

St. Dominic School

935 East 5th Street * Benicia, CA 94510 * 707.745.1266 * www.sdbenicia.org

Dear Prospective St. Dominic Family,

Thank you for your interest in St. Dominic School. After reviewing the attached information carefully, please complete and return this application with the required documentation and the application fee as soon as possible. Once all materials have been submitted to our office, your child will be added to the schedule for testing, which begins February 28, 2018. Testing sessions may last from 15-25 minutes, and are designed to determine the developmental readiness of your child for Kindergarten.

Following California State Law, a child must turn 5 years old on or before September 1, 2018 in order to enter Kindergarten. St. Dominic School does not discriminate on the basis of race, color, nationality and/or ethnicity, age, gender, or disability in the administration of education policies, admission policies, scholarship and loan programs, and athletic or other school-administered programs.

A student shall be admitted if he/she has a reasonable, well-founded hope of successfully completing the academic program at St. Dominic School. Students will be admitted on a probationary basis, for the duration of one trimester (12 weeks), at which time an assessment will be made as to their academic and behavioral progress.

These priorities are guidelines only. The Pastor and Principal have broad discretionary authority over the application of these guidelines to specific situations. We look forward to the opportunity to support you in providing a quality Catholic education for your child.

Warm Regards

Katie Perata Principal

ST. DOMINIC SCHOOL

APPLICATION FOR ADMISSION SCHOOL YEAR 2018-2019

Applying for Grade	Date of Application		
Name of Student		M	_ F
Date of Birth	Place of Birth		
Applicant's Religious Affiliation		**** ********************************	
Baptism Date	Church	190	
1 st Communion Date	Church		
Presently enrolled at	G	rade	
Phone number	Address		- Constant
FATHER	MOTHER (Maiden Na	ıme)	
Name	Name		
AddressStreet		Street	
City Zip Home Phone	City		Zip
Cell Phone	Cell hone		
E-Mail	E-Mail		
Occupation	Occupation		
Employer	Employer		
Religious Affiliation			
Has applicant ever repeated a grade	? Yes No	Which gr	ade?

Signature of Parent	Date
~~ F F	
	ave been completed, your child will be placed on fied when a space for your child is available year.
Thank you for your application to St. \$45.00 non-refundable application fee	Dominic School. New applicants should attach a per application.
	f latest report card and standardized test results. Release & Consent form to current teacher with a o St. Dominic School.
Please attach a copy of: Birth Certif	icate Shot Records Baptismal Certificate
Are you a registered member of anothe	er Parish? Name of Parish
Envelope Registration Number	
Are you a registered and contributing n	nember of St. Dominic Parish?
List other children applying to St. Dom	ninic's:
List other children currently attending	St. Dominic's:
Applicant lives with:Both Pare	ents Mother Father Guardian
of the learning problem?	dentified? YesNo What was the nature

Please answer the followi	ing questions to the	best of your ability:	
1. Why are you choosing	St. Dominic Cathol	ic School?	
	2		
			15
2. If you are transferring change?		ientary school, why are you maki	ng the
3. If your child is admit school community as	ted to St. Dominic, va family?	what skills or talents can you brin	ig to our
		-l- all that apply!)	
How did you hear abou			,
Family		whose child attends (Name	
	The second secon	Sign in front of school	
Catholic Herald	SDS Website	Catholic School Dept. Website	
Other (Please indicat	e)		