

# OUR LADY OF ANGELS SCHOOL

1328 CABRILLO AVENUE • BURLINGAME CA 94010 • 650.343.9200 • FAX 650.343.5620

## KINDERGARTEN STUDENT APPLICATION 2023 – 2024 SCHOOL YEAR

Please submit the following with your completed application **no later than January 6, 2023:**

- ◆ Non-Refundable Application Fee of \$75.
- ◆ Copies of your child's birth certificate and baptismal certificates.
- ◆ Recent family photograph.
- ◆ Student Evaluation Form for Kindergarten (see attached).

**APPLICANT INFORMATION: Please print.**

Female

Male

Application for **KINDERGARTEN**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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

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

Date of Birth Month/Day/Year \_\_\_\_\_ Birthplace: City/State \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Address/City/State \_\_\_\_\_

**PARENT INFORMATION:**

**Father**

**Mother**

Full Name \_\_\_\_\_  
Last/First/Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home & Cell Phone \_\_\_\_\_

Birthplace \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

**MARITAL STATUS:**

Married

Divorced

Separated

Single Parent

Mother Remarried

Father Remarried

Mother Deceased

Father Deceased

**CHILD RESIDES WITH:**

Both Parents

Mother

Father

Stepmother

Stepfather

Guardian

**SACRAMENT INFORMATION:**

Baptism: Month/Day/Year \_\_\_\_\_

Church: \_\_\_\_\_ City/State \_\_\_\_\_

**FAMILY INFORMATION:**

Parish \_\_\_\_\_

City/State \_\_\_\_\_

Envelope Number \_\_\_\_\_

Years as Registered Parishioner \_\_\_\_\_

List participation in Parish Activities:  
(Typed attachment is acceptable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relatives who attended OLA:

Name \_\_\_\_\_  
Name \_\_\_\_\_

Grad. Year \_\_\_\_\_  
Grad. Year \_\_\_\_\_

Siblings currently enrolled in OLA:

Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_

**ETHNICITY:**

Hispanic

Non-Hispanic

**RACE:**

(one or more categories may be selected)

American Indian or Alaska Native

Asian

Black

Pacific Islander

White

Other Race

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For School Use Only:

Tested \_\_\_\_\_

Preschool Evaluation Received: Yes No

Accepted \_\_\_\_\_

Not Accepted \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

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# Our Lady of Angels School

1328 Cabrillo Avenue • Burlingame, California 94010  
(650) 343-9200

## Student Evaluation Form for Kindergarten

TO THE PARENT/GUARDIAN: Complete the top portion of this form and give it to your child's present school.

Name of Applicant: \_\_\_\_\_  
last first middle

Present Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
month day year month day year

I hereby give permission for you to release the information on this form concerning my child to the school listed above. I, the parent/guardian, understand that I will not have access to this confidential information

\_\_\_\_\_  
Parent Guardian Signature

TO CHILD'S PRESENT SCHOOL: The above-named child has applied for admission to Our Lady of Angels School. To assist us in deciding if our program suits this child's educational needs, we ask you to complete and return this form to OLA. We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence.

How long have you known this child? \_\_\_\_\_ Date of entry into your program: \_\_\_\_\_

Length of school day: \_\_\_\_\_ Number of days per week: \_\_\_\_\_

**Social/Emotional Skills Rating Key: A: Almost Always; E: Emerging; S: Support Needed; N/A: Not Applicable**

	A	E	S	N/A
Demonstrates Appropriate Self-Help Skills				
Accepts Responsibility for Actions				
Can Solve Problems Independently				
Shares and Plays Cooperatively				
Relates Positively to Peers				
Exhibits Self-Control				
Ability to Wait Turn				
Respects Rights and Property of Others				
Is Courteous				
Listens Attentively to Others				
Transitions Easily				
Acceptance of Limits				
Ability to Separate from Parents/Caregivers				
Listens and Follows Directions				
Completes Assigned Tasks				
Works Independently				
Works Cooperatively in a Group				
Distinguishes Reality from Fantasy				
Demonstrates Appropriate Fine Motor Skills				
Demonstrates Appropriate Large Motor Skills				
Body and Spatial Awareness				

Please comment on the following:

1. Child's strengths and/or limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Do the parents/guardians support and follow through on specific school recommendations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Are parental expectations of the child realistic? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Are there any special concerns about the child's attendance or promptness in arrival or departure? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What kind of program would you like to see for this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Do you see this child as a solid candidate for OLA School? Why or Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does this child present any other concerns (behavioral, social, attentional, processing, speech, or health)? Please elaborate with examples and/or more information \_\_\_\_\_

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8. Are there any reasons Our Lady of Angels School should be concerned about accepting this student at this time? \_\_\_\_\_

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9. May we call you regarding this student for further input? \_\_\_\_\_

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Check here if any information pertaining to this child/family would be better communicated by phone. Please feel free to add further narrative on an additional page if desired.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

