

Notice: Your child **must be 5 years old BEFORE November 1st** and **attend a licensed preschool program** to be eligible for our Kindergarten program.

HOLY ANGELS SCHOOL
20 REINER STREET
COLMA, CALIFORNIA 94014
(650) 755-0220

Dear Parents,

Thank you for selecting Holy Angels School as a choice for your Kindergartener. Please fill out the attached application and survey form completely. All the information is very important to us. We are also requiring a \$10.00 fee to file this application. Make checks payable to "Holy Angels School" and return with your completed application and survey form. We will begin registration for Kindergarten January 1st. All students will be tested prior to acceptance. Testing appointments will be made when applications are returned to the school. The following guidelines are used for admission to Holy Angels School.

GUIDELINES FOR ADMISSION TO HOLY ANGELS SCHOOL

The following is the process by which students are selected to attend Holy Angels School, provided they pass the entrance test.

PRIORITY 1: Children with brothers or sisters attending Holy Angels School already, whose parents have demonstrated leadership in the practice of their faith through cooperation and regular participation in attending Mass and receiving the sacraments, parish activities and programs.

PRIORITY 2: Those applying for the first time who are following the steps outlined in Priority 1 above.

PRIORITY 3: Envelope using registered Holy Angels parishioners

PRIORITY 4: All other applicants

Application Form

\$10.00 paid _____

HOLY ANGELS SCHOOL

For Grade _____ in 20_____

Date _____

Child's Name _____

Last

First

Middle

Girl _____ Boy _____

Social Security Number _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Church of Baptism _____

City and State _____

Name of school now attending: _____

Address _____ Teacher _____

* * * * *

Father's name _____ Mother's Name _____

(include maiden name)

Home address _____

Street

City

Zip

Home phone (____) _____

Parents' marriage _____

Date

Church

Location

INFORMATION ON FATHER

INFORMATION ON MOTHER

Occupation _____

Occupation _____

Special skills _____

Special skills _____

Business address _____

Business address _____

Business phone _____

Business phone _____

Religion _____

Religion _____

U.S. Citizen Yes _____ No _____

U.S. Citizen Yes _____ No _____

Place of birth _____

Place of birth _____

What parish do you live in _____ How long _____

What church do you attend on Sunday _____

Check home conditions: 2 parent _____ single parent _____ father/mother dead _____
child living with _____ (father, mother, guardian)

** divorced/separated _____ Who has custody: mother _____ father _____

** a copy of custody section of divorce or separation decree must be filed with the school office.

What language is spoken at home on a regular basis _____

Please fill out the application completely before submitting for testing.

Father's signature

Mother's signature

How did you hear about Holy Angels School: _____ parish bulletin _____ web site _____ newspaper

_____ pre-school _____ friend/relative (name) _____

Dear Parent:

Please take the time to fill out the following survey. I realize some of the questions are on the application form, but those remain in the cumulative files in the office and this survey will remain with me. There are no right or wrong answers and this survey will in no way determine acceptance into the program. It will help me to know your child better and assist me with the interview process. Thank you for your time and help.

Sincerely,
Mary Corral
Kindergarten Teacher

K I N D E R G A R T E N S U R V E Y

Child's name _____ Sex: M _____ F _____

Child's birthdate _____

Mom's occupation _____ Dad's occupation _____

Mom's name _____ Dad's name _____

Number of brothers _____ ages _____ Number of sisters _____ ages _____

Other family members that child lives with _____

Primary language spoken at home: by adults _____

by child _____

Other language spoken _____

My child spends the most number of waking hours each day with (name) _____

The above person's primary language is _____

My child will go home from school with _____

My child is allergic to _____

Health problems to be aware of _____

My child's favorite toy is _____

My child used crayons since age _____; clay since age _____; glue since age _____; scissors since age _____; pencils

since age _____; paint since age _____

Places of interest my child has been to:

Zoo _____	aquarium _____	Japanese Tea Garden _____
Discovery Museum _____	beach _____	camping _____
snow _____	plays _____	ballets _____
Great America _____	Marine World _____	Fisherman's Wharf _____
Pier 39 _____	Other _____	_____

Choose one of the following:

My child is read to (a) every day (b) 5-6 times a week (c) 3-4 times a week (d) 1-2 times a week (e) once in awhile (f) not at all

Answer: _____

The person who reads to my child is _____

Lessons my child is taking or has taken:

ballet _____

piano _____

gymnastics _____

tap _____

swimming _____

karate _____

art _____

other _____

My child watches approximately _____ hours of television each day.

His/her favorite TV shows are _____

My child takes naps: yes _____ no _____ (if yes, _____ hours long)

My child's normal bedtime is _____ Pets at home _____

Name of preschool attending _____ How long _____

Child's address _____

Child's telephone number _____

Parent Signature _____