

# SAINT ANTHONY CATHOLIC SCHOOL

635 Bonham Street ~ Columbus, Texas 78934 ~ (979) 732-5505  
Principal: Shawna Collins ~ Assistant Principal: Danette Cantu

## SAS Registration Information For the 2025-2026 School Year

- February 18<sup>th</sup>* Registration opens for current SAS families  
*March 17<sup>th</sup>* Registration opens for St. Anthony, St. Roch, & Sts. Peter & Paul parish families  
*March 31<sup>st</sup>* Open registration

### SAS Enrollment Policy

1. The registration fee is equal to 1/12 of the tuition and is non-refundable.
2. For new students the registration fee and the complete paperwork is due at the time of registration in order to be considered enrolled at SAS or on a waiting list. If a new student is placed on a waiting list, the registration fee can be refunded.
3. A returning student is considered enrolled for the upcoming school year when all completed paperwork is submitted to the SAS Office. To remain enrolled, the registration fee must be paid by the last day of instruction of the current school year (*May 22, 2025*) and all tuition and lunch balances must be paid in full.
4. A signed Enrollment Contract is required for each student attending SAS.

### Tuition Rates for 2025 – 2026

Full Tuition is the total cost to educate a child at SAS. Parents may pay the full tuition rate, if they do not wish to participate in school fundraising activities. (Church Picnic, PTC Carnival, PTC Gala, Ticket Sales, etc.)

<u>Grade Level</u>	<u>Tuition Plan</u>	<u>Discounted Tuition Cost</u>	<u>Full Tuition Cost</u>
3K – 8	First Child	\$5,095.00 (32% Discount)	\$7,493.00
	Each Additional Child	\$4,720.00 (37% Discount)	\$7,493.00

### Calculate Your Family's Tuition

First Child x \$7,493.00 or \$5,095.00	\$ _____
Number of Children ____ x \$7,493.00 or \$4,720.00	\$ _____
<b>Total Tuition</b>	\$ _____
<b>Registration Fee Due (1/12 of Total Tuition)</b>	\$ _____

### Payment Options

1. **Payment in full:** This payment is made directly to the school before the first day of school. The 1/12 registration fee is still due as described in the SAS Enrollment Policy.
2. **Payment Plan via FACTS:** This is an automatic bank payment withdrawn on the 5<sup>th</sup> or 20<sup>th</sup> of the month from your checking or savings account. A \$50.00 annual enrollment fee per family will be required when using this payment plan. For those using FACTS, the 1/12 registration fee is still **due to the school** as described in the SAS Enrollment Policy.

*\*See other side for Donation Opportunities*

# **SAINT ANTHONY CATHOLIC SCHOOL**

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Principal: Shawna Collins ~ Assistant Principal: Danette Cantu

***Thank you for considering St. Anthony Catholic School for your child's education. The following statements describe our school's philosophy, mission statement, and our vision and goals for the future.***

## ***PHILOSOPHY***

Saint Anthony Catholic School endorses the call of the Catholic Bishops of the United States to express its educational ministry through the three objectives of personal spirituality, social justice, and a strong academic program in accord with Christian values. This commitment extends to building Christian community and to fostering Christian services to the whole human family.

The objective of personal spirituality urges both administration and faculty to be witnesses of Christ, His Word, and His Work. Social justice impels us to foster respect for the human dignity and uniqueness of each individual. A strong academic program is evidenced by excellence in teaching and by continued professional growth of our staff.

## ***MOTTO AND MISSION STATEMENT***

Saint Anthony Catholic School is committed to promoting academic excellence, individual responsibility, and spiritual awareness among the students so they may live more fully in relationships with God and others.

***"Be it known to all who enter here that CHRIST is the reason for this school, the unseen but ever present TEACHER in its classes, the MODEL of its faculty, the INSPIRATION of its students."***

## ***VISION STATEMENT***

The vision for Saint Anthony Catholic School is to instill in all SAS students the following:

- To allow Christ into their lives, so He can be the center of all they do or say
- To have a passion to seek higher academic standards and embrace new learning experiences
- To prepare for a Christian life of service which means to forget oneself and to live for others
- To enrich spirituality through prayer, by studying/living the Gospel, being humble to the Sacraments, and loving their neighbor
- To participate in the extra opportunities in order to strive to reach their full potential within God's Plan.

## ***GOALS AND OBJECTIVES***

The formulation of SAS goals reflects the mission and philosophy. Our goals express the school's commitment to the development of a strong academic and religious program. This enables students to grow spiritually, socially, academically and physically within the parameters of Catholic values.

