

SAINT PHILIP THE APOSTLE SCHOOL

APPLICATION CHECK LIST

School Year 2010-2011

Application Deadline: January 28, 2010

Items below are required with the application:

- ***\$75.00 per child application fee (\$150.00 maximum per family)***
- ***Application/Tuition Plan Summary (one per family)***
- ***Student/Family Questionnaire***
- ***Kindergarten applicants: Evaluation form, must be mailed to us by the preschool***
- ***Applicants for grades 1-8: Evaluation form, to be mailed by the current school; most recent school report card and test scores***
- ***Emergency contact information, to be used during the interview***
- ***State Certificate of Birth***
- ***Two copies of Certificates for Sacraments received, if applicable (Baptism, First Eucharist, Reconciliation)***
- ***Parent Interview (new families only – to be done February 6 during student testing)***

All forms, documents and the application fee must be turned in before the student is scheduled for testing, in order to be considered for enrollment for September 2010.

All applicants will be interviewed and tested on February 6, 2010. Grades 2-8 will be at 8:00AM, and Kindergarten and 1st graders will make an appointment for either 9:00 or 10:30 when the application is turned in.



St. Philip the Apostle School

2010-2011 APPLICATION

(\$75.00 Application Fee is Non-Refundable)

Parents:
Attach
Photo of
Child

OFFICE USE ONLY

Registered in Parish _____

Submitted by _____

Envelope # _____ Regular Usage Y _____ N _____

RECEIVED BY: _____ DATE: _____

STUDENT INFORMATION

Grade in September _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City, State _____ Zip Code _____

Birth date _____ Place of Birth _____ Sex _____ Religion _____ Area Code/Phone _____

Ethnic Origin _____ Parish _____

School presently attending _____ Address _____ City/State/Zip Code _____

Child lives with: Both Natural Parents Mother only Father only
 Mother/Stepfather Father/Stepmother Guardian _____

If divorced or separated, please attach copy of Custody Agreement. Documents attached Yes not needed

PARENT/GUARDIAN INFORMATION

Father/Stepfather/Guardian

Mother/Stepmother/Guardian

Name _____

Name _____

Birthplace _____

Birthplace _____

Relation _____

Maiden Name _____

Address _____

Relation _____

City _____ State _____

Address _____

Zip Code _____ EMAIL _____

City _____ State _____

Area Code/Home Phone _____ Cell# _____

Zip Code _____ EMAIL _____

Occupation _____

Area Code/Home Phone _____ Cell # _____

Employer _____

Occupation _____

Work Phone # _____

Employer _____

Religion _____ Parish _____

Work Phone # _____

Marital Status _____

Religion _____ Parish _____

Drivers License # _____

Marital Status _____

Drivers License # _____

1363 Cordova St., Pasadena, CA 91106

Phone: (626) 795-9691

Fax: (626) 795-9946

Is your child a baptized Catholic? Yes _____ No _____

If not, what religion is your child? _____

Baptism

First Communion

Parish _____

Parish _____

Address _____

Address _____

City _____

City _____

State/Country _____

State/Country _____

Date _____

Date _____

List brothers and sisters:

Name _____ Age _____ Birthdate _____ Current school _____

Name _____ Age _____ Birthdate _____ Current school _____

Name _____ Age _____ Birthdate _____ Current school _____

Name _____ Age _____ Birthdate _____ Current school _____

Parent Signature

Parent Signature

St. Philip the Apostle School

Application/Tuition Plan Summary School Year 2010-2011

PLEASE PRINT

Student's Name _____ Family Name _____

Student's Name _____

Student's Name _____

1. Application Fee

(Non-Refundable. Paid at time of Application submission):

- \$75.00 X _____ (Number of Students) = \$_____ (\$150.00 Maximum per family)

2. Upon acceptance, a fee of \$325 per student will be needed to secure a seat in class, and will be applied to tuition and/or general fees. There is also a \$20 Emergency Supply fee for new students.

3. Tuition Plan Selection

Select your tuition plan and your choice of payment method.

Check off a payment method:

_____ Monthly (10 payments August through May)

_____ Quarterly

_____ Semi-Annual

_____ Annual

Check off a tuition plan:

_____ Plan A – Parishioner w/service (must be registered prior to application)

_____ Plan B – Parishioner- non-service (must be registered prior to application)

_____ Plan C – Non-Parishioner w/service

_____ Plan D – Non-Parishioner non-service

4. Payment Booklet Plan

Your payment booklet will be your monthly reminder of the date your payment is due and the amount of that payment. You will receive the booklets in June. The first payment is due August 1st.

5. Tuition Assistance

Tuition assistance is available. Paperwork is required. Please inquire immediately at the school office. The deadline for the application is mid-February.

6. Student Withdrawal

The application fee, acceptance fee, and general fee for each student is non-refundable. Pre-paid tuition may be refunded prior to the start of school. Tuition paid for the current month is non-refundable. Families must submit their withdrawal in writing to the school and must contact the tuition coordinator regarding any financial concerns. See Student Handbook for details.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Amount Paid \$ _____

Check # _____

Saint Philip the Apostle School

Student/Family Questionnaire

Please take a moment to fill in this questionnaire. Our desire is to learn to know each child as an individual. Your information will help us get to know your child.

General Information

Child's Name: _____ Date of Birth _____

Please list the people who live with the child at home (If one parent does not live with the child, please complete the CHILD CUSTODY INFORMATION SHEET.):

What languages does your child speak and/or understand? _____

Has your child ever repeated a grade in school? ____ Yes (which one? _____) ____ No

What are your child's talents? _____

What are your child's challenges? _____

How is your child's health? Any special information we at school should know? How is her/his attendance at school?

Has your child been identified with a Learning Disability? ____ Yes ____ No

Has your child been assessed for a Learning Disability? ____ Yes ____ No

Do you suspect your child has a Learning Disability? ____ Yes ____ No

Does your child have any Special Needs? ____ Yes ____ No

If yes, please describe _____

Do you feel your child will have any difficulty with behavior in a classroom with 25 to 30 other students and one teacher?

Daily Care of the Child

Who will bring the child to school? _____

Who will pick the child up? _____

What are the after school care arrangements? _____

Pre-School Information

Did your child attend a pre-school program? Which one? How long?

How would you describe your child's pre-school years? Who cared for her/him?

Did your child crawl? ____ Yes ____ No

Is your child RIGHT or LEFT handed? (circle one)

Were there any difficulties during the pre-school years?

Do you read stories with your child regularly? ___ Yes ___ No

Does your child enjoy school? ___ Yes ___ No

Does your child learn easily? ___ Yes ___ No

Or is learning difficult? ___ Yes ___ No

Religious Background

Is your child Catholic? ___ Yes ___ No

Does your child regularly attend weekly Mass? ___ Yes ___ No

Which Church _____ Time of Mass _____

Will you actively support and participate in your child's religious education program? ___ Yes ___ No

Other Information

Will you actively support school-sponsored fundraising activities? ___ Yes ___ No

How did you hear about Saint Philip the Apostle School? (referred by relative, friend, parish, other)

Parent Signature: _____ Date _____

St. Philip the Apostle School

Evaluation Form

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

FOR KINDERGARTEN OR FIRST GRADE

(To be filled out by School Personnel)

Name _____ Grade _____

School currently attending _____

Length of time at this school _____

Please mark the following areas by:

O-Outstanding

G-Good

S-Satisfactory

NI-Needs Improvement

General Attitude _____

Cooperation _____

Effort _____

Classroom Conduct _____

Relationship With Teacher _____

Relationship with Peers _____

Attendance _____

Tardies/Lateness _____

Please mark the following areas by:

M-Demonstrates expected development

X-Demonstrates emerging skill

T-Needs more time to develop

WORK HABITS

Works Independently _____

Listens Attentively _____

Follows Directions _____

Shares with Others _____

Takes Turns _____

Completes Tasks on Time _____

Takes Care of Materials _____

SOCIAL DEVELOPMENT

Shows Self Control _____

Adjusts Easily to New Situations _____

Is Responsible _____

Treats Others with Respect _____

Plays and Works Well with Others _____

Follows Classroom/Playground Rules _____

Accepts Responsibility for Actions _____

Please comment on Character Habits/Discipline:

Please comment on Parental Support/Involvement with the child's development and growth:

Signature of Person Completing this report / Position / Date

St. Philip the Apostle School

Evaluation Form

REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE

FOR GRADES 2-8

(To be filled out by School Personnel)

Name _____ Grade _____

School currently attending _____

Length of time at this school _____

Please grade the following areas by:

O-Outstanding

G-Good

S-Satisfactory

NI-Needs Improvement

General Attitude _____

Cooperation _____

Effort _____

Classroom Conduct _____

Relationship With Teacher _____

Relationship with Peers _____

Attendance _____

Tardies/Lateness _____

Please grade the following areas by:

O-Outstanding

G-Good

S-Satisfactory

NI-Needs Improvement

READING _____

MATH _____

SOCIAL STUDIES _____

ENGLISH _____

SCIENCE _____

SPELLING _____

Reading Series and present level of student. Please explain.

Math Series and present level of student. Please explain.

Discipline / Character habits. Please comment.

Signature of Person Completing this report / Position / Date _____

St. Philip the Apostle School

Must be filled out before testing is scheduled.

EMERGENCY INFORMATION

To be used during student testing

Date _____ Child's Name _____

Home Phone # _____ Cell Phone # -Mom _____ Dad _____

Mom Work # _____ Dad Work # _____

Medical Alert: Conditions requiring special emergency care

Asthma/Allergies _____ Health Problems _____ Medication _____

History of seizures Yes No (circle)

Doctor's Name _____ Phone # _____

May your child have a snack of graham crackers and apple juice during testing? _____

Other Emergency Contacts:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

In case of Emergency during your child's visit who should we call first? _____

Emergency Release Information
Child's Name _____ was released to _____
Date _____ Hour _____
Location to where the child was taken _____
School official releasing the child _____

Consent

I understand that the school does not assume responsibility for payment of physician. However, in an emergency the school may choose a physician. In an emergency I give the school permission to have my child receive medical treatment.

Signature of

Parent/Guardian

Date

Parent/Guardian