OUR LADY OF ANGELS SCHOOL

1328 cabrillo avenue • burlingame ca 94010 • 650.343.9200 • fax 650.343.5620

# KINDERGARTEN STUDENT APPLICATION 2024 – 2025 SCHOOL YEAR

## Please submit the following with your completed application **no later than January 12, 2024**:

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

### 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 Last/First/Middle Initial

Home Address

City/State/Zip

Home & Cell Phone

Birthplace

Religion

Occupation

Employer

Business Phone

Email (Print Clear)

**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: *\*Attach Certificates***

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

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 Grad. Year

Name Grad. Year

Siblings currently enrolled in OLA:

Name Grade

Name Grade

Name Grade

**ETHNICITY:**

⬜ Hispanic ⬜ Non-Hispanic

**RACE:**

(one or more catagories may be selected)

⬜ American Indian or Alaska Native ⬜ Asian ⬜ Black

⬜ Pacific Islander ⬜ White ⬜ Other Race

*Non-Discrimination Policy: Our Lady of Angels School is a Catholic school under the direction of the Archdiocese of San Francisco. The Catholic schools in the Archdiocese of San Francisco, mindful of their mission to be witness to the love of Christ for all, admit students of any race, color, and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the student at the schools. The Catholic schools in the Archdiocese of San Francisco do not unlawfully discriminate on the basis of race, color, and national and/or ethnic origin, age, sex, or disability in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs. However, it must be noted that Our Lady of Angels School gives preference in admissions to Catholic students of families registered and participating in the parish; secondly, to Catholic students registered and participating in other parishes; and thirdly, to non-Catholics.*

For School Use Only:

Tested Preschool Evaluation Received: Yes No

Accepted Not Accepted

Received by Date



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 \_\_\_\_\_
8. Are there any reasons Our Lady of Angels School should be concerned about accepting this student at this time?
9. May we call you regarding this student for further input?

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: