



# Immaculate Heart School

*From the Heart of the Mother to the Heart of the Son*

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Thank you for your interest in Immaculate Heart School! We are honored that you are considering being a part of our school family. We are eager to begin preparations for the new school year with our hearts and minds focused on our mission: *"The faith community of Immaculate Heart School complements the efforts of parents in the full education of young people who will become the hearts, heads, and hands of Jesus Christ in the 21<sup>st</sup> century."* Immaculate Heart School is built upon a foundation that bears more than 86 years of dedication fostered by the mission of the Sisters of the Immaculate Heart of Mary.

With the support of parents and guardians, Immaculate Heart is able to maintain a dynamic school where students are nurtured and challenged both spiritually and academically. You will notice that the tuition is slightly higher for international students. This is so that our international students and their families will not have to participate in the additional fundraising activities throughout the school year.

Please complete the attached Registration Form and return it with:

- \* Registration Fee (non-refundable \$200)
- \* Copy of Birth Certificate
- \* Copy of Baptism Certificate (if applicable)
- \* Current Physical
- \* Copy of Immunization Records

**Your Registration is NOT complete until these items have been submitted.**

Additionally, please provide the following information for each student requesting enrollment:

- \* Copy of Report Cards – most recent and past year
- \* Copy of national testing results – most recent and past year
- \* Copy of any special testing results from school psychologists

All new students are on probation for the first year of their enrollment. An evaluation will be done each quarter to determine if Immaculate Heart is the right place for your child. Students in grade 3 through 8 will need to take an entrance exam. If you have any questions, please contact Immaculate Heart School at (520) 297-6672.

	Registration Fee	Tuition
Kindergarten – 8 <sup>th</sup> grade	\$200/student	Each student: \$7,000/year

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## Tuition and Fees Contract 2020-2021

This contract is a legal agreement between the guardian of the student(s) named below and Immaculate Heart School to guarantee payment of tuition and all incurred expenses of the academic year, including any unfulfilled portion of the mandatory Scrip, mandatory Volunteer Hours or mandatory SPREE ticket purchase. A student who withdraws, or who is dismissed for disciplinary reasons, is still responsible for the full tuition for that month and pro-rated portion of the mandatory requirements.

**Family Last Name:** \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Tuition Payment Plan (Select Plan): Yearly \_\_\_\_\_ Semester \_\_\_\_\_ Monthly \_\_\_\_\_  
(August 10) (Aug. 10/Jan. 10) (July – April)

Please initial each section. This indicates you have read and agree with the following terms.

- \_\_\_\_\_ The first tuition payment is **due by July 10, 2020**. Subsequent tuition payments are due by the 10th of each month.
- \_\_\_\_\_ Tuition is considered late after the 11<sup>th</sup> of each month. We do not charge interest on tuition accounts, however, a **\$25 late fee** per month is applied on all past due balances.
- \_\_\_\_\_ If Tuition payments are **30 days past due** your student(s) will not be allowed to attend school until the tuition balance is reconciled.
- \_\_\_\_\_ Tuition accounts must be **paid in full by April 10, 2021** or your child will not be able to attend school until the tuition balance is reconciled.
- \_\_\_\_\_ Tuition and all financial obligations must be paid in full before a student is allowed to be promoted or permanent records are released.

I hereby understand and agree to the terms of this contract.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# IMMACULATE HEART ACADEMY

## 2020-2021

### K-8 Registration Form

Grade for 2020-2021 \_\_\_\_\_

**\*Kindergarten State Requirement – Must be 5-years-old by September 1<sup>st</sup>**

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Student's Nickname Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street City, State Zip

Email Address (Father): \_\_\_\_\_

Email Address (Mother): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

School Last Attended: \_\_\_\_\_  
Name City/State

Father's Legal Name: \_\_\_\_\_  
Last First Middle Initial

Father's Religion:	Father's Occupation:	Father's Employer:
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Mother's Legal Name: \_\_\_\_\_  
Last First Middle Initial

Mother's Religion:	Mother's Occupation:	Mother's Employer:
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Step Parent's Legal Name: \_\_\_\_\_  
Last First Middle Initial

Step Parent's Religion:	Step Parent's Occupation:	Step Parent's Employer:
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# Immaculate Heart Academy 2020-2021 K-8 Registration Form

My child is: ☐ Catholic ☐ Other: \_\_\_\_\_

Student's Baptism: \_\_\_\_\_  
Date Church City/State

Student's Reconciliation: \_\_\_\_\_  
Date Church City/State

Student's First Holy Communion: \_\_\_\_\_  
Date Church City/State

Parish where registered: \_\_\_\_\_

## Demographic Data

### Ethnicity:

Is your child Hispanic or Latino?

