



APPLICATION/  
REGISTRATION: 2024 - 2025  
OUR LADY OF THE GULF  
CATHOLIC SCHOOL

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_ Grade \_\_\_\_\_  
Registration Amt. \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_  
Receipt# \_\_\_\_\_ Bill in FACTS \_\_\_\_\_  
Student ID# \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ (xx/xx/xxxx)

Student Grade for 2024-2025 School Year \_\_\_\_\_ Home Phone \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street City State Zip

Mailing address the same? \_\_\_\_ Yes \_\_\_\_ No

If not: \_\_\_\_\_  
Mailing Address City State Zip

S.S. # \_\_\_\_\_ U.S. Citizen?: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Is the student Catholic? \_\_\_\_ Yes \_\_\_\_ No If Catholic, is the student Baptized? \_\_\_\_ Yes \_\_\_\_ No

Religion? (If Non-Catholic) \_\_\_\_\_

If Catholic, are you a Parishioner or Non-Parishioner of OLG? (**see below for details**) \_\_\_\_ Yes \_\_\_\_ No

**\* Parishioners must be registered with OLG Church Parish and have contributed (tithed) a minimum of \$300 during Jan 1<sup>st</sup> to Jun 1<sup>st</sup> of the current year (2023) to receive a parishioner discount.**

Is the student of Hispanic or Latino ethnicity? \_\_\_\_ Yes \_\_\_\_ No

What is the student's race? \_\_\_\_ African-American \_\_\_\_ American Indian \_\_\_\_ Asian \_\_\_\_ Caucasian \_\_\_\_ Pacific Islander  
\_\_\_\_ Other

**FOR OFFICE USE ONLY:**

- Birth Certificate Copy (from Courthouse)
- Baptismal Certificate Copy (if Catholic)
- Immunization (Shot) Record
- Social Security Card Copy
- Driver's License (or State ID) of Parent

**PLEASE CONTINUE ON REVERSE SIDE >>>>>**

Child lives with (circle one): Both Parents / Mother / Father / Other \_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_ (circle) Father / Mother / Other (specify) \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer City / State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text?: \_\_\_ Yes \_\_\_ No  
Religion/Church attending: \_\_\_\_\_ Email Address/es: \_\_\_\_\_  
Single \_\_\_ Separated \_\_\_ Married \_\_\_ Deceased \_\_\_ Remarried \_\_\_ Divorced \_\_\_

Guardian 2 Name: \_\_\_\_\_ (circle) Father / Mother / Other (specify) \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer City / State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text?: \_\_\_ Yes \_\_\_ No  
Religion/Church attending: \_\_\_\_\_ Email Address/es: \_\_\_\_\_  
\_\_\_\_\_  
Single \_\_\_ Separated \_\_\_ Married \_\_\_ Deceased \_\_\_ Remarried \_\_\_ Divorced \_\_\_

New families are required to fill out the "New Student/Family Questionnaire" attached.

Please list name, relationship and telephone number(s) of those who may pick your child up from this school:

NAME	RELATIONSHIP	CONTACT NUMBER

You may add additional names and numbers below.

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

\_\_\_\_\_  
Date

**Home Language Survey**  
**Grades PK4 - 8**

Date \_\_\_\_\_

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

School Name: Our Lady of the Gulf Catholic School

TO BE FILLED IN BY PARENT OR GUARDIAN:

(1) What language is spoken in your home most of the time? \_\_\_\_\_

(2) What language does you child speak most of the time? \_\_\_\_\_

(3) What language does you child's primary caregiver speak most of the time? \_\_\_\_\_

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

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**Cuestionario De Idioma Hogareno**  
**Grados PK4 - 8**

\_\_\_\_\_  
Fecha

Nombre del estudiante \_\_\_\_\_

Escuela: Our Lady of the Gulf Catholic School

DEBE DE COMPLETARSE POR EL PADRE O GUARDIÁN:

(1) ¿Cuál es el idioma que mas se habla en su hogar? \_\_\_\_\_

(2) ¿Cuál es el idioma que su hijo/hija habla mas? \_\_\_\_\_

(3) ¿Cuál es el idioma que habla la persona que está mas con su hijo/hija? \_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Guardian

OUR LADY OF THE GULF CATHOLIC SCHOOL  
**NEW STUDENT/FAMILY** QUESTIONNAIRE

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS NAME(S): \_\_\_\_\_

***Our school strives to provide extracurricular activities that challenge and inspire our students.***

1. How did you hear about our school? \_\_\_\_\_

2. What are the main reasons you want your child to attend this school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please check the areas below that your child has been involved with previously.

_____ Gifted & Talented Program	_____ Volleyball	_____ Basketball
_____ Dance Class	_____ Track	_____ Soccer
_____ 4H Club	_____ Football	_____ Other – Please specify:
_____ Scouts	_____ Piano Lessons	_____

***Our school offers counseling sessions from certified professional counselors to help serve the needs of both students and families.***

4. Has your child ever been bullied at school? (Please circle the one that best applies)

Never	Mildly Child could handle situation	Occasionally Required school intervention, possible counseling	Repeatedly Required parent - teacher meeting	Severely Required significant actions
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If “Severely”, what steps were taken to resolve the issue?

5. Has your child ever visited with a school or private counselor? Yes / No

If Yes, is he/she currently seeing a counselor? Yes / No

6. In the past 2-3 years, has your child received the following forms of school discipline? (Please circle all that apply)

Sent to Principal Office for Discipline Issue	Notes sent home to inform parent of issues & requiring signature	Parent required to meet with school personnel for discipline issue	In School Suspension (ISS)	Out of School Suspension
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If you selected any of the above, please explain what the consequences at home were for your child?

\_\_\_\_\_

7. Has your child ever been placed on a Behavior Improvement Plan or other discipline program? Yes /No

***Because many medical conditions can impact a student's ability to learn and interact in school, please provide the following information.***

8. Indicate your child's past and current medical condition/needs by circling all the following that your child has been diagnosed by a doctor.

ADD Attention Deficit Disorder	ADHD Attention Deficit Hyperactivity Disorder	OCD Obsessive Compulsive Disorder	Asperger's Syndrome	Dyslexia
ODD Oppositional Defiant Disorder	Asthma	Allergies: Food Airborne Insects Other	Sleep Disorder	Hearing Impairment: Corrected Uncorrected
Visual Impairment: Corrected – Glasses/Contacts Uncorrected	Eating Disorder	Other Medical Condition (please specify):		

9. Has your child ever been tested by a school district's Special Services Department? Yes / No

- If yes, did your child qualify and in what area(s)? \_\_\_\_\_
- Is your child currently on an IEP (Individualized Educational Program)? Yes / No
- Has your child ever been diagnosed as an ESL (English Second Language) student? Yes / No  
If yes, what kind of services did your child receive to assist him/her?  
\_\_\_\_\_

***Because school attendance directly impacts a student's performance, please provide the following information.***

10. At previous school (in past 5 years), did your child have:

\_\_\_\_\_ Excessive Tardies? (5 or more per semester) – Please provide reason(s) for tardies:  
\_\_\_\_\_

\_\_\_\_\_ Excessive Absences? (10 or more per year) – Please provide reason(s) for absences:  
\_\_\_\_\_

11. Is your child routinely taken out of school for the following reasons: (check all that apply)

\_\_\_\_\_ Braces/Dental Work? - Frequency & duration \_\_\_\_\_

\_\_\_\_\_ Allergy Treatments? – Frequency & duration \_\_\_\_\_

\_\_\_\_\_ Family Situation? – Nature of situation & frequency \_\_\_\_\_

\_\_\_\_\_ Other reasons? – Please specify \_\_\_\_\_

12. Are there any other accomplishments or concerns about your child or family that the school needs to be aware of, so as to better serve your child's academic, social, moral, physical and spiritual needs?



# FAMILY-SCHOOL AGREEMENT

## DIOCESE OF VICTORIA IN TEXAS

### Preamble

*Catholic schools in the Diocese of Victoria in Texas are open to all students; however, we are not a private or alternative school system. The purpose of Catholic education is to provide an environment of academic excellence, where students learn how to become committed disciples of Jesus Christ, grow in holiness as stewards of God's creation, share the Good News of Christ's love with others, and are invited to join us in the Christian community of the Catholic Church. This Family-School Agreement is intended to further these purposes.*

When enrolling their child(ren) in a Catholic school in the Diocese of Victoria in Texas, be it a parochial or independent one, parent(s)/adoptive parent(s) and /legal guardian(s) are asked to sign a Family-School Agreement indicating that they 1) understand and agree that students in the school will be taught the teachings of the Catholic Church in their fullness; 2) pledge their full cooperation with the school and parish to prepare their child(ren) to be a disciple of Jesus Christ; and 3) will make every effort to supervise their child(ren)'s commitment to this agreement.

It is understood that:

- a) All children are welcome in the Catholic schools in the Diocese of Victoria in Texas, provided their parent(s)/adoptive parent(s)/legal guardian(s) sign and agree to the terms of the FamilySchool Agreement.
- b) Our schools exist to pass on the Catholic faith to children, as well as for their parent(s)/adoptive parent(s)/legal guardian(s) to grow in holiness, living as disciples of Jesus Christ.
- c) All children will be taught the Catholic faith in its fullness, regardless of the relationship/marital status of their parent(s)/adoptive parent(s)/legal guardian(s) (e.g., same-sex relationship, cohabitation, marriage outside the norms of the Catholic Church, etc.).

If the parent(s)/adoptive parent(s)/legal guardian(s) sign the Family-School Agreement, the principal shall also sign the Family-School Agreement indicating that the principal accepts the request of the parent(s)/adoptive parent(s)/legal guardian(s) for their child(ren) to receive a Catholic education,

Failure to abide by the terms of the Family-School Agreement shall be grounds for the child(ren)'s dismissal from the Catholic school in which they are registered. Parent(s)/adoptive parent(s)/legal guardian(s) and students who cause public scandal by actively promoting a moral or doctrinal position contrary to Catholic teaching, or by making a public issue of their state in life contrary to Catholic teaching, shall be considered in violation of the Family School Agreement.

**Family-School Agreement**  
**School Year \_\_\_\_\_**  
**Diocese of Victoria in Texas**

As parents, we ask \_\_\_\_\_ School to help us in educating our child(ren). We understand and agree that our child(ren) will be taught the teachings of the Catholic Church in their fullness, even if we are living a way of life that is contrary to those teachings. Our intention is to respect and cooperate with those providing a Catholic-based education to our child(ren): the priests, principal, teachers, parishioners, and all school personnel—and their policies. We pledge our full cooperation with the school to prepare our child(ren) to be a disciple of Jesus Christ. We will make every effort to supervise our child(ren)'s commitment to this agreement.

*Name of Father/Adoptive Parent/Legal Guardian:*

*Signature:*

\_\_\_\_\_

\_\_\_\_\_

*Name of Mother/Adoptive Parent/Legal Guardian:*

*Signature:*

\_\_\_\_\_

\_\_\_\_\_

*Name of Child(ren):*

*Grade:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Catholic School accepts your request and commitment for a Catholic education for your child(ren). We acknowledge our obligation to assist you in your responsibility of educating your child(ren). We will make our best effort to form your child(ren) as a disciple of Jesus Christ, according to the teachings of the Catholic Church.

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_





# Our Lady of the Gulf Catholic School

301 S. San Antonio Street  
Port Lavaca, TX 77979  
361-552-6140 \* 361-552-7485 (fax)

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## TRANSFER OF RECORDS FORM (for new students K - 8<sup>th</sup> only)

I, \_\_\_\_\_, the parent of \_\_\_\_\_  
(Print parent first and last name) (Print student first and last name)

do hereby authorize

\_\_\_\_\_  
(Name of recent school attended)

\_\_\_\_\_  
(School address)

\_\_\_\_\_  
(School City/State)

\_\_\_\_\_  
(School phone #)

\_\_\_\_\_  
(School fax #)

to release the following records to Our Lady of the Gulf Catholic School:

\_\_\_\_\_ Academic Record(s)

\_\_\_\_\_ Psychological Evaluation(s)

\_\_\_\_\_ Counselor's Evaluation and Report  
(including Goals & Objectives)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

# ALL NEW STUDENTS

1<sup>st</sup> – 8<sup>th</sup> grade

1. Please remove the following documents and submit to current or recent school attended for completion.

**2. Please ask school to submit directly to OLG Catholic School by mail or fax.**

Thank you!



# Our Lady of the Gulf Catholic School

301 S. San Antonio, Port Lavaca, Texas 77979

361-552-6140 (ext: 6) **✚** 361-552-7485 (fax)

## School Recommendation Form for

Current Teachers, Principal/Administrator or Guidance Counselor

(Please make copies as needed)

### **TO BE COMPLETED BY PARENT:**

*My child is an applicant for admission to Our Lady of the Gulf (OLG) Catholic School, Port Lavaca, TX.*

*I hereby authorize you to provide confidential answers to questions from OLG school.*

Student Last Name

First Name

Middle Name

Current Grade Level: \_\_\_\_\_

Grade level applying for at OLG: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

School Address

City

State / Zip

Father Full Name: \_\_\_\_\_ Mother Full Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **TO BE COMPLETED BY SCHOOL PRINCIPAL, ADMINISTRATOR OR COUNSELOR AND CURRENT TEACHERS:**

**Please submit directly to OLG Catholic School by mail or fax.**

Your honest assessment of the above named student is greatly appreciated. All information will be kept confidential and will not be released to the student or family. Please feel free to attach additional pages if more space is needed. Thank you.

