Date Rec'd_____   Family Name_____
App. Fee $_____   Parishioner #_____
Check # _____

* O f f i c e   U s e *

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

2010 - 2011
APPLICATION FOR ADMISSION OF
NEW STUDENT (1-8)

PLEASE PRINT

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

Child's Full Name_____

Child's Date of Birth _____   Child's Age_____

Address_____
                 Street   City   Zip

Home Phone _____   Child's Faith _____

E-mail Address _____   Grade (2010-11) _____

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

Last two years of academic test scores and report cards (where applicable) _____, _____

***Original Birth Certificate*_____ Verified by _____Date _____**

***Original Baptismal Certificate*_____ Verified by _____ Date_____**

1st Eucharist Date _____Reconciliation Date _____Confirmation Date _____

My child currently attends Religious Education at _____

***Immunization Record*_____**   ***Photo of Child* _____**

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 _____

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**