INCOMING KINDERGARTEN APPLICATION PROCESS

- Application must be submitted in the main office with a $40 processing fee and the following documents. Your application will NOT be processed until all documents have been submitted and fee has been paid:
  * Copy of Birth certificate
  * Immunization record
  * Baptismal certificate (if applicable)

- **Testing (for incoming Kindergarten)**
  * Child must be 5 years old by Sept. 1st.
  * Once you have turned in an application, a screening test appointment will be scheduled for your child. The screening test is used by the administration and faculty strictly to determine placement and readiness, and neither the test nor results are returned to the applicant.

  Parent/Student interview with the Principal may be requested.

- **Acceptance Notification**
  * The School will mail letters of acceptance in March 2020.
KINDERGARTEN APPLICATION
SCHOOL YEAR 2020-2021

St. Basil School
Catholic Education in Vallejo since 1949

CHILDMUST BE FIVE BY SEPTEMBER 1ST

PLEASE PRINT LEGIBLY

_________________________________  ________  _______________  ______
Child’s Last Name  Child’s First Name  M.  F.  M.I.

Present Address  City  Zip

Place of Birth  Date of Birth (Mo-Day-Yr)  Telephone Number

E-mail Address  Parent/Guardian # 1  E-mail Address  Parent/Guardian # 2  Daytime Number

Religion  School child is presently attending

CHILD BAPTIZED: ___ Y ___ N, BAPTISMAL DATE: ______________WHERE: __________________________ (Please provide copy of Certificate.)

Does your child have any learning needs of which we should be informed?
If yes, please clarify: ________________________________________________________________

FATHER/GUARDIAN:

Name:  Last, First

Religion:  ____________________________

Occupation:  ____________________________

Employer:  ____________________________

Applicant lives with:  ____ Both Parents  ____ Mother  ____ Father  ____ Guardian

Do you have other child/children currently attending St. Basil School and/or Pre-School?  ____ Yes  ____ No
If Yes, list child/children name(s):

Are you a registered, practicing member of St. Basil Parish?  ____ Yes  ____ Parish # __________________

Name of Parish if other than St. Basil Church ________________________________________________

Office Use Only

☐ $40.00 Cash/Check# ______/Credit Card  ☐ Birth Certificate

☐ Immunization Record  ☐ Baptism Certificate (if applicable)

Please complete reverse side also.

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ST. BASIL SCHOOL PHILOSOPHY & MISSION STATEMENT

St. Basil School students, faculty, clergy, staff and parents form a community. Students are challenged by programs that promote spiritual growth, responsibility, respect and acceptance of others, academic progress, and service in the Catholic Christian tradition. As a community we model these ideals by caring for, sharing with, supporting, and assisting each other.

- Our Mission is to give witness to the values of Jesus Christ by acknowledging parents as primary educators and by affirming students, parents and each other.
- We envision that the students of St. Basil School will have the spiritual and intellectual foundation to succeed in their continuing Faith Tradition and educational experiences.

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1. Why would you like your child to attend St. Basil School?

2. Will you attend Mass on a regular basis with your child?

3. Will you support the philosophy of St. Basil School?

4. If your child is admitted to St. Basil School, what skills or talents can you bring to our school community as a family?

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Application will ONLY be completed with the following:

- $40.00 PROCESSING FEE (NON-REFUNDABLE),
- COPY OF BIRTH CERTIFICATE,
- IMMUNIZATION RECORD,
- BAPTISMAL CERTIFICATE (if applicable)

PARENT/GUARDIAN SIGNATURE ____________________________ DATE _________