



# ST. AGNES SCHOOL

3886 Chestnut Avenue

Concord, CA 94519

925-689-3990

www.stagnesconcord.com

## APPLICATION FOR ADMISSION

GRADE APPLYING FOR:  K  1  2  3  4  5  6  7  8

DATE OF APPLICATION: \_\_\_\_\_ Sibling of Current St. Agnes Student  Yes  No

## STUDENT INFORMATION

Child's Name \_\_\_\_\_

Last

First

Middle

Male  Female Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address \_\_\_\_\_

Number

Street

City

Zip

Student is living with:  Both Parents  Father  Mother  Grandparent  Guardian

## PARENT INFORMATION

### FATHER

Father's Name \_\_\_\_\_

Last

First

Middle

Address (If different from above) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### MOTHER

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

Maiden

First

Middle

Address (If different from above) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**SACRAMENTAL INFORMATION**

Religion     Catholic     Other    Parish Attending \_\_\_\_\_  
 Baptism            Date \_\_\_\_\_    Parish \_\_\_\_\_    City \_\_\_\_\_  
 Reconciliation    Date \_\_\_\_\_    Parish \_\_\_\_\_    City \_\_\_\_\_  
 1<sup>st</sup> Eucharist        Date \_\_\_\_\_    Parish \_\_\_\_\_    City \_\_\_\_\_  
 Parish of Parent's Marriage \_\_\_\_\_    City \_\_\_\_\_  
 Parish of Current Registration \_\_\_\_\_    City \_\_\_\_\_  
 Do you regularly use the Sunday Envelope?  Yes     No    If yes, envelope # \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Last School Attended \_\_\_\_\_ Phone \_\_\_\_\_  
 School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Public School District in which you reside \_\_\_\_\_  
 Neighborhood Public School your child would attend determined by boundaries \_\_\_\_\_

**OTHER INFORMATION**

Please state your reasons for sending your child to St. Agnes School? (Attach separate sheet as necessary)

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

Does your child have any special needs?  Yes     No    If yes, please specify any special services, accommodations, IER, 504 therapies or diagnosis your child may have. \_\_\_\_\_

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

Did your child have any special testing \_\_\_\_ Yes    \_\_\_\_ No

If yes, what type of testing was done? \_\_\_\_\_  
 When? \_\_\_\_\_ Where? \_\_\_\_\_

For you child's safety, does he/she have any medical condition that we should be aware of?  Yes     No

If yes, please specify \_\_\_\_\_

**APPLICANT'S SIBLING**

NAME	AGE	SCHOOL (If applicable)	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Enrollment Guidelines**

- The priority of accepting students at St. Agnes
1. Students enrolled the previous year
  2. Siblings of current students
  3. St. Agnes Parishioners
  4. Parishioners of other parishes
  5. Non-Catholic students

**Notice of Nondiscrimination Policy**

St. Agnes School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students in the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship, athletic and other school-administered programs.