

SCHOOL YEAR 2025-26-South Texas Christian Academy



7001 N. WARE RD. MCALLEN, TEXAS 78504

Main Office Number: 956-682-1117

Dear Parent/Guardian,

I appreciate your interest in South Texas Christian Academy (STCA). I am pleased to have the opportunity to share information with you about our school and our application process. STCA is a nonprofit Seventh-day Adventist school that offers early childhood education through grade 12.

This application includes information on tuition policies, application forms, and registration requirements. You may apply for enrollment now by submitting a completed application packet to the school office. Upon completing the interview and application process, you will be notified of your student's enrollment status.

Our desire at South Texas Christian Academy is to direct our students to find fulfillment through a personal relationship with Jesus Christ and to assist them in realizing their full potential for a victorious Christian life through a Biblical-based curriculum. We value the opportunity to work with you to develop and educate your child (ren). We are available to answer any additional questions you may have. Don't hesitate to get in touch with us at 956-682-1117 and schedule an appointment.

Yours in Christ,

María Daniela Leal, AECP-ECE, BAS-OL
Principál

Non-Discriminatory Policy

South Texas Christian Academy admits students of any race, color, nationality, or ethnic origin to all rights, privileges, programs, and activities generally available to students. It does not discriminate based on race, color, or national and ethnic origin in its educational policies, admission policies, financial assistance, and athletic and other school-administered programs.

Qualifications for Admission

South Texas Christian Academy is open to all young people who desire a Christian education. Students who apply for admission should agree with the school's purpose and objectives and live in harmony with its principles.

- ❖ **Age Entrance:** Students need to have turned in the following ages (**BEFORE THE 1st OF SEPTEMBER**) to be able to enroll in the corresponding grades: three and four years of age for pre-kindergarten, five **years** for kindergarten, and **six years** for First grade.
- ❖ **School Records:** Upon receipt of school records from the former school. Each new student must present official evidence of completing the current grade level(s) satisfactorily.
- ❖ **Unpaid Accounts:** Students with unpaid accounts with STCA or another school cannot register until the treasurer has obtained clearance. The finance committee will consider any request for exemption to this policy.

Application Process

Application packets are available from the school office. Before the admission committee can consider a student for possible acceptance, the following items must be completed and submitted for review:

- ❖ **2025-2026 Student Application**
- ❖ **Photocopies of the previous school's most recent report card, standardized test scores, IEP, 504, or behavioral evaluations. These documents can be emailed to mbotello@stca.ws,**
Attention: Melinda Botello, Botello
- ❖ **The Consent to Treat and Parental/Student Agreement Forms were** completed and signed.
- ❖ **Immunization Record:** showing the student is up to date.
 - ✓ **To decline vaccines for reasons of conscience**, including a religious belief, please file the exemption via <https://co-request.dshs.texas.gov/> and submit the original to the admission office.
- ❖ **Copy of Birth Certificate or Passport**
- ❖ **New Students (1st -12th)** Must take a reading and mathematics proficiency test.
- ❖ **New Students (1st -12th):** 2 Letters of Recommendation from clergy, teacher, principal, or school counselor/advisor.

Since the application process can take time and a class may occasionally fill well before the new school year, we strongly recommend that you allow ample time to complete the application process. After the documentation has been received and reviewed, an appointment for an interview with the Registrar and Principal will be scheduled. The parents/guardians will be notified of the final decision upon completing these steps:

Mid-Year Enrollment: International High School senior students cannot enroll in the last two semesters before graduation. Exceptions are only made for students transferring to the area within U.S. educational institutions.

Grade Placement: STCA reserves the right to determine student grade placement based on evaluation, grades, and testing of the student (current or new enrollee).

Student Visa: The Student Visa (F1/ I-20) is only processed yearly. Mid-year requests will not be accepted.

Required Documentation:

The following documentation will be required upon acceptance by the admission committee:

- ❖ **Student Pledge:** It is understood that every student who applies for admission to STCA will pledge to willingly observe all the school's regulations and uphold the Christian principles upon which the school operates.
- ❖ **Physical Examination:** Physical examinations are required for all new students entering pre-kindergarten to 12th grade. The form can be obtained at the STCA website (www.stca.ws). This form must be submitted by July 31st, or the student will be excluded from attending classes until it is received.
- ❖ **Immunization Records:** Texas law requires that no new/or returning student be admitted to school without written evidence of immunizations or a signed/notarized exception form. The immunization records need to be submitted by June 31st.
- ❖ **Birth Certificate or Passport:** This is for age verification and place of birth. This form of documentation will only be used for student verification purposes.
- ❖ **Foreign Students:** an I-20 (SEVIS) must be processed for the student to enroll at STCA. A valid passport will be required. Contact the school office for fees and additional requirements to qualify for the I-20 (SEVIS).

