

APPLICATION FOR ADMISSION

3886 Chestnut Ave., Concord, CA 94519 • 925-689-3990 • stagnesconcord.com

Date of application:				S	ibling o	f curre	nt St. A	gnes stud	ent? □ Y	es □ No
2023-24 Grade applying for: I	(2 🗆 🗧	3 □	4 🗆	5 □	6 □	7 🗆	8 🗆		
STUDENT INFORMATION	N									
Child's name:										
Last, First, Midd										
Address:										
Number, Street, City,	ZIP									
☐ Male ☐ Female Date of	birth <u>:</u>						Cat	holic? □	Yes □	No
Student is living with: ロ Both բ	parents [□ Fathe	er	□М	other		Grandpa	arent(s)	□G	uardian(s)
Student's Ethnicity: ☐ Hispanic/Latino ☐ Not His	spanic/Latino									
Student's Race:										
☐ American Indian/Alaska Nati	ve □ Blac	ck/Africa	n Am	erican	□ WI	hite I	⊐ Two	or more R	Races	
Asian: ☐ Chinese ☐ Japanes	e □ Korea	n □ Vi	etnam	nese	□ Asia	n India	n 🗆 L	aotian □	l Cambod	ian
☐ Hmong ☐ Filipino ☐ Other	- Asian									
Native Hawaiian/Pacific Islande	r: □ Hawaii	an □ (Guam	anian	□ Saı	moan	□ Tah	itian □ C	Other Pac	. Islander
FAMILY INFORMATION										
Father's name:										
Last, First, Mid	dle									
Address:										
Number, Street, City,	ZIP (if differe	ent from a	above))						
Occupation:										
Email address:										
Home #:	Work	#: <u> </u>				C	cell #: _			
Race/ethnicity:										

Mother's name:		
Last, First		
Number, Street,	City, ZIP (if different from above)	
Occupation:		
Email address:		
Home #:	Work #:	Cell #:
Race/ethnicity:		_Religion:
SACRAMENTAL INFO	ORMATION	
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	on (if different than above):	
Sunday envelope # (if used	d):	
PREVIOUS SCHOOL	INFORMATION	
Last school attended:		Grade:
Number, Street,		
Public school district in wh	nich you reside:	
Public school your child we	ould otherwise attend:	

OTHER INFORMATION

	any special needs: ☐ No ses your child has/needs belo		special services, accommodations, IER,
Did your child have a	ny special testing: □ No	☐ Yes (please specify type,	when, and where)
Does your child have	e any medical condition of	which we should be aware	e: □ No □ Yes (please specify)
If your child has sibling	gs, please provide the infor	mation below:	
Name:	Age:	School:	Grade:
Name:	Age:	School:	Grade:
Name:	Age:	School:	Grade:
Name:	Age:	School:	Grade:
Name:	Age:	School:	Grade:

WHY DID YOU CHOOSE ST. AGNES FOR YOUR CHILD'S EDUCATION?
How did you hear about St. Agnes School? ☐ Alumni ☐ Friend ☐ Social media ☐ Advertising ☐ Othe
Please share your reasons for sending your child to St. Agnes. If you prefer, you can submit as a separate share your reasons for sending your child to St. Agnes. If you prefer, you can submit as a separate share your reasons for sending your child to St. Agnes. If you prefer, you can submit as a separate share your reasons for sending your child to St. Agnes.
APPLICATION AGREEMENT
The Catholic schools in the Diocese of Oakland, mindful of their mission to be witnesses to the love of Christor all, admit students of any race, color, national origin, ancestry, religion, sex, sexual orientation, or disability to all the rights, privileges, programs, and activities generally accorded or made available to the students in the schools. The Catholic schools in the Diocese of Oakland do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, sexual orientation or disability, in the administration of educational policies, scholarship and loan programs, athletic and other school administered programs.
Applicants will be considered for admission based on the following order of priority:
Siblings of current/continuing students Currently enrolled in the St. Agnes School preschool pres
 Currently enrolled in the St. Agnes School preschool program St. Agnes or St. Bonaventure parishioners
· · · · · · · · · · · · · · · · · · ·
 Catholic families from other parishes Non-Catholic families
By my signature, I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that my child will be scheduled for an inverview and academic testing as part of the application process, and that no decision regarding an offer of enrollment will be made until the application process is complete.
Name (printed):

Date:

Signature: