



St. Joseph of Cupertino School

10120 N. De Anza Blvd., Cupertino, California 95014 • (408)252-6441 • www.sjcschool.org

GRADES 1 - 8 APPLICATION 2018 – 2019 SCHOOL YEAR

Dear Parents,

This packet contains forms which must be completed in order to apply for admission to St. Joseph's School. Please follow all instructions carefully and completely on the application form. Incomplete applications cannot be processed.

This packet contains:

- 1) Application Form (white)
- 2) School Recommendation Form (green)
- 3) Authorization for Release of Student Records
- 4) Testing Schedule
- 5) Two Self-Addressed Envelopes

Instructions:

- 1) Please use the envelopes provided.
- 2) Complete and fill out the *Application Form*, and return with:
 - a. A non-refundable \$75.00 application fee. Please do not send cash.
 - b. A copy of the child's Baptismal Certificate. Do not send the original document.
 - c. A copy of your child's most recent Report Card.
 - d. A copy of your child's Birth Certificate or Passport. Do not send the original document.
- 3) Take the *School Recommendation Form* (green sheet) and the small envelope to your child's teacher and have the teacher send the form directly to St. Joseph's by February 2, 2018. **This form cannot be accepted from a parent.**
- 4) Fill out the *Authorization for Release of Student Records* and send the form directly to St. Joseph's with your application.

All application forms/items are due as soon as possible, but no later than February 2, 2018.

Grade 1 and 2 applicants will be contacted with a specific testing time (date will be Thursday, February 8, 2018 for Gr. 1 and Gr. 2). Testing for incoming 3rd through 8th grade students is scheduled for Thursday, February 8, 2018, at 3:15 p.m. (please see the "Testing Dates" insert included in this application packet for further information). If more than one child is applying, you must complete an application form for each child. Thank you for your interest in St. Joseph's School.

Sincerely,

Michael Lee
Principal



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K - 8 Application Form

Instructions: Please complete all sections. Indicate "NA" if something does not apply. Please fill out one application per child. Each application must be accompanied by a \$75.00 non-refundable fee. Make checks payable to "St. Joseph of Cupertino School."

Family Name: _____

Grade to Enter: _____
Grades of Other Siblings: _____
Number of Children Applying: _____

STUDENT INFORMATION

Child's Name: _____ Male Female
Last First Middle Nickname

Home Address: _____
Number and Street City State Zip Code

Home Phone: _____ Birth Date: _____ Place of Birth: _____ SS# _____

US Citizen? Yes No (If no, please provide a copy of the student's visa) Is this student on an F Visa? Yes No

Has your child ever attended a Catholic School? Yes No If Yes, where? _____

Do you presently have a child attending St. Joseph of Cupertino School? Yes No

Current school attending: _____
School Name Address City, State, Zip Code Phone number

Is this child English-Language proficient? Yes No Primary language spoken at home: _____

Does this child have any special medical needs or take daily medication? Yes No

If yes, please describe: _____

Is Child Hispanic or Latino? Yes No

Child's Race: (Check all that apply)

- American Indian or Native Alaskan
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races

Child's Ethnic Background: (Check one)

- Asian
- Black/African American
- Caucasian
- Chinese
- East Indian
- Filipino
- Hawaiian/ Pacific Islander
- Hispanic
- Japanese
- Korean
- Multiracial
- Native American
- Vietnamese

Child's Religion: _____

Has this child been baptized? Yes No

Please include a copy of baptismal certificate with your application.

Baptismal Date _____ Church Name _____ City _____ State _____ Zip Code _____

Communion Date _____ Church Name _____ City _____ State _____ Zip Code _____

Child lives with: Both Parents Mother Father Other: _____ (Relationship)

Parental Status: * (If child is not living with both parents)

- Father: Separated
- Divorced
- Remarried
- Deceased
- Mother: Separated
- Divorced
- Remarried
- Deceased

St. Joseph of Cupertino School does not unlawfully discriminate on the basis of race, color, national or ethnic origin, age, sex, or disability in the admission of students, the administration of educational policies, scholarship and loan programs, and athletic and other school-administered programs.

FAMILY INFORMATION

FATHER

MOTHER

First and Last Name:		
Home Address: <i>(if different than that of child)</i>		
Home Phone: <i>(if different than that of child)</i>		
Cell Phone:		
Email Address:		
Occupation:		
Employer Name:		
Employer Address:		
Business Phone:		
Religion:		
Attends Mass Regularly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth		
US Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SJC Alumni:	<input type="checkbox"/> Yes Year Graduated: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Year Graduated: _____ <input type="checkbox"/> No

Sibling Information: *(Please list all other children in the family)*

Name	Age	Grade	Present School

PARISH INFORMATION

Is your family registered at St. Joseph of Cupertino Church? Yes No

If Yes, Parish Envelope Number: _____

If No, are you registered at another parish? _____

TUITION INFORMATION

Please initial:

_____ I am familiar with St. Joseph's tuition payment options. _____ I will be responsible for keeping these payments current.

Do you have any outstanding tuition balances at any other school your child has attended? Yes No

If yes, at which school and when do you plan to finalize payment on this balance? _____

STATEMENT OF INTENT

On the reverse side of this sheet of paper, please indicate why you wish to enroll your child at St. Joseph of Cupertino School. **Application will not be processed without this statement.**

Signature

Date



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SCHOOL RECOMMENDATION FORM 2018-2019

Date: _____

Dear Teacher,

_____ has applied for admission for Grade _____ at St. Joseph of Cupertino School. Our admission policy requires an evaluation from the current and/or previous teacher. All evaluations are confidential and will be used solely to determine suitability for admission and placement.

Please return this evaluation in the enclosed self-addressed envelope to St. Joseph of Cupertino School by **Friday, February 2, 2018.** Thank you for your help and assistance.

Sincerely,

Michael Lee
Principal

EVALUATION

Subject Achievement Level	Above Grade Level	At Grade Level	Below Grade Level
Math	_____	_____	_____
Reading	_____	_____	_____
English	_____	_____	_____
Social Studies	_____	_____	_____
Science	_____	_____	_____
Study Skills	Very Good	Average	Below Average
Homework	_____	_____	_____
Use of class time	_____	_____	_____
Independent Assignments	_____	_____	_____
Group work	_____	_____	_____
Social Skills	Very Good	Average	Below Average
Interaction with peers	_____	_____	_____
Interaction with adults	_____	_____	_____
Self help	_____	_____	_____
Parental Support	Very Good	Average	Below Average
Maintains contact with teacher	_____	_____	_____
Supports teacher in attaining academic & behavioral objectives	_____	_____	_____
Evidences support of school program	_____	_____	_____

Does the student have any physical, academic, or emotional problems of which you are aware? YES NO
If yes, please comment.

Has the student been retained at any time? YES NO If yes, what grade? _____

Has this student received any special services in the areas of speech, counseling, special education, etc.?
If yes, please comment.....YES NO

Is this student able to remain on task?YES NO

Is this student focused in a small group?YES NO

Does this student interact well with peers?.....YES NO

Does this student have a good self-concept?YES NO

Does this student display acceptable behavior?.....YES NO

Does this student have good visual recall?YES NO

Does this student have good auditory recall?YES NO

Comments: _____

Signature _____

Position _____

School _____



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AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Re: Student's Name _____

Birth date _____

Name of School _____

Grade _____

I, _____, the parent or legal guardian of the
above named student, hereby authorize the principal of _____ to release the
(your school name)

school records, including achievement, enrollment, health and development data to the person,
institution, or agency named below:

Principal
St. Joseph of Cupertino School
10120 N. De Anza Blvd.
Cupertino, CA 95014

This request is submitted for the following reason:

Application to St. Joseph of Cupertino School

I understand that records are released only on the condition that the receiving person or agency will not
release these records without the written consent of the parent or legal guardian.

Signed: _____
Signature of Parent or Legal Guardian Relationship to Student

Date signed: _____

Revised August, 2011



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TESTING DATES 2018

(Please mark your calendars)

Testing for students **entering Kindergarten** will be Friday, December 8, 2017 or Friday, February 9, 2018. Testing sessions are from 9:00 a.m. to 11:30 a.m. or from 1:00 p.m. to 3:30 p.m. We will mail you a letter indicating your child's assigned testing date and time. Children will be grouped together for testing by their birth date.

Testing for students **entering Grade 1-8** will be Thursday, February 8, 2018, in the afternoon. You will be contacted with your child's assigned testing time.

Grade 1: we will contact you with assigned time (20 minutes)

Grade 2: we will contact you with assigned time

Grade 3: 3:15 p.m. (30 minutes)

Grades 4-8: 3:15 p.m. (45 to 60 minutes)

Please report to the school office at your assigned date and time. Your child will be brought to the appropriate classroom. Parents do not need to stay, but can return when the testing time is over.

Sincerely,

Michael Lee
Principal