



St. Agnes School
3886 Chestnut Avenue
Concord CA 94519
925-689-3990

www.stagnesconcord.com
2019-2020

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 _____ Religion: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Race: American Indian/Native Alaskan
 Native Hawaiian/Pacific Islander Black/African American Asian White Two or more Races

Address _____
Number Street City Zip

Student is living with: Both Parents Father Mother Grandparent Guardian

PARENT INFORMATION

Father's Name _____
Last First Middle

Address (If different from above) _____

Occupation _____ Ethnicity _____ Religion _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address: _____

Mother's Name _____
Maiden First Middle

Address (If different from above) _____

Occupation _____ Ethnicity _____ Religion _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address: _____

SACRAMENTAL INFORMATION

Religion Catholic Other Parish Attending _____
 Baptism Date _____ Parish _____ City _____
 Reconciliation Date _____ Parish _____ City _____
 1st 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 INFORMATION

Last School Attended _____ Grade _____ 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 _____

<p>Enrollment Guidelines The priority of accepting students at St. Agnes 1. Students enrolled the previous year 2. Siblings of current students 3. Currently enrolled Pre-School students 4. St. Agnes Parishioners 5. Parishioners of other parishes 6. Non-Catholic students</p>	<p>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.</p>
--	---