

Date Rec'd _____
App. Fee \$ _____
Check # _____

Family Name _____
Parishioner # _____

* * * * * Office Use * * * * *

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

2010 - 2011
APPLICATION FOR ADMISSION OF
NEW 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 name and envelope # where registered _____
(*Must be supplied to be considered a parishioner*)

Date of Parish registration _____
(*Must have been a registered parishioner for 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