



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 2021.



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CHILD MUST BE 5 YEARS OLD 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:

Name: Last, First _____

Religion: _____

Occupation: _____

Employer: _____

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

MOTHER/GUARDIAN:

Name: Last, First _____ (Maiden)

Religion: _____

Occupation: _____

Employer: _____

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)

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)

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PARENT/GUARDIAN SIGNATURE

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DATE