School Year 2025-26

STUDENT APPLICATION FOR ADMISSION

SECTION A: STUDENT INFORMATION

STUDENT, LAST NAME FIRST NAME, MIDDLE NAME NAME GOES BY

DATE OF BIRTH BIRTHPLACE (CITY, STATE) SEX GRADE

PASSPORT NUMBER: _____

STUDENT LIVES WITH: ☐ BOTH PARENTS ☐ FATHER ☐ MOTHER ☐ GUARDIAN ☐ GRANDPARENTS'
☐ AUNT & UNCLE ☐ AUNT ☐ UNCLE ☐ SHARED CUSTODY ☐ LEGAL GUARDIANS

SECTION B: PARENT/GUARDIAN INFORMATION

LAST NAME (MOTHER)/GUARDIAN FIRST NAME CELL PHONE/HOME NUMBER WORK NUMBER

LAST NAME (FATHER)/GUARDIAN FIRST NAME CELL PHONE/HOME NUMBER WORK NUMBER

MAILING ADDRESS CITY STATE ZIP CODE

PHYSICAL ADDRESS CITY STATE ZIP CODE

MOTHER'S/GUARDIAN EMAIL ADDRESS FATHER'S/GUARDIAN EMAIL ADDRESS

SECTION C: EMERGENCY CONTACTS

EMERGENCY CONTACT 1 HOME NUMBER CELL NUMBER EMAIL ADDRESS

EMERGENCY CONTACT 2 HOME NUMBER CELL NUMBER EMAIL ADDRESS

EMERGENCY CONTACT 3 HOME NUMBER CELL NUMBER EMAIL ADDRESS

EMERGENCY CONTACT 4 HOME NUMBER CELL NUMBER EMAIL ADDRESS

SECTION D: CHURCH INFORMATION

☐☐

CHURCH FAMILY ATTENDS

MEMBERS

STUDENT BAPTIZED

DATE

SECTION E: EDUCATIONAL BACKGROUND

LAST SCHOOL ATTENDED DATES ATTENDED

LAST GRADE COMPLETED

GRADE APPLYING FOR

HAS A STUDENT EVER BEEN DISMISSED, EXPELLED, OR ASKED TO LEAVE ANOTHER SCHOOL? _____ YES/NO
IF YES, WHY?

SECTION F: STUDENT RELEASE

STUDENTS WILL ONLY BE RELEASED TO THE PARENTS LISTED ON THE REGISTRATION FORM. IF YOU WANT
SOMEONE ELSE TO PICK UP YOUR CHILDREN, PLEASE LIST THEM BELOW.

1.

FIRST NAME LAST NAME CELL /HOME/WORK NUMBER RELATION

2.

FIRST NAME LAST NAME CELL/HOME/WORK NUMBER RELATION

3.

FIRST NAME LAST NAME CELL/HOME/WORK NUMBER RELATION

4.

FIRST NAME LAST NAME CELL/HOME/WORK NUMBER RELATION

5.

FIRST NAME LAST NAME CELL/HOME/WORK NUMBER RELATION

6.

FIRST NAME LAST NAME CELL/HOME/WORK NUMBER RELATION

I _____ **AUTHORIZE THE ABOVE-LISTED PERSON(S) TO PICK UP
MYCHILD; I WILL NOTIFY THE OFFICE/TEACHER(S) AHEAD OF TIME.**

PARENT/GUARDIAN SIGNATURE

DATE

PARENTAL/GUARDIAN AGREEMENT 2025-26

STUDENT FIRST NAME

LAST NAME

GRADE

STUDENT HANDBOOK

I received the Student Handbook (2025-26) and know STCA's rules and regulations. I agree to support these rules and regulations and assist my child in complying with them. In addition, I agree to promptly supply all information requested by the school.

PARENT/GUARDIAN INITIALS:  Date: _____

STUDENT PHOTO PERMISSION

I give permission to publish my child's picture for school advertisement, yearbook, and website. I understand that the student picture will solely be used for promoting students/programs of the school.

PARENT/GUARDIAN INITIALS:  Date: _____

STUDENT RECORDS RELEASE

To admit a new student, STCA will request all records from the last school attended. If the student withdraws from STCA, all fees and tuition must be cleared at the treasurer's office before any form, documentation, grades, and transcripts are released to the new school.

PARENT/GUARDIAN INITIALS:  Date: _____

I _____ have read the above statements and initialed all items I agree with.


PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL YEAR 2025-26

STUDENT AGREEMENT

STUDENT FIRST NAME	LAST NAME	GRADE
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1. I want to be a student at STCA. I will strive to do my best, including homework, tests, class/school participation, and social and physical activities.
2. I WILL uphold the Christian Standards of STCA and respect all religious activities and services in the classroom, chapel services, Week of Prayer, and extracurricular community services. I will not insult, intimidate, or ridicule other students involved in these activities.
3. I WILL respect others: teachers, pastors, staff, visitors, and my classmates. I will treat others as I would like to be treated.
4. I WILL not provoke or disrespect other students or staff or disrupt with unbecoming or unnecessary statements or actions. I will always display an attitude conducive to classroom learning.
5. I WILL read and become familiar with the student handbook and abide by all the rules and standards listed. I also agree to uphold any other policies the school board and administration may issue during the year.

STUDENT PLEDGE:

I, _____ (student name), want to be a student at STCA and want a Christ-centered education that helps me lead a Christian life. My actions, words, and appearance will help make South Texas Christian Academy an excellent school. I will respect my teachers, staff, schoolmates, and GOD. I will do my best in my studies. I will obey the rules and cooperate with the team and teachers by demonstrating a positive attitude.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN COMMITMENT:

I _____ acknowledge that my child's education is a partnership involving me, my child, and the STCA administration and faculty. I will uphold and support the principles and standards outlined in this document and the student handbook.

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL YEAR 2025-26

Continuing Consent to Treatment & Authorization to Release Medical Information

STUDENT FIRST NAME

LAST NAME

GRADE

I, the undersigned parent/guardian of the above-noted student, a minor, do at this moment consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital service that may be rendered to said child under the general or special instructions of our doctor,

Doctor Name

Address

Telephone Number

or any other physician the school may call, whether such a diagnosis or treatment is rendered at the physician's office or a licensed hospital. It is understood that a reasonable effort will be made to contact the doctor listed above before the school or another organization calls any other physician.

It is further understood that this consent authorizes South Texas Christian Academy or the physician to exercise their best judgment regarding such diagnosis or treatment requirements.

This consent shall remain in continuous effect if the student is enrolled at South Texas Christian Academy or until authorization is revoked in writing and delivered to the physician named above or to the school entrusted with the custody of the minor. This consent will be used only in the case of an emergency or injury sustained while the student is in the school's care, i.e., other school-related functions when a parent cannot be reached for verbal consent.

I, at this moment, authorize any hospital, physician, or another person who has attended or examined the minor to furnish South Texas Christian Academy's insurance service or its representative with all information concerning any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original. The school is not authorized to give students any medication.

☐ Please call Parent/Guardian First
(Parent/Guardian Initials)

☐ No Need to call first
(Parent/Guardian initials)

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL YEAR 2025-26

VEHICLE INFORMATION FORM for STUDENT DRIVERS

IF YOU ARE DRIVING A VEHICLE TO THE **STCA HIGH SCHOOL CAMPUS**, PLEASE FILL IN THE FOLLOWING INFORMATION:

STUDENT NAME

GRADE

DRIVER LICENSE #

DATE ISSUED

STATE

EXPIRATION DATE

LICENSE PLATE #

COLOR OF VEHICLE

MAKE AND MODEL OF VEHICLE

INSURANCE COMPANY AND POLICY #

DATE OF BIRTH

BRINGING A VEHICLE TO SCHOOL IS A PRIVILEGE. THE VEHICLE IS TO BE USED AS A MEANS OF TRANSPORTATION TO AND FROM SCHOOL UNLESS THERE IS SPECIFIC PARENTAL PERMISSION FOR OTHER USE ON FILE. **NO OTHER THAN THE DRIVER'S SIBLINGS ARE TO BE TRANSPORTED.** FAILURE TO FOLLOW THESE RULES WILL RESULT IN REVOKING THE PRIVILEGE OF HAVING YOUR CAR ON CAMPUS. STCA is a closed campus, and students may only leave during the day if written consent (no email, phone call, or text message) has been issued by the parent/guardian.

STUDENT SIGNATURE: _____ DATE: _____

I, _____, CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND AGREE TO SUPPORT THE ABOVE REGULATIONS FOR THE STUDENT DRIVER.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SCHOOL YEAR 2025-26

COMPUTER & INTERNET ACCEPTABLE USE AGREEMENT

ALL STUDENTS WHO USE THE COMPUTERS AND THE INTERNET AT SOUTH TEXAS CHRISTIAN ACADEMY AGREE TO ABIDE BY THE FOLLOWING RULES:

