



St. Joseph Catholic School — 2017-18 International Student Admissions Check List

Elementary Campus: 901 E. Wm. Joel Bryan Pkwy., Bryan, TX 77803 • Phone: 979-822-6643
Secondary Campus: 600 S. Coulter Dr., Bryan, TX 77803 • Phone: 979-822-6641
Fax: 979-779-2810 • www.stjosephschoolbcs.org

All documents sent to St. Joseph School must be translated into English. Your application is complete when we have the following:

- A completed Application form.
- An accompanying \$1,000 registration fee payable to St. Joseph Catholic School. Fees are non-refundable.
- A signed International Student Enrollment Agreement
- A Valid Passport
- A copy of the applicant's birth certificate. Please do NOT send the original.
- A copy of the applicant's immunization and health records. Note: An applicant may be required to obtain immunizations in order to comply with the Diocese of Austin policy.
- Transcripts from all schools previously attended, certified and translated into English.
- For all Catholics:* a copy of the applicant's Baptismal, First Confession, First Holy Communion, and Confirmation records as applicable
- Proof of Financial Status (such as bank statements for two months, in English and converted to American dollars)
- Student Questionnaire – for students in grades 6-12 only
- Completed admissions test for grades 6-12 (if applicable)
- Interview with the campus principal, student applicant, and parents (This will be scheduled only after all materials are complete and in our files.)
- Special Needs Survey (on the back of this form)
- Proof of English proficiency by one of the following TOEFL Exams. No practice tests will be accepted.
 1. TOEFL IBT with a score of at least 70.
 2. TOEFL PBT with a score of at least 50
 3. TOEFL Jr (for ages 11-15) with a score of at least 600

PLEASE SEND ALL OF THE ABOVE TO:
St. Joseph Catholic School • Attn: Admissions
600 S. Coulter, Bryan, Texas 77803 • (979) 822-6641

St. Joseph Catholic School
Survey of Special Needs

At St. Joseph Catholic School we believe we are in a partnership with parents or guardians, to provide the best education for their child, our student. Any information that assists us in this task ultimately benefits your son or daughter. The following information is requested to ensure that each student's individual learning needs are met to the best of our ability. Failure to provide this information may inhibit the staff's ability to meet the individual needs of your child, and consequently, St. Joseph reserves the right to forego acceptance or continuation of the child in our school if such information is not provided.

Please note that all information is held in the strictest confidence.

1. Has your child been tested for any special concerns – academic, behavioral or other? If yes, please explain.

yes no

2. Has your child ever been on medication for educational/behavioral purposes? If yes, please explain.

yes no

3. Has your child ever been referred for special educational services? If yes, what type, by whom and with what results.

yes no

4. Has your child had special educational services provided? If yes, please explain.

yes no

5. Has your child ever been under the care of a professional counselor, psychologist, or psychiatrist? If yes, please explain.

yes no

6. Are you willing to share all previous and future special education information/tests with the Principal of St. Joseph Catholic School?

yes no

7. Would you allow a copy of the special education information/tests to be placed in a confidential student file(s) at St. Joseph Catholic School?

yes no

8. Are you willing to sign a release to allow the principal to speak with the person(s) who conducted any of these services or tests or prepared any information?

yes no

Parent/Guardian Signature

Date