

## PRESCHOOL APPLICATION FOR ADMISSION

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

Date of application:		Sibling of cur	Sibling of current St. Agnes student? ☐ Yes ☐ No		
Applying for: 5 Days	□ Half (8:00-11:30)	or 🗆 Full (	8:00-3:00)		
STUDENT INFORMA	TION				
Child's name:					
Last, Firs	t, Middle				
Address:Number, Stree	t, City, ZIP				
☐ Male ☐ Female Da	te of birth:		Catholic? □ Yes □ No		
Student is living with: □	Both parents □ Father □	Mother ☐ Grandpare	nt(s)   Guardian(s)		
Race:   Hispanic/Latino	□ Not Hispanic/Latino				
•	sian □ American Indian/A n American □ Asian □		Hawaiian/Pacific Islander		
FAMILY INFORMAT	ION				
	st, Middle				
	t, City, ZIP <i>(if different from a</i>				
		,			
			_Cell #:		
Mother's name:	ak NASARIa				
,	st, Middle				
Number, Stree	t, City, ZIP <i>(if different from a</i>	bove)			
Occupation:					
			Cell #:		

## SACRAMENTAL INFORMATION Religion: \_\_\_\_\_\_ Parish attending: \_\_\_\_\_\_

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Baptism date:	Pari	sh and city:	
Parish and city of parent's	marriage:		
Parish of current registrati	on (if different than above	e):	
Sunday envelope # (if use	d):	_	
PREVIOUS SCHOOL	LINFORMATION		
Last school attended:			Grade:
Address:			
	t, City, State, ZIP		
Public school district in wh	nich you reside:		
Public school your child v	vould otherwise attend:		
OTHER INFORMATI	ON		
Does your child have any IER, 504 therapies or diagn	•		cial services, accommodations,
Did your child have any s	special testing: □ No □	Yes (please specify type, when	, and where)
Does your child have an	y medical condition of	which we should be aware:	□ No □ Yes (please specify)
If your child has siblings,	please provide the infor	mation below:	
Name:	Age:	School:	Grade:
Name:	Λαο·	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 ☐ Other Please share your reasons for sending your child to St. Agnes. If you prefer, you can submit as a separate sheet. APPLICATION AGREEMENT The Catholic schools in the Diocese of Oakland, mindful of their mission to be witnesses to the love of Christ for 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 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: