Dear Parents / Guardians,

Saints Peter and Paul School admits students of any race, color and national ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. Saints Peter and Paul does not discriminate on the basis of race, color or national origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Please take note of the following information:

1. Application Fee: A non-refundable Application Fee of $75.00 is payable upon submission of the Application Form.
2. The Application Form is not an acceptance form and does not guarantee admittance to the school.
3. Kindergarten: Applicant will be interviewed for 15 minutes.
4. Grade 1 to Grade 8: Applicant will be required to spend half of a school day at Saints Peter and Paul in order for the grade level teachers to complete an overall assessment of the applicant’s ability and current grade level.
5. On the appointment date, you must bring the following documents with you:
   a) Birth certificate
   b) Baptismal certificate (Catholic applicants)
   c) First Communion certificate (Catholic applicants)
   d) a copy of the latest report card (for applicants applying to Kindergarten to Grade 8)
   e) a copy of the standardized test results (for applicants applying to Grade 2 to Grade 8)
   f) a letter of recommendation from the applicant’s present teacher
6. Age requirements for 2019-20 school year:
   a) Kindergarten: The applicant must be five years old on or before September 1, 2019.
   b) First Grade: The applicant must be six years old on or before September 1, 2019.

Read carefully all that is entailed before signing and returning the application. We are a family here at Saints Peter and Paul, and we want you to be a part of that family through your cooperation and contact with the administration and faculty.

Please return the Application Form, the $75.00 Application Fee, and a recent family photo. We will contact you to set up an appointment.

Sincerely,

Dr. Lisa Harris, Ed. D.
Principal
Useful Information

School Hours:
8:10 am to 3:15 pm, Mondays through Thursdays
8:10 am to 1:35 pm, Fridays

Financial Information:
The 2019-20 Financial Information will be available in April 2019. For the 2018-19 school year, tuition is $11,165 for the 1st student of participating families and $13,665 for the 1st student of non-participating families. The tuition for each additional sibling is $10,165 with no additional tuition beyond the 3rd sibling when enrolled during the same academic school year. The Student Educational Fee is $1,100 for students in grades K-5 and $1,300 for students in grades 6-8.

After School Care:
The After School Care program is $325.00 a month regardless of the number of days in the month and/or the number of days the student attends. There is a $50.00 registration fee per student per school year. The hours are from after school to 5:30 pm on school days – except on the day before the Christmas/winter break, on the day before the Easter/spring break, and on the last day of the academic school year. Student picked up after 5:30 pm will be charged an extra $5.00 for every 15 minutes or part thereof, payable at the time of pickup. The After School Care payment is due the first of each month.

Registration and payment before the school year begins in August cover student participation in the program for August and September. The payment for the month of May covers participation in the program for the school days in June.

School Uniforms:
Uniforms may be purchased at Simply Uniforms on 7801 El Camino Real, Colma, CA 94014 – telephone number: (650) 757-5722.

Immunization / T.B. Screening:
Health Exam and Immunizations are required for school. Children must have a T.B. (tuberculosis) skin test given in the United States within 1 year before first admission to school in San Francisco.

A Tdap (tetanus, diphtheria and pertussis) vaccination is required for students entering the 7th or 8th grades.

Kindergarten / First Grade Health Examination:
A complete physical is required for children entering school. The physical examination for Kindergarten must be done between March and September of the same year that they enter school. First graders must have examinations done not more than 18 months prior to entry. Lack of evidence of a physical examination will result in denial of enrollment.
# APPLICATION FORM – SCHOOL YEAR 2018-19

Applying for Grade: _____ Present Age: _____ Date of Birth: ___________________________ Gender: ____M ____F

Child’s Name: ________________________________________________________________

Child’s Address: ____________________________________________________________

Present School: _____________________________________________________________

If Catholic, please list your Parish: ____________________________________________ Child’s Religion: _______________________

Baptism Date: _______________ Church of Baptism: ___________________________ City/State: ___________________________

First Communion Date: _____________ Church: _______________________________ City/State: ___________________________

Confirmation Date: ________________ Church: _______________________________ City/State: ___________________________

Child’s Home Conditions: **Please check all that apply**

- Two Parent Family ____
- *Single Parent Family ____
  - Father Deceased ____
  - Father Separated ____
  - Father Remarried ____
  - Mother Deceased ____
  - Mother Separated ____
  - Mother Remarried ____

*For Single Parent Families, please indicate the custody arrangement (i.e., mother-father shared custody, mother full custody, father full custody): __________________________

## PARENT INFORMATION:

Father’s Name: ______________________________________________________________

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<th>First</th>
<th>Place of Birth</th>
<th>Religion</th>
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</thead>
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<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone Number</th>
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Mother’s Name: ______________________________________________________________

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<th>Last</th>
<th>First</th>
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<th>City</th>
<th>State</th>
<th>Zip</th>
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Father’s e-mail Address: __________________________________________

Please Print

Mother’s e-mail Address: __________________________________________

Please Print

**PLEASE PROVIDE A RECENT FAMILY PHOTO ALONG WITH A COPY OF YOUR CHILD’S BIRTH CERTIFICATE, BAPTISM CERTIFICATE AND IMMUNIZATION RECORDS. PLEASE INCLUDE A $75.00 NON-REFUNDABLE APPLICATION FEE.**

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<tr>
<th>OFFICE USE ONLY:</th>
<th>Date Paid: _______ Ck. # _______ Cash: _______</th>
<th>Appt. Date: _______ Time: _______</th>
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Preliminary Scholastic and Health Report

Applicant is presently attending __________________________________________________________.  

Name of School

__________________________________________________________________________________  

School’s Address                           School’s Telephone Number

__________________________________________________________________________________  

Principal’s Name                           Homeroom Teacher’s Name

Applicant’s progress in school is:  □ Above average   □ Average   □ Below average

If below average, what are the weakest subjects?  ________________________________________

Has applicant been placed in a gifted program?  □ Yes   □ No  ________________________________

Name of Program

Has applicant been placed in a special education program?  □ Yes   □ No  __________________________

Length of Time in the Program

Applicant’s conduct is:  □ Exemplary   □ Satisfactory   □ Unsatisfactory

If unsatisfactory, please explain:  __________________________________________________________

Applicant’s health is:  □ Good   □ Poor

Applicant has the following special medical and / or physical conditions:  ______________________________

Applicant requires the following medication regularly:  ____________________________________________

Siblings:

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<tr>
<th>Name</th>
<th>Age</th>
<th>Name of School</th>
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Date                     Signature                     Relationship to Applicant