



St. Basil School

Catholic Education in Vallejo since 1949

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.



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CHILD MUST BE FIVE BY SEPTEMBER 1ST

PLEASE PRINT LEGIBLY

Child's Last Name _____ Child's First Name _____ M.I. _____ M _____ F _____

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:

MOTHER/GUARDIAN:

Name: Last, First _____

Name: Last, First _____ (Maiden)

Religion: _____

Religion: _____

Occupation: _____

Occupation: _____

Employer: _____

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? _____

Parish # _____
(Weekly Envelopes)

Name of Parish if other than St. Basil Church _____

Please complete reverse side also.

OFFICE USE ONLY

\$40.00 Cash/Check# _____/Credit Card

Birth Certificate

Immunization Record

Baptism Certificate (if applicable)

