



450 Church Street, Monterey, CA 93940

Phone: (831)375-1324 FAX: (831)375-9736 sancarlosschool.org

We Welcome. We Nurture. We Serve.

Application Checklist

Your application will not be considered until the office has received the following items:

- ___ Application (all 3 pages completed)
- ___ Application Fee (\$75.00 non-refundable)
- ___ Birth Certificate
- ___ Baptismal Certificate (Catholics)
- ___ Applicant Evaluation Form (completed by current teacher)
- ___ Copies of Report Cards
(Last 2 years from Grades 2 – 8)
- ___ Copies of any Standardized Test
(Last 2 years from Grades 2 – 8)

How did you find out about San Carlos School?

- | | | |
|------------------|--------------------|---------------------|
| ___ Newspaper Ad | ___ T.V. Ad | ___ Church Bulletin |
| ___ Magazine Ad | ___ Flier/Postcard | ___ Friend/Family |
| ___ Preschool | ___ FB/Instagram | ___ SCS Website |

Other: _____



450 Church Street, Monterey, CA 93940
 Phone: (831)375-1324 FAX: (831)375-9736 sancarloschool.org
We Welcome. We Nurture. We Serve.

For Office Use Only

Date of Application _____
 Fee Paid _____
 Immunization Form _____
 Birth Certificate _____
 Evaluation Form _____

Application for Admission

STUDENT INFORMATION:

ENTERING GRADE: _____ SCHOOL YEAR: _____ AGE: _____ GENDER: _____

STUDENT'S NAME: _____
Last First Middle

HOME ADDRESS: _____
Street & Number City Zip Code

TELEPHONE: _____

RELIGION: _____

PLACE OF BIRTH: _____
City State

DATE OF BIRTH: _____

Please check the categories that apply to your student:

Race:
check all that apply
 ___ Asian
 ___ American Indian/
 Native Alaskan
 ___ Black/African
 American
 ___ Native Hawaiian/
 Pacific Islander
 ___ White
 ___ Other
 (Specify): _____

Home Conditions
Dependent and living with:
 ___ Both Parents
 ___ Father
 ___ Mother
 ___ Legal Guardian
 ___ Foster Parent
 ___ Shared Custody

Citizenship:
 ___ U.S. Citizen
 ___ Non U.S. Citizen
 (Specify): _____

Ethnicity:
 ___ Hispanic
 ___ Non-Hispanic

Parental Information:
Father:
 ___ Married
 ___ Single
 ___ Separated
 ___ Remarried
 ___ Divorced
 ___ Deceased

Mother:
 ___ Married
 ___ Single
 ___ Separated
 ___ Remarried
 ___ Divorced
 ___ Deceased

Language Spoken at Home:
 ___ English
 ___ Spanish
 ___ Other _____

Student's Spoken Language:
 ___ English
 ___ Spanish
 ___ Other _____

FAMILY RECORD

FATHER'S NAME _____
Last First Middle

ADDRESS _____
Street & Number City State Zip Code

PHONES Home () _____ Cell () _____ Work () _____

EMAIL ADDRESS _____

OCCUPATION _____
Name of Business Type of Work

BUSINESS ADDRESS _____
Street & Number City State Zip Code

RELIGION _____ U.S. CITIZEN ____ YES ____ NO

MOTHER'S NAME _____
Last First Middle

ADDRESS _____
Street & Number City State Zip Code

PHONES Home () _____ Cell () _____ Work () _____

EMAIL ADDRESS _____

OCCUPATION _____
Name of Business Type of Work

BUSINESS ADDRESS _____
Street & Number City State Zip Code

RELIGION _____ U.S. CITIZEN ____ YES ____ NO

LEGAL GUARDIAN'S NAME _____
Last First Middle

ADDRESS _____
Street & Number City State Zip Code

HOME PHONE () _____ BUSINESS PHONE () _____

EMAIL ADDRESS _____

OCCUPATION _____
Name of Business Type of Work

BUSINESS ADDRESS _____
Street & Number City State Zip Code

RELIGION _____ U.S. CITIZEN ____ YES ____ NO

RELATIONSHIP TO CHILD _____

WHO WILL BE RESPONSIBLE FOR TUITION PAYMENT? _____

OTHER FAMILY MEMBERS WHO ARE ATTENDING THE SCHOOL

NAME _____	GRADE _____	NAME _____	GRADE _____
_____	_____	_____	_____

OTHER FAMILY MEMBERS WHO HAVE ATTENDED THE SCHOOL

NAME _____	YEARS ATTENDED _____	NAME _____	YEARS ATTENDED _____
_____	_____	_____	_____

RECORD OF SACRAMENTS

BAPTISM

DATE _____	DATE _____
CHURCH _____	CHURCH _____
CITY _____ STATE _____	CITY _____ STATE _____

PARISH, CHURCH OR TEMPLE ATTENDING _____

REGISTERED? ____ YES ____ NO

NAME OF CHURCH _____ CITY _____

SCHOOLING

LIST SCHOOL (S) PREVIOUSLY ATTENDED, INCLUDE PRE-SCHOOL AND KINDERGARTEN

NAME OF SCHOOLS

PUBLIC SCHOOL DISTRICT WHERE LIVING _____

NAME OF PUBLIC SCHOOL CHILD WOULD ATTEND _____

REASON FOR ENROLLING IN THIS SCHOOL _____

HOW DID YOU HEAR ABOUT SAN CARLOS SCHOOL _____

HAS CHILD RECEIVED SPECIAL TESTING? ____ YES ____ NO, IF YES, EXPLAIN _____

HAS CHILD BEEN RETAINED? ____ YES ____ NO IF YES, WHAT GRADE (S)

