

Date Rec'd \_\_\_\_\_

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

App. Fee \$ \_\_\_\_\_

Parishioner # \_\_\_\_\_

Check # \_\_\_\_\_

\*\*\*\*\* Office Use \*\*\*\*\*

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

**2011 - 2012**  
**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?

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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 \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Wk. Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

\*Additional Address: Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**All requested documents must accompany application before further processing.**

**Ethnicity: (For Catholic School Data Information)**

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