1. Use of the network is intended to support education and research. Users can access the Internet to facilitate diversity and personal growth in technology, information-gathering, and communication skills.
2. Access to the Internet is a **privilege**.
3. Use of the network for commercial or non-profit purposes is **PROHIBITED**.
4. The username and password that may be assigned to the student are not to be shared or used by anyone other than the student. **VIOLATION** of this **RULE** will result in the termination of the account. **(THIS INCLUDES Google Classroom, RENWEB, and school-assigned email.)**
5. Each user is responsible for all material sent and received under the account. **DO NOT** give your password to anyone. **DO NOT** transmit personal information over the Internet (address, phone numbers, school pictures, school address, etc.). Only arrange to meet in person with parental permission anyone you contact over the Internet.
6. Hate mail, harassment, discriminatory remarks, and other anti-social behaviors are prohibited on the network. Communications on the network must follow school guidelines.
7. Users will not access or attempt to access unauthorized areas of the school administrative network, including RENWEB, Google Classroom, Blackboard, and Plan Book.
8. Downloading programs (**music, pictures, computer backgrounds, etc.**) is **FORBIDDEN**. This is vital to the integrity of the network, as many viruses are obtained this way.
9. Users will not attempt to engage in any illegal activity.
10. Users will accept the responsibility of keeping copyrighted information from entering the Internet.
11. Users may **NOT** access inappropriate or unauthorized materials or materials inconsistent with the school mission statement, student handbook, and general beliefs held by the Seventh-day Adventist Church.
12. The systems administrator will access and review all communications, including email.
13. Students can only **use computers or access the Internet with** supervision and authorization from an STCA Employee.
14. Students cannot install software or apps on school devices or apps that have been restricted via internet browsers.
15. E-programs, software, devices, headphones, computer speakers, projectors, iPads, chrome books, chargers, etc., belonging to South Texas Christian Academy **MAY NOT** be removed from **SCHOOL PREMISES**.
16. Copying copyrighted software is illegal.
17. **Uses that violate any of these rules will be subject to discipline as determined by the administration, discipline committee, and the STCA School Board. More details are given in the Computer and Internet Use Student Guidelines section in the 2025-26 Student Handbook.**

Student Acknowledgment:

I have read and agreed to abide by the above guidelines.

Student Signature: _____

Date: _____

Parent Acknowledgment:

I, _____ have read the above guidelines for the computer and internet usage at STCA and give my permission for use of computers and internet access in accordance with the above guidelines.

Parent/Guardian Signature: _____

Date: _____

2025-26 Southwestern Union Conference- FORM 8008

CONSENT TO TREATMENT FORM

Only designated personnel, such as the physician, principal, or classroom teacher, can access the completed form, which will be stored in a locked file.

This form must be filled out at the beginning of each school year to cover the activities for the school year.

Student's Name _____

Age _____ Date of Birth, _____ Social Security Number _____
Mo. Day Year

Address _____

Parent/Guardian Name _____

Father/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Mother/Guardian _____
Business Telephone _____ Home Telephone _____ Social Security Number _____

Please describe allergies to substances and medication. _____

If on prescription, please specify _____ the date of the last tetanus shot. _____

Please give the name of your local family physician (s) to be called in case your son or daughter becomes ill or has an accident at school/activity and you cannot be reached.

1. Family Physician _____ Office Telephone _____

Address _____

2. Family Physician _____ Office Telephone _____

Address _____

Hospital Preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached to consent, the parents at this moment support the rendering of such emergency medical service for the student mentioned earlier as shall be necessary for the medical opinion of the doctor rendering the service. The authorization is given under the local state Civil Code.

Signature of Parent or Guardian: _____ Date: _____

Southwestern Union -53 School Board Manual



STCA Tuition Policies:

1. Payments are made to the office as indicated by the selected tuition payment plan.
2. Tuition is due and payable ON or BEFORE the FIRST of the month. **If the account is not paid by the TENTH of the month it is considered delinquent and a 10% penalty will be added (If the 10th of the month does not land on a business day).** Students will be withdrawn from class if an account becomes SIXTY days overdue.
3. Diplomas or school records will not be released if there is a balance unpaid for tuition, uniforms, hot lunches or any other fees.
4. The SIXTY days policy will not apply to families with a past history of delinquency in tuition payments; will have to pay in a month-to-month basis.
5. Tuition is yearly amount that will be charged on a ten-month basis (August through May plus registration fee).
6. Students will not be able to enroll to a new school year with balances from a previous school year.
7. A **\$37.00 fee** will be charged to all non-sufficient funds checks. NO foreign currency or checks will be cashed or exchanged at STCA
8. Students may attend school sponsored off campus overnight trips **only if their tuition is up to date (family balance not just the individual student).** Any exceptions to the family balance rule must be approved by the administration. Determination of eligibility will be made 2-weeks prior to the trip, thus giving the family time to catch-up on tuition payments. If they do not meet the required payments all money paid into the trip will be forfeited by the family to pay for tuition.

We/I* acknowledge and agree that the terms and conditions above and as varied from time to time form part of the contract between us/me* and the School. In particular, we/I* agree to pay the fees and supplemental charges when due.

STUDENTNAME: _____ GRADE: _____

PARENT/GUARDIAN

NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Date