
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
 Stepmother

Mother
 Stepfather

Father
 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 _____
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

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

For office use only: Fee Received: ___/___/___ Check# _____

Accepted _____

Not Accepted _____

Received by _____

Date _____





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 _____

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: _____