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 ☐

2027-28 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 Race: **please check all that apply**:

☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Black/African American ☐ White

Asian: ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian ☐ Laotian ☐ Combodian

☐ Hmong ☐ Filipino ☐ Other Asian

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

☐ Middle Eastern/North African ☐ Two or more Races

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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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 ☐ 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 interview 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): _____

Signature: _____ Date: _____