HAS CHILD BEEN ADVANCED? ____ YES ____ NO IF YES, WHAT GRADE (S)

CHILD'S SPECIAL HEALTH/MEDICAL/EMOTIONAL CONCERNS: _____

CHILD'S SPECIAL TALENTS OR AREAS OF INTEREST: _____

PARENT'S SIGNATURE

DATE



450 Church Street, Monterey, CA 93940
 Phone: (831)375-1324 FAX: (831)375-9736 sancarlosschool.org
We Welcome. We Nurture. We Serve.

Applicant Evaluation from Current Teacher *use this form for Grades 1-8*

FOR CURRENT TEACHER TO COMPLETE

Applicant's Name: _____ Current Grade: _____

School student currently attends: _____ School Phone # () _____

Please check the appropriate box

Student Academics	Works independently at grade level	Needs assistance
Math		
Reading		
Writing		
Classwork		
Student Behavior	Is appropriate for grade level	Needs assistance
Follows classroom and school rules		
Accepts responsibility for actions		
Demonstrates self-control		
Organized and responsible for school and personal belongings		
Parental Support	Most Often	Inconsistent
Child's attendance is consistent and on-time		
Supports child's learning at home (homework, etc)		

Has this child been recommended, received, or been identified as needing any special services or testing in the areas of speech, counseling, special education, or learning issues? YES NO If yes, please explain,

Please feel free to add any additional comments on back of this form. Thank you!

TEACHER NAME _____ **SUBJECT/GRADE** _____

EMAIL _____ **YEARS KNOWN STUDENT** _____

Please scan, fax or mail this evaluation to:
 San Carlos School Admissions Office
 Attention: Registrar
 450 Church Street, Monterey, CA 93940

fax:(831)375-9736
 email: mainoffice@sancarlosschool.org



450 Church Street, Monterey, CA 93940
 Phone: (831)375-1324 FAX: (831)375-9736 sancarlosschool.org
We Welcome. We Nurture. We Serve.

Applicant Evaluation from Current Teacher *use this form for TK or Kinder*

FOR CURRENT TEACHER TO COMPLETE

Applicant's Name: _____ Current Grade: _____

School student currently attends: _____ School Phone # () _____

Please check the appropriate box

TK/Kindergarten Readiness	Mastered	Introduced	Needs assistance
Knows letter names of alphabet (random order)			
Knows some consonant sounds			
Knows colors			
Knows numbers 1-10			
Knows how to rhyme			
Knows shapes			
Social Skills	Always	Sometimes	Needs assistance
Communicates well with peers			
Communicates well with teachers			
Practices self-control			
Plays well with others			
Can follow directions			
Shares and takes turns			
Adequate attention span to complete tasks			
Is able to remain focused in a small group			
Has good visual recall			
Has good auditory recall			
Parental Support	Always	Sometimes	Needs Improvement
Child's attendance is consistent and on-time			
Supports teacher in attaining objectives			

PLEASE COMPLETE BACK

Page 2: Applicant Evaluation Teacher Form (Kindergarten)

Does the student have any physical, academic, or emotional challenges? YES NO
If yes, please explain.

Has this child been recommended, received, or been identified as needing any special services or testing in the areas of speech, counseling, special education, or learning issues? YES NO
If yes, please explain,

Is this child ready for Kindergarten? _____ YES NO
If no, please explain.

Additional Comments

TEACHER NAME _____ **SUBJECT/GRADE** _____

EMAIL _____ **YEARS KNOWN STUDENT** _____

Please scan, fax or mail this evaluation to:
San Carlos School Admissions Office
Attention: Registrar
450 Church Street, Monterey, CA 93940

fax:(831)375-9736
email: mainoffice@sancarloschool.org



450 Church Street, Monterey, CA 93940
Phone: (831)375-1324 FAX: (831)375-9736 sancarlosschool.org
We Welcome. We Nurture. We Serve.

Transcript Request

PARENT TO COMPLETE AND RETURN WITH ADMISSIONS APPLICATION *Please print*

STUDENT:

Last First Middle

PARENT/GUARDIAN:

Last First Middle

NAME OF CURRENT SCHOOL:

SCHOOL ADDRESS:

Street Address City State Zip

School Phone: _____ Fax: _____

PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND EVALUATIONS:

The understand hereby consents to the release to the appropriate personnel of San Carlos School all education records, including evaluations and such other information as may be requested about the above-named student. This information will remain confidential. It will be used for admissions and placement purposes and will not be released to any parties outside the school.

Signature of Parent/Legal Guardian

Date

PLEASE MAIL TRANSCRIPT RECORDS TO:
San Carlos School Admissions Office, Attention: Registrar
450 Church Street
Monterey, CA 93940