# SAINT ANTHONY CATHOLIC SCHOOL STUDENT INDIVIDUAL RECORD CHECKLIST

The St. Anthony School Office will need the following information for registration of students:

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

Certified Birth Certificate \_\_\_\_\_

Baptism Certificate (if Catholic) \_\_\_\_\_

Current Immunization Records \_\_\_\_\_

Social Security Card \_\_\_\_\_

Diocese Registration Form \_\_\_\_\_

Addendum to Registration \_\_\_\_\_

Student Demographic \_\_\_\_\_

Health Questionnaire & Permission for  
Testing Program Form \_\_\_\_\_

Enrollment Contract for the Diocese \_\_\_\_\_

Family School Agreement \_\_\_\_\_

Official Transcript from previous school \_\_\_\_\_

Official Behavioral Record from  
previous school \_\_\_\_\_

Special Education ARD/504 Papers  
from previous school \_\_\_\_\_

Standardized Test Scores from previous  
school \_\_\_\_\_

In case of parental separation/divorce,  
A copy of the official custodial parent  
agreement must be furnished to the school. \_\_\_\_\_

## SAINT ANTHONY CATHOLIC SCHOOL REGISTRATION FORM/NEW STUDENTS FOR 2025-2026

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ AGE \_\_\_\_\_  
LAST FIRST MIDDLE

D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_  
M/D/Y

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

E-MAIL ADDRESS: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S RELIGION \_\_\_\_\_ CHURCH ATTENDING \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ SINGLE DECEASED SEPARATED MARRIED  
DECEASED REMARRIED DIVORCED  
 OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

FATHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

MOTHER'S NAME \_\_\_\_\_ SINGLE DECEASED SEPARATED MARRIED  
DECEASED REMARRIED DIVORCED

OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

MOTHER'S EDUCATION: HIGH SCHOOL COLLEGE BACHELOR'S DEGREE ADVANCED DEGREE OTHER

GUARDIAN \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S LEGAL ADDRESS \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_ BOY(S) \_\_\_\_\_ GIRL(S) \_\_\_\_\_ SIBLING RANK \_\_\_\_\_  
STREET CITY ZIP CODE

PUBLIC SCHOOL DISTRICT TO WHICH CHILD BELONGS \_\_\_\_\_

PUBLIC SCHOOL WHICH STUDENT WOULD ATTEND \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_ TRANSFERRED FROM \_\_\_\_\_

	BAPTISM	FIRST COMMUNION	CONFIRMATION
CHURCH			
DATE			
CITY/STATE			

## ADDENDUM TO THE REGISTRATION FORM

Describe any tutoring or special education programs the child is receiving or has received.

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Describe any special needs of the child of which the school should be aware. (Educational, health, etc.)

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Name(s) of children in the family and name of school each attends.

Name \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_



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

Please return completed form to:

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You will receive a phone call to arrange an interview.

## CATHOLIC SCHOOLS OF THE DIOCESE OF VICTORIA

## ENROLLMENT CONTRACT

I hereby enroll \_\_\_\_\_  
(son / daughter / ward)

at Saint Anthony Catholic School of the Diocese of Victoria.

Having evaluated all the facts, I believe that this school's program will provide the type of education I want my child to have.

By this enrollment, I am indicating that I think that religious instructions should be an integral part of a person's education, I approve of my child's participation in this type of program which this Catholic School offers. I am also indicating that I accept the school's regulations and will abide by them.

I want my child to participate in all the aspects of the school program; I accept the school's pledge to respect the child's religion convictions and to treat him/her in the same manner all students attending the school are treated.

I understand that the annual tuition and fees I will be charged will be \_\_\_\_\_.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

# St. Anthony Catholic School Demographics Form

## 2025-2026

Each year the Office of Catholic Schools as well as each individual school is required to provide information to the National Catholic Education Association pertaining to the racial/ethnic demographics of our students and staff. It is not the place of school officials to designate individuals. It is appropriate that parents designate the one category among those listed below that best describes their family background. Please assist us by providing the required information on this form. Categories are based on the current U.S. Census categories.

**RACIAL CATEGORIES** – *Students/faculty should be counted in the category of which they self-identify or are most characteristic.*

\_\_\_\_\_ **Asian:** individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.

\_\_\_\_\_ **American Indian/Native Alaskan:** individuals with origins in any of the original peoples of North, Central and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Villiage of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec and Maya.

