



Immaculate Heart School

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

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 21st 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.

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

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

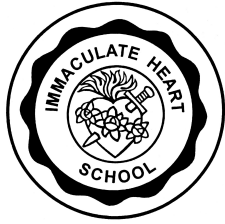
Additionally, please provide the following information for each student requesting enrollment:

- * 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

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.

	Registration Fee	Curriculum Fee	Tuition
Pre-School (3 years by Sept. 1)	Before 2/17/23: \$75/student After 2/17/23: \$100/student	\$150/student	\$2,700 for MWF program
Pre-Kindergarten (4 years by Sept. 1)	Before 2/17/23: \$75/student After 2/17/23: \$100/student	\$150/student	\$3,700 half day program \$5,400 full day program (afternoons are considered daycare)
Kindergarten – 8th	Before 2/17/23: \$50/student After 2/17/23: \$80/student	-	\$6,400/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.*



IMMACULATE HEART ACADEMY
2023-2024
K-8 Registration Form

Grade for 2023-2024 _____

***Kindergarten State Requirement – Must be 5-years-old by September 1st**

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

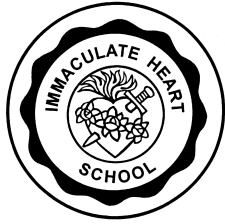
Father's Religion:	Father's Occupation:	Father's Employer:

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

2023-2024

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 2023-2024

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 _____
(August 10)

Semester _____ Monthly _____
(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, 2023**. Subsequent tuition payments are due by the 10th of each month.

_____ Tuition is considered late after the 11th 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, 2024** 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

2023-2024



Immaculate Heart School

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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**.

.....

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 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:

*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

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 #