

San Carlos School

Application Checklist

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

- Application (all 3 pages completed)
- Application Fee (\$100 non-refundable)
- Birth Certificate
- Baptismal Certificate (Catholics)
- 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 T.V. Radio Movie Theater
- CA. Parent Magazine Flier Friend/Family

Other: _____



<u>For Office Use Only</u>	
Date of Application	_____
Fee Paid	_____
Immunization Form	_____
Birth Certificate	_____

Diocese of Monterey School Application Form

STUDENT INFORMATION:

ENTERING GRADE: _____ SCHOOL YEAR: _____ AGE: _____ SEX: _____

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 one that applies to the child:

<u>Ethnic Background:</u>	<u>Home Conditions Dependent and living with:</u>	<u>Parental Information:</u>	<u>Language Spoken at Home:</u>
<input type="checkbox"/> American Indian/ Native Alaskan	<input type="checkbox"/> Both Parents	Father: <input type="checkbox"/> Married	<input type="checkbox"/> English
<input type="checkbox"/> Asian	<input type="checkbox"/> Father	<input type="checkbox"/> Single	<input type="checkbox"/> Spanish
<input type="checkbox"/> Black	<input type="checkbox"/> Mother	<input type="checkbox"/> Separated	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Remarried	
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Divorced	<u>Student's Spoken Language:</u>
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Shared Custody	<input type="checkbox"/> Deceased	
<input type="checkbox"/> White	<input type="checkbox"/> Other (Specify): _____	Mother: <input type="checkbox"/> Married	<input type="checkbox"/> English
	<u>Independent:</u>	<input type="checkbox"/> Single	<input type="checkbox"/> Spanish
<u>Citizenship:</u>	<input type="checkbox"/> Emancipated	<input type="checkbox"/> Separated	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Other (Explain): _____	<input type="checkbox"/> Remarried	
<input type="checkbox"/> Non U.S. Citizen (Specify): _____		<input type="checkbox"/> Divorced	
		<input type="checkbox"/> Deceased	

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 _____
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OTHER FAMILY MEMBERS WHO HAVE ATTENDED THE SCHOOL

NAME _____	YEARS ATTENDED _____	NAME _____	YEARS ATTENDED _____
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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