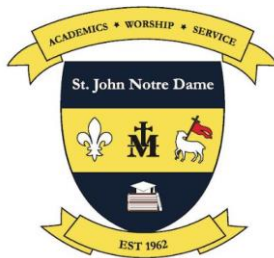


Date Rec'd \_\_\_\_\_

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

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



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

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

**2022 - 23 APPLICATION FOR ADMISSION OF  
NEW TRANSITIONAL KINDERGARTEN STUDENT**

**PLEASE PRINT**

Application Fee **\$40.00 Per Applicant** (Non-refundable)

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Age \_\_\_\_\_

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

Home Phone \_\_\_\_\_

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

Baptized?  Y  N

**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** \_\_\_\_\_

Current/Previous School(s) \_\_\_\_\_

Have you completed an assessment (academic, speech, psychological, etc.) for your child?  Y  N

Has your child been found eligible for services through a school district or other school (IEP/ISP)?  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 SJND 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    |                                |

How did you hear about SJND?

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Palladio Billboard           | <input type="checkbox"/> R.E. Flyer         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Style Magazine               | <input type="checkbox"/> SJND Website       |                                      |
| <input type="checkbox"/> Activities & Pre-School Expo | <input type="checkbox"/> Friend/SJND Family |                                      |

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