

**Saint Agnes School**  
3886 Chestnut Avenue  
Concord, CA 94519  
(925) 689-3990 / FAX (925) 689-3455  
[www.stagnesconcord.com](http://www.stagnesconcord.com)

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Welcome to the St. Agnes School Community. Thank you for your interest in our School. Below you will find instructions and information we hope you will find helpful in completing our application form. In this packet, you will also find information concerning our acceptance process.

Once again, welcome, and if you need further assistance, please do not hesitate to call the school office. I can be reached at the same number.

Sincerely,  
Jill Lucia  
Principal

**Instructions for completing your application:**

**Kindergarten**

1. Complete the enclosed application and return it to the school office by **February 1<sup>st</sup>**.
2. The **Kindergarten** referral form is to be completed by your child's pre-school teacher and mailed back to Saint Agnes by **March 1<sup>st</sup>**.
3. Applicant needs to be **5 years of age** by **Sept. 1<sup>st</sup>**. Kindergarten testing will take place on **February 4<sup>th</sup>**. You will be given a testing time whenever you return your completed application to the school office. The testing fee is \$35.00 made payable to St. Agnes School.

**Grade 1-8**

1. Complete the enclosed application and return it to the school office by **February 1<sup>st</sup>**.
2. The **Prior School Request** form is to be filled out by your child's current teacher or principal and mailed back to Saint Agnes by **March 1<sup>st</sup>**.
3. Testing for new students in grades 1-8 will take place on **February 4<sup>th</sup> at 9:00 a.m.** The testing fee is \$35.00 made payable St. Agnes School.

## **Accreditation:**

Saint Agnes School is accredited through the Western Association of Schools and Colleges (WASC) and the Western Catholic Education Association (WCEA).

## **In Addition to Tuition:**

40 Hours of Volunteer Parent Participation are required. 4 of the 40 hours are required to be in maintenance/work party area and another 4 of the 40 are required to be for Auction.

Scrip: Must purchase enough Scrip to earn \$300.00 in profit for the school. For whatever is not attained toward the \$300.00 you will be assessed the difference (for details of assessment see page 44 of our Parent Handbook). If you elect not to participate a fee of \$500.00 must be paid with your registration.

Uniforms – all students are required to follow the uniform code as outlined in the Family/Student Handbook.

## **Admission Policy:**

Saint Agnes School is a parish Catholic school. Applications for enrollment are welcomed from all who are interested. Parents and prospective students must apply in person for admission.

## **Priority:**

1. Active participant in St. Agnes parish as evidenced by regular attendance at Mass and use of the parish envelope system (at least 35 times a year).
2. Siblings of continuing students whose families demonstrate active participation by regular attendance at Mass and use of the Parish envelope system.
3. Registered St. Bonaventure parishioners who attend Mass on a regular basis and use parish envelope system.
4. All others.

## **Criteria for Evaluating Students for Acceptance:**

1. Prior report card or assessment form from current teacher/pre-school
2. Grade 1-8 - Overall achievement academically  
Kindergarten – readiness test
3. Conduct in prior school
4. Entrance exam Grades 1-8
5. Consideration of Special Needs Disclosure.
6. Possible meeting with principal before acceptance is decided.
7. Pastor's approval



Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Home / Work phone

How long have you lived at your present address?

\_\_\_\_\_

Home conditions: Primary care is provided by:

Both parents \_\_\_\_\_ Foster parents \_\_\_\_\_ Single parent \_\_\_\_\_ Guardian \_\_\_\_\_

Grandparents \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_

Mother remarried \_\_\_\_\_ Father remarried \_\_\_\_\_

Family members living in the home:

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Grandfather's name \_\_\_\_\_ Grandmother's name \_\_\_\_\_

Sibling's name and age:

\_\_\_\_\_

\_\_\_\_\_

### Parish Status

What is the name of the parish in which you reside?

\_\_\_\_\_

What is the name of parish in which you are registered/worship?

\_\_\_\_\_

For how long? \_\_\_\_\_

Do you use envelopes to support your parish? yes \_\_\_\_\_ no \_\_\_\_\_

if yes, what is your assigned number \_\_\_\_\_

Were you married by a Catholic priest? yes \_\_\_\_\_ no \_\_\_\_\_

For non-catholic families please name your religious affiliation

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What is the name of the church that you attend?

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1. How did you hear about St. Agnes School?

2. Why do you want your child to attend St. Agnes Catholic School?

3. In what groups, organizations, or committees are you active in your parish?

4. Do you feel your family is able to meet the costs of tuition/fees?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Will you support:

- \_\_\_\_\_ School Policy
- \_\_\_\_\_ Volunteer Hour Program
- \_\_\_\_\_ PACE (Parent Assoc. for Catholic Education)
- \_\_\_\_\_ SCHOOL SCRIP Program
- \_\_\_\_\_ Parish Envelope Usage Policy

6. Would you be in need of extended care? Yes \_\_\_\_\_ No \_\_\_\_\_

On a regular basis \_\_\_\_\_ Drop in \_\_\_\_\_

7. **If the student is transferring from another school and applying for grades 2 through 8, please state the reason/s for the change at this time.**

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8. **St. Agnes School supports Diocesan policy for serving students with mild to moderate special needs within the limits of the site resources.**

**Please indicate below any special medical or learning needs your child may have. Include any special services or accommodations received to date, as well as any testing, IEP, 504, therapies or diagnosis your child may have. Following this disclosure, please sign your name.**

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**Will medication need to be administered by school personnel? Yes\_\_\_\_\_No\_\_\_\_\_**

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**Signature of Parent**

\_\_\_\_\_  
**Date**

THE FOLLOWING IS INFORMATION AND FEES ST. AGNES SCHOOL REQUIRES AT THE TIME THE APPLICATION IS SUBMITTED. **NO APPLICATION WILL BE ACCEPTED WITHOUT ALL OF THE FOLLOWING DOCUMENTATION:**

1. Testing fee (\$35.00)
2. Copy of Baptismal certificate
3. Original Birth certificate (Copy to be kept on file)
4. Copy of Proof of current Immunization

**In addition: Grades 1 thru 8**

5. Standardized Achievement Test (present & past year)
6. Report card (copy)
7. Copy of documents supporting Special Needs Disclosure statement

**Students applying for grades 2-8 must furnish**

8. Copy of Reception of Eucharist certificate
9. First Reconciliation Preparation needed Yes \_\_\_\_\_ No \_\_\_\_\_

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(Office use only)

Birth certificate \_\_\_\_\_

Testing date \_\_\_\_\_

Baptism Certificate \_\_\_\_\_

Immunization Records \_\_\_\_\_

Report card \_\_\_\_\_

Verification of Sacramental Preparation and/or reception:

Eucharist \_\_\_\_\_

Reconciliation \_\_\_\_\_

Application/Testing fee:

Cash \_\_\_\_\_

Check \_\_\_\_\_