* Office   Use *

St. John Notre Dame School
309 Montrose Dr. Folsom, CA 95630
(916) 985-4129

2010 - 2011
APPLICATION FOR ADMISSION OF
NEW JR. KINDERGARTEN STUDENT

PLEASE PRINT

Application Fee $ _____ ($25.00 Per Applicant, Non-refundable)

Child's Full Name_____

Child's Date of Birth_____ Child's Age_____ (Year & Month to date)

Address _____
            Street   City   Zip

Home Phone _____ Child's Faith _____

E-mail Address _____

REQUIRED DOCUMENTATION:
Photocopies of all original certificates will be taken at the school office and immediately returned to you.

Original Birth Certificate _____ **Verified by** _____ **Date** _____

Original Baptismal Certificate _____ **Verified by** _____ **Date** _____

*Immunization Record*_____   *Photo of Child* _____

My child is currently attending_____ School,

located at_____.
            Street   City   Zip

Has your child ever been academically and/or psychologically tested before? **Y   N**   If yes, please explain:
_____

Has your child received/or is your child receiving services through a school district or occupational therapy
facility, such as speech therapy, etc? **Y   N**   If yes, please explain:
_____

Does your child currently receive services as a result of an IEP (Individual Evaluation Plan) through a school
district? **Y   N**   If yes, please explain:
_____

If Yes to any of the above, please attach any pertinent paperwork to application.

Why are you interested in placing your child in a Catholic school?

_____

_____

_____

_____

Father's Faith _____ Mother's Faith _____

Parish family name and envelope # where registered _____
(***Must be supplied to be considered a parishioner.***)

Date of Parish registration _____
(Must have been a registered parishioner for minimum one year to qualify for parishioner tuition rate)

Are you a SJNDS alumni? Y   N   If so, year of graduation _____

Home Status: ( ) Parents are Married   ( ) Parents are Separated*****
              ( ) Parents are Divorced*****   ( ) Parent is Deceased

How long have you lived in this area? _____

Father's Name _____ Occupation _____

Employer _____ Wk. Phone _____

E-Mail _____ Cell Phone _____

Mother's Name _____ Occupation _____

Employer_____ Wk. Phone _____

E-Mail _____ Cell Phone _____

*Additional Address: Parent Name _____ Phone # _____

_____
          Street   City   Zip

Special Skills (For example: Public Relations, Internet Security, Robotics, Web Design, etc.):

_____

All requested documents must accompany application before further processing.

Ethnicity: (For Catholic School Data Information)

( ) **American Indian/Native**   ( ) **Asian**   ( ) **Multi**
( ) **Black**   ( ) **Hispanic**
( ) **Native Hawaiian/Pacific**   ( ) **White**