



Queen of All Saints School

Application for Admission 2016-17

2391 Grant St. • Concord, CA 94520 • 925-685-8700 • www.qasconcond.org

CANDIDATE FOR GRADE:

TK K 1 2 3 4 5 6 7 8 Application Date _____

Transitional Kindergarten Applicants must be 5 years of age by December 1, 2016

Kindergarten Applicants must be 5 year of age by September 1, 2016

Grade 1 Applicants must be 6 years of age by September 1, 2016

The following items must be included in order to process your application. Please check boxes to indicate that items are included:

- \$25 non-refundable application fee Student's Birth Certificate (copy) Student's Baptismal Certificate (copy) Immunization Records (copy) Latest Report Card (Grades 1-8) Standardized Test Scores (Grades 2-8)

STUDENT INFORMATION Male Female Birthdate Birthplace Last Name First Name Middle Nickname Street Address City Zip Home phone

Ethnicity (for Federal Census Use Only): Hispanic/Latino Non-Hispanic/Non-Latino

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White Two or More Races

Student Living With: Both Parents Mother Father Guardian Joint Custody

Religion: Catholic Other Current Parish Baptism: Date Parish City State Reconciliation: Date Parish City State First Eucharist: Date Parish City State

Current School Name: School Street Address City State Zip Phone

PARENT INFORMATION

FATHER Name Street Address City State Zip Home Phone Cell Work Email Employer Occupation Religion Birthplace Citizenship Queen of All Saints Alumnus Yes No

MOTHER Name Street Address City State Zip Home Phone Cell Work Email Employer Occupation Religion Birthplace Citizenship Queen of All Saints Alumnus Yes No

PARISH INFORMATION

Parish of Current Registration City Regular Contributor to Sunday Envelope: Yes No Envelope #

APPLICANT'S SIBLINGS:

Table with 4 columns: NAME, AGE, SCHOOL (if applicable), GRADE. Includes four rows for sibling information.

(Please complete reverse side of application)

1. Please state your reasons for sending your child to Queen of All Saints School (QAS)? (Attach separate sheet as necessary):

2. Does your child have any special needs? Yes No

If yes, please specify:

3. Did you child have any special testing? Yes No

If yes, what type of testing was done?

Where? _____ When? _____

4. For your child's safety, does he/she have any medical condition that we should be aware of?

5. Itemize briefly any involvement you have had within the last three years in your previous parishes/schools:

ENROLLMENT GUIDELINES:

The priority of accepting students at QAS School is:

- 1. Siblings of current students
- 2. QAS Church parishioners
- 3. Parishioners of other parishes
- 4. Non-Catholic students

NOTICE OF NONDISCRIMINATORY POLICY:

QAS School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color national and ethnic origin in the administration of its educational policies, admissions policy, scholarships and loans.

Acceptance and attendance in the TK program does not guarantee acceptance into Queen of All Saints K program. Your family must follow the appropriate steps in applying to Queen of All Saints School.

Parent Signature _____

Date _____