

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

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

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

**St. John Notre Dame School**  
**309 Montrose Dr. Folsom, CA 95630**  
**(916) 985-4129**  
**2012 - 13 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 \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

Home Phone \_\_\_\_\_ Child's Faith \_\_\_\_\_

E-mail Address \_\_\_\_\_

**REQUIRED DOCUMENTATION (For Office Use Only)**

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

***Immunization Record*** \_\_\_\_\_ ***Photo of Child*** \_\_\_\_\_

***Original Birth Certificate*** \_\_\_\_\_ **Verified by** \_\_\_\_\_ **Date** \_\_\_\_\_

***Original Baptismal Certificate*** \_\_\_\_\_ **Verified by** \_\_\_\_\_ **Date** \_\_\_\_\_

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 \_\_\_\_\_

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

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

- |  |                                   |                                |
|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian/Native  | <input type="checkbox"/> Asian    | <input type="checkbox"/> Multi |
| <input type="checkbox"/> African American        | <input type="checkbox"/> Hispanic |                                |
| <input type="checkbox"/> Native Hawaiian/Pacific | <input type="checkbox"/> White    |                                |

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