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**For how long and in what capacity have you know this student?**

\_\_\_\_\_  
\_\_\_\_\_

**To your knowledge, does the student have any history of conduct or behavior problems? If yes, please explain.** \_\_\_\_\_ No \_\_\_\_\_ Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUE ON BACK**

**To your knowledge, does the student have any history of learning difficulties or disabilities? If yes, please explain, including any accommodations that the student does, did, or may require.**

\_\_\_\_\_ No      \_\_\_\_\_ Yes

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**How would you describe this student, noting pronounced strengths and weaknesses?**

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**How would you describe the student's attitude toward school peers, authority, etc.?**

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**Please comment on the level of parental engagement, involvement and support (to both the student and school) that you have observed. Please note any difficulties you may have experienced with the family.**

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**How would you feel if this student/family were to apply for readmission to your school?**

*Thank you for taking the time to complete this recommendation.*

**Please submit directly to OLG Catholic School by mail or fax.**

# Our Lady of the Gulf Catholic School

*We are a Catholic educational community providing opportunity for growth in the Light of Christ.*

## Registration Information Sheet 2024 - 2025

Tuition Rates	One Student	Two Students	Three Students	Four Students
* Parishioner	\$4,100	\$7,250	\$9,500	\$11,750
Non-Parishioner	\$4,500	\$7,650	\$9,900	\$12,150

\* *Parishioners must be registered with the parish and have contributed a minimum of \$300 during Jan 1<sup>st</sup> - June 1<sup>st</sup> of the current year (2024).*

**Enrollment Fee:** \$175 (\$200 if not paid by March 15) This non-refundable fee is due at the time of registration.

**Tuition:** All OLG families will set up a FACTS account for payment of tuition, lunch, and incidentals (ASC and miscellaneous billings). More information will be made available.

**Uniforms:** Uniforms for all children are required. *Uniform Information* and Uniform *Rules/Guidelines* is provided prior to the first day of school.

**Supplies:** Students will be responsible for certain supplies. A list is provided prior to the first day of school.

### **4K (PreK) Program:**

FULL DAY 4K program offered (at same tuition rates provided above) with TCCBED Accredited Curriculum.

### **Normal School Hours:**

Students may begin arriving at 7:30am (unless going to BSC) and must be here by 7:55am, or will be marked tardy. Normal Dismissal Time is at 3:45pm (if not picked up by 4:00pm, student will go to ASC). First Friday Early Dismissal Time is at 1:00pm (if not picked up by 1:15pm, student will go to ASC).

### **Before School Care (BSC):**

Before school care with snack is available daily from **7:00am - 7:30am** at a cost of \$2.00 per student, per day.

### **After School Care (ASC):**

After school care is available Monday through Friday **4:00pm – 5:30pm** (*Early Out days: 1:15pm – 2:00pm*) If 4K students are not picked up at normal time, they brought over to the school at 3:30 to be dismissed w/sibling(s)(if applicable) or to go to ASC. ASC costs: \$5.00 per student, per day. Snacks are provided.

### **Required Documentation:**

The following documents are required for registration:

- OLG Catholic School Registration Packet
- Birth Certificate Copy (from Courthouse) \*
- Baptismal Certificate copy (if Catholic) \*
- Immunization Record \*
- Social Security Card Copy \*
- Driver's License (or State ID) of Primary Guardian

\* *Not required for returning students.*

*Please Note: Subject to change as final plans for the 2024-2025 year are being set.*



# Investing in a Quality Education



**Q: Why is there an increase in tuition?**

A: Our commitment to providing the highest quality education necessitates a fair and competitive compensation for our exceptional teaching staff. This step in tuition is a strategic step towards closing the current pay gap for our skilled and experienced teachers.

**Q: How will this benefit my child?**

A: By ensuring our teachers are fairly compensated, we can retain our current top-tier educators and attract equally talented ones in the future. This directly translates to a more robust and enriched learning environment for your child.

**Q: Is the increase only for teacher salaries?**

A: While a significant portion is allocated for teacher salaries, additional funds will be invested in academic resources and programs to further enhance the educational experience of our students.

**Q: How will this affect the quality of education?**

A: The increase in tuition is pivotal in maintaining our high educational standards. It allows us to provide better resources, advanced training for teachers, and updated curriculum materials, all contributing to an improved academic environment.

**Q: What about families who might struggle with the increase?**

A: We understand the financial implications and offer a range of scholarships and flexible payment plans to support our families. The increase in tuition also allows us to absorb the cost and provide more assistance to those families that greatly need it. We encourage those with concerns to contact our financial aid office for personalized assistance.

**Q: How soon will we see improvements from this increase?**

A: Some benefits will be immediate, like teacher retention, while others, such as curriculum enhancements, will be implemented gradually over the next academic year.

**Q: How are future tuition increases decided?**

A: We continually assess our operational costs (and how it is affected by inflation) and educational goals. Any future increases will be thoughtfully considered, with the aim of balancing affordability with the need to provide exceptional education.

**Q: Who can I talk to for more information?**

A: For further details or specific concerns, please contact our administration office. We're happy to discuss any aspect of this change and how it may affect you and your family.