\_\_\_\_\_ **Black/African American:** individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

\_\_\_\_\_ **Hispanic/Latino:** includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan and other Central or South American or Spanish culture or origin.

\_\_\_\_\_ **Middle Eastern/North African:** individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi and Israeli.

\_\_\_\_\_ **Native Hawaiian/Pacific Islander:** individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, Chamorro, Tongan, Fijian, and Marshallese.

\_\_\_\_\_ **White:** individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.

\_\_\_\_\_ **Multi-racial:** individuals identifying in more than one of the above racial groups.

Family Name: \_\_\_\_\_

Name(s) of children enrolled in this school:

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**Family-School Agreement**  
**School Year 2025-2026**  
**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 \_\_\_\_\_

*Retain original agreement for family file and provide a copy to family.*

*(Promulgated 06/22/18)*



Diocese of Victoria  
**EMERGENCY MEDICAL DATA SHEET**

SEX (M) \_\_\_\_\_ (F) \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT'S

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    Last                      First                      Middle                      Month    Day    Year

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FATHER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

CELL PHONE (FATHER) \_\_\_\_\_ WORK PHONE (FATHER) \_\_\_\_\_

MOTHER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

CELL PHONE (MOTHER) \_\_\_\_\_ WORK PHONE (MOTHER) \_\_\_\_\_

WHO (OTHER THAN PARENTS) MAY BE CALLED IN AN EMERGENCY?

1. \_\_\_\_\_ PHONE# \_\_\_\_\_

2. \_\_\_\_\_ PHONE# \_\_\_\_\_

Section 25.01 Texas Family Code, enables the parent or guardian to authorize an educational institution (school official) to consent to medical treatment of a minor. In case of emergency, this authorization could be used to obtain medical treatment when unable to locate a parent or guardian quickly. As parent or guardian, I authorize school personnel to consent to medical treatment for my child in case of emergency and to take my child to our doctor or to the emergency room at the hospital. I have listed name of doctor and hospital to be used. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN                      DATE

**MEDICAL HISTORY**

Allergies (Please List) \_\_\_\_\_

**Please indicate with a (X) which of the following conditions your child has had:**

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Hepatitis \_\_\_\_\_ Pneumonia \_\_\_\_\_ Bronchitis \_\_\_\_\_ Ear Problems \_\_\_\_\_

Kidney Problems \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Epilepsy \_\_\_\_\_ Measles \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Convulsions \_\_\_\_\_ Mumps \_\_\_\_\_ Heart Disease \_\_\_\_\_ Tonsillitis \_\_\_\_\_

Other Diseases (List) \_\_\_\_\_

Is your child on medication? \_\_\_\_\_

For what reason? \_\_\_\_\_

## HEALTH QUESTIONNAIRE AND PERMISSION FOR TESTING PROGRAMS

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

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Father or Guardian \_\_\_\_\_  
Last Name
First Name
Middle

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother or Guardian \_\_\_\_\_  
Last Name
First Name
Middle

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

If your child is on medication prescribed by your doctor, please fill out a permission form to administer medication. This form is available in the office. **All medication including OTC medications must be in the original container.** We are not permitted to give medication of any kind including aspirin, without having a permission form filled out and on file in the school office.

### PERMISSION FOR TESTING PROGRAMS

Permission is given for my child, \_\_\_\_\_ to participate in the Health Program at St. Anthony Catholic School, to include EYES, EARS, DENTAL AND TUBERCULIN TESTS, SCOLIOSIS SCREENINGS, AND GENERAL HEALTH CHECKS. This permission continues in effect until revoked.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

ILLNESS	DATE	ILLNESS	DATE
Chicken Pox		Epilepsy	
Diphtheria		Injuries	
German Measles		Surgery	
Mumps		Diabetes	
Whooping Cough		Allergies	
Poliomyelitis		Tuberculosis	
Small Pox		Measles	
Scarlet Fever		Rheumatic Fever	
Typhoid Fever		Serious Injuries	
Pneumonia		Head	
Ear Infections		Back	
Tonsillitis		Other	

Family Name: \_\_\_\_\_

## St. Anthony Catholic School SAS Reduced Tuition Agreement

The St. Anthony PTC contributes \$190,000 to the school each year to subsidize the budget. The PTC raises money throughout the year to help pay for this subsidy, and in turn the school is able to offer families reduced tuition.

By accepting reduced tuition, each child is receiving a discount of \$2,398.00. It is the families' responsibility to participate in **ALL** fundraisers during the year to raise money for the PTC.

