



# 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 93 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: \$7,200/year

# **Immaculate Heart School**

## **International Students**

### **Frequently Asked Questions**

Thank you for your interest in our school!

*Just a few questions and items to consider prior to having the I-20 issued:*

- How long are you considering having your student in our school?
- Are you thinking about one year or would you like the student to complete his/her studies with us through 12th grade?
- Do you want the student to begin in the middle of our current school year, which lasts from August to May? Or, are you considering next school year?
- Has the child had any behavioral issues or discipline problems in their previous school(s)?

*Important to know:*

- We are a Catholic school and all students, Catholic or not, are required to study our faith (which will include classwork and tests) and attend prayer times and other celebrations we hold relating to our faith.
- We do not have an ESL program in grades K-8. Students are immersed in English through regular classes. They will receive some extra language support, but it is minimal. There is an ESL program at the high school level for grades 9-12.
- We do not house students or have a boarding department. Typically, international students will come to the United States with their parents or will stay with family or friends currently residing here. Immaculate Heart School is not responsible for student housing.
- We do expect students to have some basic understanding of English so they will have to take a test for English proficiency in the home country when they apply for a visa.

*Steps for Admission:*

1. The school will issue an I-20. There is a \$150 fee for this process per applicant. This fee is non-refundable if your child cannot acquire a Visa. What usually happens is a friend or family member will meet with the principal, who will issue the I-20. The I-20 will be mailed electronically back to the parents/guardians in the home country. The document is then taken to the immigration office in the home country.

*The information required for the I-20 is as follows:*

- Copy of Passport – this can be scanned and emailed
- Home address in country of origin
- Home address where child will be living in the United States
- Current email address of parent/guardian where the I-20 can be emailed
- We usually list living expenses at about \$10,000 for the year and we will need some form of financial documentation, such as a bank statement, showing that the parents/guardians receive enough of an income to afford tuition and living expenses.

2. After the student receives permission from immigration in the country of origin, parents/guardians will complete the registration packet. The packet is for the current school year, so if the child will be attending the next school year, it will need to be completed in January/February when the new registration forms are available. Please contact the Principal if you have any other questions!



**IMMACULATE HEART ACADEMY**  
**2024-2025**  
**K-8 Registration Form**

**Grade for 2024-2025** \_\_\_\_\_

**\*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: \_\_\_\_\_  
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:
_____	_____	_____

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

Mother's Religion:	Mother's Occupation:	Mother's Employer:
_____	_____	_____

Step Parent's Legal Name: \_\_\_\_\_  
Last First Middle Initial

Step Parent's Religion:	Step Parent's Occupation:	Step Parent's Employer:
_____	_____	_____



# Immaculate Heart Academy

## 2024-2025

### 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.





# Immaculate Heart School

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## Tuition and Fees Contract 2024-2025

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 a prorated portion of the mandatory requirements.

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

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

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

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

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

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

\_\_\_\_\_ I acknowledge that I am responsible for all financial obligations to the school, including tuition, fees, SPREE tickets, Scrip and Volunteer Hour obligations, and all other fees.

\_\_\_\_\_ NEW Families: I agree to set up a family payment plan through the FACTS SIS system as soon as my family account is created.

\_\_\_\_\_ RETURNING Families: I acknowledge that my current payment plan will be rolled over to the new school year and will remain the same. I agree to update any necessary banking information so that payment to the school is timely.

\_\_\_\_\_ Tuition and all financial obligations must be paid in full before my student(s) is/are allowed to be promoted or permanent records are released.

\_\_\_\_\_ Tuition accounts must be **paid in full by May 1, 2025** or my student(s) will not be able to attend school until the tuition balance is reconciled.

\_\_\_\_\_ If Tuition payments are **30 days past due** my student(s) will not be allowed to attend school until the tuition balance is reconciled.

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

\_\_\_\_\_

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date



# Immaculate Heart School

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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: \_\_\_\_\_



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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

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

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

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

School \_\_\_\_\_

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Office of English Language Acquisition Services  
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)



# 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 #