enclosed is our application packet. Please note the age requirements. The following items need to be completed and returned to the school.

- \$50 Application Fee** - In order to process this application, you must enclose this non-refundable fee.
- Kindergarten - 8<sup>th</sup> Grade Application For Enrollment.**
- Birth Certificate** – The State of Washington requires all students have a copy of their birth certificate on file. Students need to be 5 years old by August 31<sup>st</sup> to enter Kindergarten.
- Baptismal Certificate** – All Catholics need to submit a copy of their child's baptismal certificate.
- Request For In-Parish Tuition** – For all families requesting parish rate
- Certificate of Immunization Status** – The State of Washington requires this form to be in our files for every student.
- Teacher Recommendation Form** (Grades K-8)
- Transcripts** (Grades 1-8)
- Arrange entrance testing at St. Therese Catholic School** (Grades 1-8)

**Test date:** \_\_\_\_\_ **Test Time:** \_\_\_\_\_

- Financial Aid** – If financial aid is needed, a Fulcrum Tuition Assistance application has been filled out (link is on our homepage) by Feb 17<sup>th</sup> and a copy given to the school. If the deadline has passed, a school tuition assistance application has been filled out completely and submitted with this application.

When paper work is complete, and as space allows, acceptance letters will be mailed to families that will guarantee your child a place at St. Therese Catholic School. We look forward to working with you to provide your child an excellent school experience in a faith-centered, secure environment.

Sincerely,

Mrs. Theresa Hagemann  
Principal



# Kindergarten-8<sup>th</sup> Grade Application

St. Therese Catholic School

900 35<sup>th</sup> Avenue

Seattle, WA 98122 206-324-0460

For Kindergarten, your child must be 5 years old by August 31, 2012

\$50 Non-refundable application fee is enclosed.

Today's Date \_\_\_\_\_ Program Requesting: Kindergarten  or Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
First Middle Initial Last

Child's Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Male  Female   
Month Date Year

Religion \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Ethnicity \_\_\_\_\_ How did you hear about St. Therese? \_\_\_\_\_

Student resides with: Both Parents  Mother  Father  Other  \_\_\_\_\_

## FATHER / Guardian

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Religion: Catholic  Other  \_\_\_\_\_

## MOTHER / Guardian

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Religion: Catholic  Other  \_\_\_\_\_

Are you an active, contributing member of St. Therese Parish or another Rainbow Parish?

Yes  No

(Rainbow Parishes = St. Therese, St. James Cathedral, Immaculate Conception, Our Lady of Mt. Virgin, St. Mary, St. Patrick, and St. Peter, St. Joseph, St. Paul, St. Edward, St. George)

If not, what Parish or church do you regularly attend \_\_\_\_\_

Do you currently have children enrolled at St. Therese Catholic School in the K-8 program? Yes  No

When paper work is complete, and as space allows, acceptance letters will be mailed to families that will guarantee your child a place at St. Therese Catholic School.

Parent Signature

Date

*To be completed, signed and returned with your Application/Registration Form if requesting in-parish tuition*

**St. Therese Parish School  
Request For "In-Parish" Tuition Consideration**

FAMILIES OF ST. THERESE PARISH PRESCHOOL – 8<sup>TH</sup> GRADE NEED TO MEET THE FOLLOWING CRITERIA TO BE CONSIDERED "IN-PARISH" AND QUALIFY TO HAVE THEIR TUITION SUBSIDIZED BY THE PARISH:

- 1) A family must be registered at St. Therese Parish or another Rainbow Parish (Rainbow Parishes = St. James Cathedral, Immaculate Conception, Our Lady of Mt. Virgin, St. Mary, St. Patrick, and St. Peter, St. Joseph, St. Paul, St. Edward, St. George) for a minimum of 3 months at the time of school registration.
- 2) A family must be an active and participating member of one of the above listed parishes. Our Catholic faith tells us that the most important thing we do as Catholics is to attend Mass on Sunday. We also offer our time and talent to the community.
- 3) A family must contribute to the support of their parish by having a current sacrificial giving card on file at one of the above listed parishes, and remain current in their giving.

**To request consideration of "In- Parish" tuition, all families must fill out and sign the following and return it with your application/registration.**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parish of Registration \_\_\_\_\_

IF YOU HAVE MET THE FOLLOWING CRITERIA, PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS:

\_\_\_\_\_ Our family has been a registered member of one of the above listed Parishes for a minimum of 3 months.

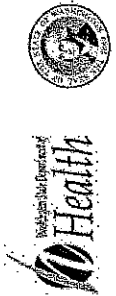
\_\_\_\_\_ Our family understands the Catholic Church requirement of Mass attendance and we do worship at our Parish

\_\_\_\_\_ Our family understands the Catholic Church requirement of contributing to the support of the Church, and, in conscience before God, our family has contributed to the best of our ability.

