



# 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 94 years of dedication fostered by the mission of the Sisters of the Immaculate Heart of Mary.

Through your continued support, Immaculate Heart is able to maintain a dynamic school where students are nurtured and challenged both spiritually and academically. We strive to meet our budgeting goals primarily through tuition, fees, CTSO and other tax credits, SCRIP and SPREE.

Please complete the attached Registration Form and return it with:

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

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

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

- \* Copy of Immunization Records
- \* Student Records Request Form
- \* Principal & Teacher Recommendation Letters (electronic or hard copy)
- \* 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

All new students are on probation for the first year of their enrollment. An evaluation will be done each quarter. 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.

	<b>Registration Fee</b>	<b>Curriculum Fee</b>	<b>Tuition</b>
<b>Pre-School (3 years by Sept. 1)</b>	Before 2/16/24: \$75/student After 2/16/24: \$100/student	\$150/student	\$2,700 for MWF program
<b>Pre-Kindergarten (4 years by Sept. 1)</b>	Before 2/16/24: \$75/student After 2/16/24: \$100/student	\$150/student	\$3,700 half day program \$5,400 full day program (afternoons are considered daycare)
<b>Kindergarten – 8th</b>	Before 2/16/24: \$50/student After 2/16/24: \$80/student	-	\$6,900/year

\* All K-8 families should meet with the Scholarship Director as part of the enrollment process to discuss how a Catholic education can be affordable.



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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



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

## 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.



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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



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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?**

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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 #