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 OF NEW KINDERGARTEN STUDENT

PLEASE PRINT Application Fee \$40.00 Per Applicant (Non-reference)	undable)	
Child's Full Name		
Child's Date of Birth	Child's Age	
Address	City	Zip
Home Phone		ess
REQUIRED DOCUMENTATION (For Office Photocopies of all original certificates will be taken a		returned to you.
Immunization Record	Photo of Child	
Original Birth Certificate	Verified by	Date
Original Baptismal Certificate	Verified by	Date
Name of Pre-school(s) and dates attended:		
Has your child ever been academically and/or receiving services through a school district (I □Y □N If yes, please explain:		

How did you near	about SJND?			
☐ Styl	adio Billboard e Magazine ivities & Pre-School Expo	□ R.E. Flyer□ SJND Website□ Friend/SJND Family	Other	
	rested in placing your child in a			
			Faith	
Parish name and e	envelope # where registered _	(Must be supp	(Must be supplied to be considered a parishioner)	
Date of Parish reg	gistration		-	
Are you a SJND a	alumni? 🏻 Y 🖨 N If so, year o	f graduation	_	
Home Status:	□ Parents are Married□ Parents are Divorced*		are Separated* Deceased	
How long have yo	ou lived in this area?			
Father's Name		Occupation		
Employer		Wk. Phone		
		Cell Phone		
Mother's Name _		Occupation		
Employer		Wk. Phone		
*Additional Address	ss: Parent Name	P	hone #	
	Address	City	Zip	,
Ethnicity: (For Cat	holic School Data Information)			
☐ Afri	erican Indian/Native can American ive Hawaiian/Pacific	☐ Asian ☐ Hispanic ☐ White	☐ Multi	

All requested documents must accompany application before further processing.