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 2020-21 school year:
   a) Kindergarten: The applicant must be five years old on or before September 1, 2020.
   b) First Grade: The applicant must be six years old on or before September 1, 2020.

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: 2020-21 Financial Information will be available in April 2020. For the 2019-20 academic school year the tuition is $11,950 for the 1st student of participating families and $14,450 for the 1st student of non-participating families. The tuition for each additional sibling is $10,950 with no additional tuition charged when more than 3 family members of the same immediate family are enrolled during the same academic school year. The Student Educational Fee is $1,100 for new admitting students entering grades K-5 and $1,300 for students entering 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 2020-21

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: _____________________________________________________________

Last                       First                     Place of Birth                     Religion

Occupation                  Business Name              Number & Street               City            State          Zip          Cell or Work Number

Mother’s Maiden Name: _________________________________________________________

Last                       First                     Place of Birth                     Religion

Occupation                  Business Name              Number & Street               City            State          Zip          Cell or Work Number

Father’s e-mail Address: ____________________________________________ Mother’s e-mail Address: ________________

Please Print  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.

OFFICE USE ONLY:

Date Paid: ________  Ck. # ________  Cash: ________  Appt. Date: ________  Time: ________
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:

Name          Age          Name of School

Name          Age          Name of School

Name          Age          Name of School

Date          Signature          Relationship to Applicant