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



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

## 2021-22 APPLICATION FOR ADMISSION OF NEW TRANSITIONAL KINDERGARTEN STUDENT

<u>PLEASE PRINT</u> Application Fee \$40.00 Per Applicant (Non-refund	dable)						
Child's Full Name							
Child's Date of Birth	Child's Age						
Address	City	Zip					
Home Phone							
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)							

	l in placing your child in a				
Father's Faith			Mother's Faith		
Parish name and envelopment	ope # where registered		(Must be suppl	lied to be considered a	parishioner)
Date of Parish registrat	tion			-	
Are you a SJND alumr	ni? DY DN If so, year of	f gradua	ution	-	
	□ Parents are Married □ Parents are Divorced*		<ul><li>□ Parents are Separated*</li><li>□ Parent is Deceased</li></ul>		
How long have you liv	red in this area?				
Father's Name		Oc	cupation		
Employer		Wl	x. Phone		
	Ce	ll Phone			
Mother's Name		Oc	cupation		
Employer		W	x. Phone		
		Ce	ll Phone		
*Additional Address: Pa	arent Name		Pl	none #	
	Address		City		Zip
Ethnicity: (For Catholic	School Data Information)				
☐ African A	Indian/Native American Awaiian/Pacific	☐ Asi☐ His	panic	☐ Multi	
How did you hear abou	ıt SJND?				
☐ Palladio F☐ Style Mag☐ Activities		☐ SJN	E. Flyer ND Website end/SJND Family	Other	

All requested documents must accompany application before further processing.