(Please Sign) \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed and signed by you and your pastor with the parish seal affixed.**

(Pastor's Signature) \_\_\_\_\_ (Parish Seal Below)



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed/Cert. of Exemption on file?  Yes  No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_  
 Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information provided on this form is correct and verifiable.

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below - see, back #5.

- 1)  Chickenpox disease verified by printout from CHILD Profile Immunization Registry. Must be marked by printout (not by hand) to be valid.
- 2)  Chickenpox disease verified by Health Care Provider (HCP). If you choose this box, mark 2A OR 2B below.  
 2A)  Signed note from HCP attached OR  
 2B)  HCP signed here and print name below:

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

3)  Chickenpox disease verified by school staff from CHILD Profile Immunization Registry. If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

4)  Chickenpox disease verified by parent\*. If you choose this box, fill in the date or child's age when he or she had the disease: \_\_\_\_\_  
 Age/Date of disease: \_\_\_\_\_  
 \*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

**Documentation of Disease Immunity**

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

- Diphtheria  Mumps  Other: \_\_\_\_\_  
 Hepatitis A  Polio  Rubella \_\_\_\_\_  
 Hepatitis B  Hib  Tetanus \_\_\_\_\_  
 Measles  Varicella \_\_\_\_\_

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

Vaccine	Dose	Month	Day	Year
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4	1			
	2			
Hepatitis A (Hep A)	1			
	2			
Meningococcal (MCV, MPSV)	1			
	2			
Human Papillomavirus (HPV)	1			
	2			
	3			

Vaccine	Dose	Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens	1			
	2			
Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)	1			
	2			
◆ Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
◆ Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			

Office Use Only: Immunization information updated and verified with parent/guardian permission.

Printed Staff Name \_\_\_\_\_ Date \_\_\_\_\_ Printed Staff Name \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Staff Name \_\_\_\_\_ Date \_\_\_\_\_ Printed Staff Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.**

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHLD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHLD Profile and your child's information will fill in automatically. Be sure to review all the information, sign and date the CIS in the upper right hand box, and return it to school or child care. If your provider's office does not use CHLD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here. If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.

**#3** If your child has had chickenpox (varicella) disease and not the vaccine, use only one of these four options to record this on the CIS:  
 1)  If your child's CIS is printed directly from the CHLD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).  
 2)  If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.  
 3)  If school staff access the CHLD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.  
 4)  If your child started kindergarten in the 2008-2009 school year or later, you CANNOT use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

**#4** Documentation of Disease Immunity: if your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and attach signed lab reports.  
**#5** Be sure to sign and date the CIS in the upper right hand box, and return to school or child care.  
**#6** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
AeHib	Hib	Ergenex-B	Hep B	Infanrix	IPV	Pentavalent	DTaP + Hep B + Hib	ToHibBif	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Prenovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (LIV)	QuinX (Krix)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinnix (Twmx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQB)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	FluVish	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrl)	DTaP + IPV	Varivax	Varicella
Conxvax (Conv)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix	DTaP + Hep B + IPV	Resombivax (RH)	Hep B		
Daptacel	DTaP	Gardasil	HPV4	Pedivax/Hib	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Hevrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	Rotarix (RV5)	Rotavirus (RV5)		

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MMRV or MBSV4	Meningococcal Polysaccharide Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV with Varicella	Measles, Mumps, Rubella / with Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine
		MCV or MCV4	Meningococcal Conjugate Vaccine		

For updated lists, visit [http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us\\_vaccines-508.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us_vaccines-508.pdf). For updated lists, visit [http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us\\_vaccines-508.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us_vaccines-508.pdf). If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).





# Teacher Recommendation Form

206-324-0460, Fax: 206-324-8464

**FOR STUDENTS APPLYING TO GRADES K-8  
TO BE COMPLETED BY YOUR CHILD'S TEACHER**

You have been asked by (student name) \_\_\_\_\_ to complete a confidential record form as s/he applies to St. Therese School. Please complete this confidential form as accurately as possible and sign at the bottom of this page. Please send this completed form to:

**Admissions Office  
St. Therese School  
900 35<sup>th</sup> Avenue  
Seattle, WA 98122**

Name of person completing form \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

How many years has the applicant attended your school? \_\_\_\_\_

This year, how many times has the applicant been absent? \_\_\_\_\_ Tardy? \_\_\_\_\_

In the last three years, has the applicant ever been suspended? \_\_\_\_\_ Expelled? \_\_\_\_\_

Are the parents/guardians actively involved in the school community? \_\_\_ Always \_\_\_ Mostly \_\_\_ Rarely

Do the parents/guardians demonstrate respect for all members of the school community? \_\_\_ Always \_\_\_ Mostly \_\_\_ Rarely

**Please describe the applicant's strengths and area of growth in terms of academic ability and school behavior.**

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I would like a telephone conference to provide further information: \_\_\_ no \_\_\_ yes

Best time to call: \_\_\_\_\_ Phone # to call: \_\_\_\_\_

Signature of person recommending applicant: \_\_\_\_\_

Date: \_\_\_\_\_