

Date Rec'd _____

App. Fee \$ _____

Check # _____



***** Office Use *****

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

2019 - 20 APPLICATION FOR ADMISSION (GRADES 1 - 8)

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 _____

Entering Grade (2019-20) _____

REQUIRED DOCUMENTATION (For Office Use Only)

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) _____, _____

Immunization Record _____ *Photo of Child* _____

Original Birth Certificate _____ Verified by _____ Date _____

Original Baptismal Certificate _____ Verified by _____ Date _____

1st Eucharist Date _____ Reconciliation Date _____ Confirmation Date _____

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.

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 | |

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 _____

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 | |

All requested documents must accompany application before further processing.