

For Office Use Only

**Application for Admission:
St. Francis Elementary School
Application Year:
20 __**

Date Received: _____

App. Fee Amt. Pd. \$ _____ Check # _____

Reg. Fee Amt. Pd. \$ _____ Check # _____

Cash Received by _____ Amt. \$ _____

Date Accepted: _____ Grade _____

Date Waiting: _____ Grade _____

Grade Applying for: _____
 Transitional Kindergarten/Kindergarten*Preference
 _____AM _____PM _____Either
 *Preference does not guarantee placement

Instructions: Please fill out completely and check the following: I have attached/enclosed copies of
 ___ Child's Birth Certificate ___ Immunization Record ___ Baptismal Certificate ___ Recent Report Card (Grades 1-8)
 ___ Recommendation from Pre-school (Kindergarten only) ___ \$25 Non-refundable Application Fee
 ___ I have requested a Teacher Recommendation from my child's current school to be mailed or faxed directly to
 St. Francis Elementary, 2500 K Street, Sacramento, CA 95816, FAX 916-442-1390 (Grades 1-8 only)

Student's Name: _____ Age: _____
 _____ First _____ Middle _____ Last
 Goes By: _____ M ___ F ___ Birthdate: ___/___/___ () _____
 Phone _____

Address: _____
 _____ Street _____ City _____ Zip _____
Lives with (Check all that apply) ___ Mother ___ Father ___ Parents ___ Grandparent ___ Guardian ___ Other

Sacraments Received: **Baptism** ___ **First Communion** ___ **Confirmation** ___ **Reconciliation** ___
Please attach copies of certificates

Mother's Name: _____
 Address: _____
 (If Different) Street _____ City _____ Zip _____
 Employer: _____ Occupation: _____
 () _____ ext. _____ () _____ () _____
 Work Phone Home Phone Cell Phone
 Email Address: _____

Father's Name: _____
 Address: _____
 (If Different) Street _____ City _____ Zip _____
 Employer: _____ Occupation: _____
 () _____ ext. _____ () _____ () _____
 Work Phone Home Phone Cell Phone
 Email Address: _____

Parents Marital Status (Check one) ___ Married ___ Separated/Divorced
 ___ Other Custody (Please explain) _____

***Required information for all student applicants per Diocesan/School directive.**

Religious Affiliation of Student/Family (Check one)

Catholic Protestant Jewish Buddhist Muslim Sikhism Other (Please list)

Name of Church You Attend: _____

*If not attending any church, please write none.

Ethnic Background

African American Hispanic/Latino Asian American Indian Hawaiian/Pacific Islander

White Multiracial Middle Eastern Other

Previous or Current School Student Attended:

_____ Name

_____ () _____
Address Phone

School District (If public): _____

Please list sibling(s) or family members that are now attending or have attended St. Francis Elementary School:

Finance

Please list name(s) of person(s) responsible for payment of tuition and fees if other than parents:

Name: _____ () _____
Phone

Address: _____
Street City Zip

Name: _____ () _____
Phone

Address: _____
Street City Zip

Financial Aid is available through the services of our tuition management program. Applications and information regarding financial aid will be addressed during the Principal/Perspective Parent interview.

Extended Day Care

Will your child be attending Extended Day Care? Yes No

Please answer the following questions to the best of your ability:

1. Why are you choosing St. Francis Elementary School?

2. If you are transferring from another elementary school, why are you making the change?

3. If your child is admitted to St. Francis, what skills or talents can you bring to our school community as a family?

How did you hear about our school? (Check all that apply)

Family Friend/Co-worker with child attending: Name _____

Church Catholic Herald Preschool Sign in front of School Other (Please indicate) _____