



St. Basil School

Catholic Education in Vallejo since 1949

INCOMING TRANSITIONAL KINDERGARTEN (TK) APPLICATION PROCESS

Your child must be 5 years old by Sept. 2 – Dec. 31, 2021

- **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)
- *

- **Meeting with the teacher.**

- * Once you have turned in an application, an appointment will be scheduled for you and your child to meet with the TK Teacher.

Parent/Student interview with the Principal may be requested.

- **Acceptance Notification**

- * The School will mail letters of acceptance in March 2021.



St. Basil School

Catholic Education in Vallejo since 1949

Your child must be 5 years old by Sept. 2 – Dec. 31, 2021

PLEASE PRINT LEGIBLY

Child's Last Name _____ 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)

