

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

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

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



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

**St. John Notre Dame School**  
**309 Montrose Dr. Folsom, CA 95630**  
**(916) 985-4129**  
**2021 - 22 APPLICATION FOR ADMISSION OF**  
**NEW 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) \_\_\_\_\_

Has your child ever been academically and/or psychologically tested before.(ADD, ADHD, etc.), received/or is receiving services through a school district (IEP) or occupational therapy facility, such as speech therapy, etc.

☐ 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)

- ☐ American Indian/Native  
☐ African American  
☐ Native Hawaiian/Pacific

- ☐ Asian  
☐ Hispanic  
☐ White

☐ Multi

How did you hear about SJND?

- ☐ Palladio Billboard  
☐ Style Magazine  
☐ Activities & Pre-School Expo

- ☐ R.E. Flyer  
☐ SJND Website  
☐ Friend/SJND Family

☐ Other \_\_\_\_\_

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