



# APPLICATION FOR ADMISSION

3886 Chestnut Ave., Concord, CA 94519 • 925-689-3990 • [stagnesconcord.com](http://stagnesconcord.com)

Date of application: \_\_\_\_\_ Sibling of current St. Agnes student?  Yes  No

Grade applying for:  K  1  2  3  4  5  6  7  8

## STUDENT INFORMATION

Child's name: \_\_\_\_\_

Last, First, Middle

Address: \_\_\_\_\_

Number, Street, City, ZIP

Male  Female Date of birth: \_\_\_\_\_ Catholic?  Yes  No

Student is living with:  Both parents  Father  Mother  Grandparent(s)  Guardian(s)

Race:  Hispanic/Latino  Not Hispanic/Latino

Ethnicity:  White/Caucasian  American Indian/Alaska Native  Native Hawaiian/Pacific Islander

Black/African American  Asian  Other \_\_\_\_\_

## FAMILY INFORMATION

Father's name: \_\_\_\_\_

Last, First, Middle

Address: \_\_\_\_\_

Number, Street, City, ZIP (if different from above)

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Last, First, Middle

Address: \_\_\_\_\_

Number, Street, City, ZIP (if different from above)

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

## SACRAMENTAL INFORMATION

Religion: \_\_\_\_\_ Parish attending: \_\_\_\_\_

Baptism date: \_\_\_\_\_ Parish and city: \_\_\_\_\_

Reconciliation date: \_\_\_\_\_ Parish and city: \_\_\_\_\_

1st Eucharist date: \_\_\_\_\_ Parish and city: \_\_\_\_\_

Parish and city of parent's marriage: \_\_\_\_\_

Parish of current registration (if different than above): \_\_\_\_\_

Sunday envelope # (if used): \_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, Street, City, State, ZIP

Public school district in which you reside: \_\_\_\_\_

Public school your child would otherwise attend: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

## OTHER INFORMATION

Does your child have any special needs:  No  Yes (please specify any special services, accommodations, IER, 504 therapies or diagnoses your child has/needs below)

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Did your child have any special testing:  No  Yes (please specify type, when, and where)

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Does your child have any medical condition of which we should be aware:  No  Yes (please specify)

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If your child has siblings, please provide the information below:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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