



APPLICATION FOR ADMISSION

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

Date of application: _____

Sibling of current St. Agnes student? Yes No

2023-24 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)

Student's Ethnicity:

Hispanic/Latino Not Hispanic/Latino

Student's Race:

American Indian/Alaska Native Black/African American White Two or more Races

Asian: Chinese Japanese Korean Vietnamese Asian Indian Laotian Cambodian

Hmong Filipino Other Asian

Native Hawaiian/Pacific Islander: Hawaiian Guamanian Samoan Tahitian Other Pac. Islander

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: _____

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)

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

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

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

Name: _____ Age: _____ School: _____ Grade: _____

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