The St. Anthony School Reduced Tuition is \$5,095 (\$4,720 for additional children) for the 2025-2026 school year. By choosing to pay the reduced tuition vs. full tuition, which is \$7,493, parents are agreeing to the requirements below. Each requirement is associated with a dollar amount. **The requirements that are not fulfilled during the school year will be billed to the family.**

**All outstanding financial obligations must be paid in full before registering your child for the next academic school year.**

The following financial requirements equal \$2,398, the amount of the discount given for reduced tuition. Most of these requirements can be met without spending any additional money. You may sell your tickets, and work your carnival shift to fulfill these obligations. Please note that this is per family, not per student.

We understand that things come up, and we know the price for missing the Carnival is a lot but this is our major fundraiser and need everyone's support. If for any reason you cannot work your shift at the Carnival please let the Carnival Chairperson know a month in advance if possible but no less than 2 weeks before hand. You are in charge of finding a person High school age or older to work for you. All substitutes need to be approved by the Chairperson and PTC Officers.

<b>Attend 3 PTC Meeting During the school year</b> (\$75 each meeting)	\$225
<b>KC Meals</b> (any KC meals that the proceeds are going toward SAS)	\$78
<b>Catholic Life Raffle Tickets</b>	\$100
<b>Gala (4 tickets)</b> These tickets include happy hour, meal and a chance to win \$1,000.	\$200
<b>Gala Set up, or Break Down</b> ( Sign up sheet will be available)	\$200
<b>Halloween Carnival Sell \$200 in Raffle Tickets per family</b>	\$200
<b>Halloween Carnival</b> (includes Set up, Breakdown, Working your Shifts and providing the items requested from the donations list.	<u>\$1,395</u>
<b>Total Discount Earned</b>	<b>\$2,398</b>

**\*\*Please Note that all of these obligations can be met by selling tickets, attending meetings and working carnival shifts. You do not have to spend any additional money to receive reduced tuition other than providing items from the Carnival Donation List.\*\***

By signing this agreement your family is accepting the additional responsibilities that are included in accepting the SAS reduced tuition option.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Welcome New Family,

My name is Jessica Lively and I have two children, Hayes and Reese, here at St. Anthony's Catholic School. I'm here to welcome new families and let them know about a great little volunteer program that we do here at SAS called Adopt-a-Family.

How it works: a veteran family from SAS that has been here awhile adopts a new family for their first year. This person/family will be your go to for questions and help along the way with activities around the school. As a new family I know all the to-do's and fundraising can be a little overwhelming so we would love to help.

If you know a family here that has already spoke to you about adopting your family, please let me know.

Below please provide your contact information and how you would like to communicate with your adopter. I will pass it along to the family that adopts you and after you have been assigned, I will pass on their information too.

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

Phone # \_\_\_\_\_ are you okay with texting? YES or NO

Email: \_\_\_\_\_

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

Phone # \_\_\_\_\_ are you okay with texting? YES or NO

Email: \_\_\_\_\_

Child/Children's name and grades for the upcoming school year:

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

Below are a few things that can get you started.

- Follow us on Facebook @ St. Anthony Catholic School.
- Download the App "Group Me" this is a very important one, because each class has its own group.

If you have any questions, please let me know. Have a wonderful school year and welcome to SAS!

Jessica Lively  
Adopt-a-Family Coordinator  
832-595-5151

# Saint Anthony Catholic School

## 2025-2026

### SCHOOL CALENDAR



AUGUST						
S	M	T	W	T	F	S
					1	3
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

SEPTEMBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

DECEMBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**First Semester**  
Student Days  
86 Starting on August 12th

**Second Semester**  
Student Days  
89; Starting on January 6th

**Reporting Quarters**

- 1st 42 days
- 2nd 44 days
- 3rd 42 days
- 4th 47 days

**School Holidays**

Labor Day 9/1

Fair 9/12

Columbus Day 10/13

Thanksgiving 11/24 - 11/28

Christmas 12/22 to 1/2

MLK Day 1/19

Spring Break 3/9-3/13

Easter 4/3-4/6

**In-Service**

8/4-8

8/11

1/5

2/16

5/22

**Early Dismissal Days**

10/11 @ 1:15

11/21 @ 1:15

12/19 @ 12:30

1/30 @ Noon

4/2 @ 1:15

5/21 @ Noon

**Report Cards**

10/15

1/7

3/18

5/21

**Bad Weather Day**

4/6

**8th Grade Graduation Mass**

May 20 at 5:30 p.m.

FEBRUARY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JUNE						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## **Dress Code**

SAS is committed to preparing students for a Catholic way of life. Self-respect and proper appearance are important parts of the students' Christian development.

Parents have a responsibility to send their children to school neatly groomed and modestly dressed in apparel that promotes the good health and safety of the child, a sense of decency and appropriateness, and a good Christian atmosphere.

Teachers' professional responsibility is to require all students to abide by the dress code of the school and follow appropriate school discipline procedures for students not in compliance.

When a concern arises, the teacher may consult the principal for clarification. The parent will be contacted if the student's appearance is not corrected. If inappropriate dress continues, additional consequences will be used to help bring the child's appearance into compliance with the dress code.

The following are guidelines for proper dress during school and related activities. Examples of related activities include: field trips, traveling to athletic and cheerleading events, choir performances, academic events, and academic awards ceremonies. The sponsor and principal will approve extracurricular dress guidelines. Principal has the authority to decide on appropriate dress if not mentioned below.

1. Clothing must be modest in appearance (no see-through or holes), clean, neat, sized, and appropriate to the gender of the student; for example, boys may not wear earrings or dresses.
2. Shirts must have sleeves, cover midriff when arms are raised, modest neckline, and display no suggestive insignias of brands, alcohol, tobacco, violence, death, etc. Collared polo style shirts must be a solid color of white, black, navy, or orange (not burnt orange or peach). Spirit/special shirts may be worn on days or a day special to a grade level or organization approved by the principal. Only the SAS logo is acceptable as a logo on school shirts.
3. Shorts and skirts should present a modest appearance. As a guide, the clothing should be no more than 3 inches above the knee. These guidelines also pertain to shorts worn during PE class. Acceptable are: **Blue jean** pants, shorts, skirts, **black** pants, shorts, skirts, or **khaki** pants, shorts, skirts. No mesh shorts.
4. Proper underclothing is expected. 3K to grade 3 students should wear shorts to cover underclothing. If the weather is cold, long-sleeved shirts or leggings may be worn under uniform shirts but must be a solid color of white, black, navy, or orange.
5. Shoes designed for outside or athletics must be worn at all times (cleats, rollers, sandals, clogs, flip-flops, and open-back shoes are not allowed). Appropriate shoes for PE are required, such as tennis and basketball.
6. Hair must be kept clean, neat, and trimmed to a moderate length. Hair coloring is limited to natural highlights.
7. Hats and caps are to be worn only outside the school building. No hoodies are to be worn in the school buildings. **Jackets are to be worn outside of the school building. Students may wear SAS logo sweatshirt or SAS logo half-zip jacket indoors to remain in dress code attire.**
8. No tattoos or body piercing.
9. Simple jewelry is allowed.
10. If students' clothing or accessories not mentioned above are causing a distraction or disruption at school or in the classroom, the teachers will follow appropriate school discipline procedures.
11. For school Mass days, students should dress in a fashion that displays a Christian attitude. Shorts are not to be worn to Mass. Students will be given time to change clothes and/or put on shorts after Mass.
12. The principal may modify this dress code for the best interest of Saint Anthony Catholic School.
13. Order forms will be made available through the office for discounted prices. Ordering dates will be announced.

**\*\*Please put your child's name on items brought to school. (Jackets, lunch boxes, PE bags, etc.)**



# 2024 - 2025 Texas Minimum State Vaccine Requirements for Childcare and Pre-K Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for childcare facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a childcare facility in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria / Tetanus / Pertussis (DTaP)	Polio	Hepatitis B (HepB) <sup>1</sup>	Haemophilus influenzae type b (Hib) <sup>2</sup>	Pneumococcal conjugate vaccine (PCV) <sup>3</sup>	Measles, Mumps and Rubella (MMR) <sup>1, 4</sup>	Varicella <sup>1, 4, 5</sup>	Hepatitis A (HepA) <sup>1, 4</sup>
Zero through two months								
By three months	One dose	One dose	One dose	One dose	One dose			
By five months	Two doses	Two doses	Two doses	Two doses	Two doses			
By seven months	Three doses	Two doses	Two doses	Two doses	Three doses			
By 16 months	Three doses	Two doses	Two doses	Three doses	Four doses	One dose	One dose	
By 19 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	
By 25 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	One dose
By 43 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	Two doses

<sup>1</sup> Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

<sup>2</sup> A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.

<sup>3</sup> If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, an additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.

<sup>4</sup> For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within four days before the first birthday will satisfy this requirement.

<sup>5</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of child) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." The written statement will be acceptable in place of any, and all varicella vaccine doses required.