

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 child/children. Please fill out the attached application form **completely**. We also ask that you complete the **parent portion** of the Student Evaluation Form. All the information is very important to us. We are also requiring a \$25.00 fee to file this application. Make checks payable to "Holy Angels School" and return with your completed application form and student evaluation form.

We hold enrollment for grades 1 through 8 during the month of January. All completed forms must be returned to us by the end of January for consideration for the fall term. All students are tested and all parents are interviewed prior to acceptance. Notification of acceptance is done after tests and interviews have been completed.

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: All other applicants

HOLY ANGELS SCHOOL

For Grade _____ in 20 _____

Date _____

CHILD'S INFORMATION

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 _____

Date of Communion _____ Church of Communion _____

City and State _____

Home Address: _____

Check home conditions:

- Living with natural mother and father Living with mother and step-father
- Living with father and step-mother Living with mother only Living with father only
- Living with grandparent/guardian

Additional information about living situation (ex. parents divorced, joint custody, etc.)

Note: A copy of custody section of divorce or separation decree must be filed with the school office.

Name of school attended or currently attending: _____

Address _____ Teacher _____

The Archdiocesan Board of Education requires us to ask the race of this child. Please check one:

- African American American Indian/Native American Chinese Filipino
- Japanese Multi-Racial Hawaiian/Pacific Islander Other Asian Other White

Is the child Catholic? Yes No

The NCEA (National Catholic Educational Association) requires us to report the number of Hispanic and non-Hispanic students. This is consistent with how the Federal Census counts the Hispanic population. Both the US Census Bureau and the NCEA consider Hispanic to be an ethnicity; not a race. Is your child of Hispanic ethnicity?

Yes No

FATHER (OR GUARDIAN 1) INFORMATION

Name: _____ Phone Number _____

Email (please print legibly) _____

Address if different from child's _____

Occupation _____ Employer _____

Work Phone Number _____ Work Address _____

U. S. Citizen: ___ Yes ___ No Birthplace _____ Religion _____

Special Skills _____

MOTHER (OR GUARDIAN 2) INFORMATION

Name: _____ Phone Number _____

Email (please print legibly) _____

Address if different from child's _____

Occupation _____ Employer _____

Work Phone Number _____ Work Address _____

U. S. Citizen: ___ Yes ___ No Birthplace _____ Religion _____

Special Skills _____

What parish do you live in _____ How long _____

What church do you attend on Sunday _____

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) _____

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Colma, California 94014
(650) 755-0220

S T U D E N T E V A L U A T I O N F O R M

PARENT: PLEASE COMPLETE THIS SECTION ONLY

Student's name _____ Present Grade _____

Teacher's name _____

School presently attending _____

Address _____
_____ Zip Code _____

I give permission for this information to be released.

Parent Signature _____ Date _____

The above named student has applied to Holy Angels School. We would appreciate your assistance in completing this form. Please use the pre-addressed envelope to return as soon as possible.

TEACHER: PLEASE COMPLETE THIS SECTION

Work/Social Skills

- 1. Shows self-control _____
- 2. Accepts discipline with a positive attitude _____
- 3. Gets along well with peers _____
- 4. Works cooperatively _____
- 5. Always does best work _____
- 6. Completes assignments/homework _____
- 7. Follows school rules _____
- 8. Has a positive attitude _____

<p>Please use this code</p> <ul style="list-style-type: none">1. Outstanding2. Progressing normally3. Needs further growth4. Unsatisfactory

Has student been recommended for any special education? _____

Any other helpful information?

This student is working _____ at _____ above _____ below grade level.

PRINCIPAL: PLEASE COMPLETE THIS SECTION

Is family supportive of school policies? _____

Does family meet financial obligations? _____

Teacher's signature _____ Date _____

Principal's signature _____ Date _____