☐ Yes ☐ No

### Child's Race:

- ☐ Native American
- ☐ Asian
- ☐ Black
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Two or more races

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW STUDENTS ONLY:** To complete registration, you must submit: Birth Certificate, Baptism Certificate (if baptized), Immunization Record, and School Physical. Parents/Guardians agree that Immaculate Heart School is a Catholic school and students will participate in religion classes, other faith-centered activities, and attend Mass.



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## Student Records Request

To: \_\_\_\_\_  
Name of Last School Attended

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Legal Name of Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade Attended

\*I authorize Immaculate Heart Academy to request principal/administrator and teacher recommendations.

The above named student is transferring to Immaculate Heart School. Please send transcripts of past work, most recent report card, standardized testing and all other pertinent school records pertaining to this student to **410 East Magee Road, Oro Valley, Arizona 85704** or fax it to **(520) 297-9152**.

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I hereby grant permission for all confidential, medical, psychological and academic information relative to

\_\_\_\_\_ to be released to the above-named school.  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Voluntary Disclosure of Learning Needs

To best serve your child, we would like to know if he or she is receiving, or has received, accommodations or resource help for academics or behavioral health.

Please complete the form below if your child qualifies or may qualify for educational accommodations for a learning issue (such as attention problems, speech and hearing, etc.).

Student's Name: \_\_\_\_\_

Type of Learning or Behavioral Need:

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\*Please return this form to the office. This will be forwarded to our school nurse who will contact you with any pertinent questions.

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



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

# IMMACULATE HEART SCHOOL

## Physical Examination Form

### THIS SECTION TO BE COMPLETED BY MEDICAL CARE PROVIDER

Student's Name \_\_\_\_\_ Gender \_\_\_\_ Gr \_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

#### Physical Examination:

Known Allergies: \_\_\_\_\_

Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds BP: \_\_\_\_\_ / \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Vision: Uncorrected: B: 20/\_\_\_\_ R: 20/\_\_\_\_ L: 20/\_\_\_\_; Corrected: B: 20/\_\_\_\_ R: 20/\_\_\_\_ L: 20/\_\_\_\_

Eyes \_\_\_\_\_ Heart \_\_\_\_\_ Skin \_\_\_\_\_

Ears \_\_\_\_\_ Lungs \_\_\_\_\_ Spine/Neck \_\_\_\_\_

Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Scoliosis: Neg:\_\_\_\_ Pos:\_\_\_\_

Teeth \_\_\_\_\_ Hernia \_\_\_\_\_ Posture \_\_\_\_\_

Throat \_\_\_\_\_ Nervous Sys. \_\_\_\_\_ Orthopedic \_\_\_\_\_

Glands \_\_\_\_\_ Nutrition \_\_\_\_\_ Genitalia \_\_\_\_\_

Other (specify) \_\_\_\_\_

Urinalysis: (if indicated) \_\_\_\_\_

Hgb: (if indicated) \_\_\_\_\_

Cocci: Date: \_\_\_\_\_ Result: \_\_\_\_\_

TB: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Immunizations Given Today:

Please provide a copy of the updated immunization record.

Is this student currently receiving any medications? YES / NO If yes, list meds: \_\_\_\_\_

Does this student have any physical conditions or other restrictions which will limit his/her involvement in a regular school program or school activities? YES / NO If yes, please explain: \_\_\_\_\_

I certify that I have on this date examined the above-named student and I have found no medical reason to disqualify him/her from participating in all supervised physical education activities and athletics, with the exception of: \_\_\_\_\_

Medical Provider's comments and/or recommendations: \_\_\_\_\_

\_\_\_\_\_  
Medical Provider's Name (printed) MD DO PA NP

\_\_\_\_\_  
Medical Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #