



St. Joseph of Cupertino School

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

KINDERGARTEN APPLICATION 2012-2013 SCHOOL YEAR

Dear Parents,

This packet contains three (3) sheets 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.

Children must be 5 years old by November 1 in order to apply for Kindergarten.

This packet contains:

- 1) Application Form (white)
- 2) School Recommendation Form (pink)
- 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.
- 3) Take the *School Recommendation Form* (pink sheet) and the small envelope to your child's teacher and have the teacher send the form directly to St. Joseph's. 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 on or before Wednesday, February 15, 2012. You will be mailed a letter with a specific testing time (date will be on February 27 or February 28, 2012). 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,

Mary Lyons
Principal



St. Joseph of Cupertino School

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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 Preferred Name for Nametag Use

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: _____

Child's Ethnic Background: (Check all that apply)

- Native American
- African American
- Hispanic
- Caucasian
- Filipino
- Chinese
- Japanese
- Korean
- Vietnamese
- Indian
- Pakistani
- Middle Eastern
- Indonesian
- Southeast Asian
- Pacific Islander
- Multi Racial
- Other: _____

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.

Please see attached information about The BASIC Fund (www.basicfund.org), a financial aid program offered to families entering Catholic School in the Diocese of San Jose. Your family may qualify for significant financial assistance if you meet specific income guidelines.

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



St. Joseph of Cupertino School

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SCHOOL RECOMMENDATION FORM

Dear Teacher,

_____ has applied for admission to Kindergarten at St. Joseph of Cupertino School. In order to properly place him/her, we would greatly appreciate your assistance. All replies are confidential. Check the boxes which most closely reflect your opinions. Please return this evaluation in the enclosed self-addressed envelope to St. Joseph of Cupertino School by **Friday, February 15, 2012.**

Reading Readiness

1. Knows letter names of alphabet (not by rote)
2. Knows consonant sounds
3. Knows color names
4. Knows shapes

Introduced	Mastered	Needs Assistance

School Habits

1. Communicates well with peers
2. Communicates well with teachers
3. Practices self-control
4. Is able to focus and complete tasks
5. Plays well with others
6. Parents evidence concern for child's progress
7. Parents support the teachers in discipline of the child

Agree	Disagree

This child attends our preschool ___ days a week for ___ hours per week. (Please specify.)

St. Joseph's has a full-day Kindergarten program which requires a level of maturity which may not be necessary for other Kindergarten programs. Do you feel this child can be successful in a full-day program? _____

Does the applicant have any physical, academic, or emotional problems of which you are aware? _____

If so, please explain _____

Please send this form directly to St. Joseph's School in the envelope provided. Do not give it back to the parent.

Signature and Position

School



St. Joseph of Cupertino 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 (Please mark your calendars)

Testing for students **entering Kindergarten** will be Monday, February 27, or Tuesday, February 28, 2012. 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** will be Tuesday, February 28, 2012 in the afternoon. You will be contacted with your child's assigned testing time. Testing will last approximately 20 minutes.

Testing for students **entering Grades 2-8** is scheduled for Wednesday, February 29, 2012 at the following times:

- | | |
|--------------------|---|
| Grade 2: | Assigned times in afternoon; 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,

Mary Lyons
Principal



Giving Parents a Choice • Giving Children a Chance

The BASIC Fund is a privately funded program dedicated to broadening the educational opportunities for children by helping low-income families afford the cost of tuition at private schools.

Currently, The BASIC Fund supports more than 4,000 students in 300 schools throughout Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma Counties.

This program is intended as a “Helping Hand” for children enrolling into a private school for the first time. The BASIC Fund forms a partnership with parents in the education of their children and expects parents to be actively involved with the schools and their children.

In the Fall of 2012, The BASIC Fund will offer scholarships to students entering kindergarten through eighth grades. Scholarships are awarded on a first come, first served basis according to the deadlines in this application. The number of new scholarships we provide is based solely on the funding we receive for the 2012 Program. Grant amounts are based on household size and income.

SCHOLARSHIPS ARE UP TO A MAXIMUM OF \$1,600 ANNUALLY PER CHILD.

Bay Area Scholarships for Innerscity Children
268 Bush Street, No. 2717
San Francisco, CA 94104
Phone: 415-986-5650
Fax: 415-986-5358
www.basicfund.org

Do I Qualify?

You qualify for tuition assistance if you meet ALL of the following requirements:

1. Your child will attend a registered private school in Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano or Sonoma Counties in the Fall of 2012;
2. **At least one child is attending private school for the first time;**
3. Your child meets all academic and other admissions requirements of that school;
4. Your child will be entering K-8th grade;
5. Your family meets the income eligibility guidelines outlined below:

Household Size	Maximum Annual Household Income		
	25% of Tuition	50% of Tuition	75% of Tuition
2	\$38,103	\$27,849	\$18,065
3	\$47,896	\$33,901	\$21,110
4	\$57,600	\$40,456	\$24,155
5	\$67,304	\$47,010	\$27,200
6	\$77,008	\$53,564	\$30,245

For information for family of 7 and above please call us

Household Size includes you, your spouse (if living at the same address) and all other family members living at your address for which you claim financial responsibility on your federal tax form.

Household Income includes the total gross income of all household members.

How Does Tuition Assistance Work?

Completed applications including eligible financial documentation will be awarded according to the priority deadlines indicated on this application. Awards will be made until funds for our 2012 Program are exhausted, and are not guaranteed, even if you meet the deadline. The earlier your application and financial documents are received, the better chance of receiving a scholarship. The grant will be awarded for a minimum of four (4) years provided:

1. Your child gains admission to an eligible school;
2. Your family remains financially eligible;
3. Your family keeps up with its portion of the tuition payments to the school;
4. You pay the minimum of at least \$500 or more for each school year.
5. Your child is in grades K – 8th.

The BASIC Fund scholarships are based on household size and income. Scholarships usually cover 25%, 50%, or 75% of a school’s tuition, up to \$1,600.

SCHOLARSHIPS ARE UP TO A MAXIMUM OF \$1,600 ANNUALLY PER CHILD.

Once we receive confirmation that your child is enrolled at the school, **The BASIC Fund** will pay the school directly on your family’s behalf. We will make our payment in two installments: half in October, and the balance in February.

Should a student accept a BASIC Fund Scholarship, the student cannot also receive tuition assistance from Guardsmen, FACE, CEO-Oakland, or Making Waves. School based Financial Aid is acceptable.

How Do I Apply?

Step One Refer to the chart to see if your family qualifies financially.

Step Two Complete the application attached to this information sheet (add a separate page for additional children). Please send along with your completed application a copy of your financial documentation. Attach all of the following financial documents that are applicable (required): 2011 1040 Federal Tax Return (Form 1040), CalWorks (current), Social Security (current), Disability (current), Worker’s Compensation (current), Retirement Benefits (current), Foster Care (current), or Unemployment (current).

Please note: *The BASIC Fund may request additional information when necessary. W-2 forms and/or employment pay stubs are NOT accepted as primary financial documentation.*

Step Three If your family qualifies to receive tuition assistance and your child is awarded a scholarship, you will be notified by mail or email.

Mail your application to:

The BASIC Fund
268 Bush Street, No. 2717
San Francisco, CA 94104

The BASIC Fund provides equal opportunity to all applicants without regard to race, gender, sexual orientation, religious affiliation, or national origin

The BASIC Fund / Application Form

2012 – 2013 SY DEADLINES:
Priority 1: 2/10/12; Priority 2: 3/9/12;
Priority 3: 4/13/12

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____

Street Address: _____

City: _____ State/Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email: _____

Household Size: _____ **Marital Status** _____

(Household size includes you and all other family members living at your address for which you claim financial responsibility.) *

of Adults: _____ # of Children: _____

*We need proof of residence & financial information for all household members.

Siblings Currently Receiving BASIC

List Children Currently Receiving The BASIC Fund

Student's Name: _____

Student's Name: _____

Attach all of the following financial documents that apply (required):

- 2011 1040 Federal Tax Return ● CalWorks (current)
- Unemployment / Disability (current) ● Social Security (current)
- Retirement Benefits (current) ● Worker's Compensation (current)
- Foster Care Benefits (current)

Note: The BASIC Fund may request additional information when necessary. W-2 Forms and/or pay stubs will NOT be accepted as primary financial documentation.

New BASIC Fund Applicants

List Applicants who will attend K-8th in a Private School

Student's Name: _____

Date of Birth: _____ / _____ / _____

Gender: Female Male

School child attended the 2011-2012 School Year: _____

Private school child will attend in 2012-2013 School Year (if known): _____

Grade in 2012-2013 School Year: _____



Student's Name: _____

Date of Birth: _____ / _____ / _____

Gender: Female Male

School child attended the 2011-2012 School Year: _____

Private school child will attend in 2012-2013 School Year (if known): _____

Grade in 2012-2013 School Year: _____



Student's Name: _____

Date of Birth: _____ / _____ / _____

Gender: Female Male

School child attended the 2011-2012 School Year: _____

Private school child will attend in 2012-2013 School Year (if known): _____

Grade in 2012-2013 School Year: _____



Add A Separate Sheet For Additional Applicants

Participation Guidelines

Please Sign to Indicate Understanding and Agreement.

- I certify that at least one child listed on this application is entering a K through 8th grade private school for the first time in the Fall of 2012.
- I understand that the children listed on this application must meet all academic and admissions requirements of the private school to which they apply, and that **The BASIC Fund** grant is separate from the school admissions process.
- I certify that our family is financially eligible, have submitted required financial documents for all adults and proof of all family members living in the household.
- I understand that **The BASIC Fund** reserves the right to cancel any grant if I provide incomplete or fraudulent information or do not respond within fifteen (15) days of the grant notification.
- If my child receives a tuition assistance grant I promise to keep current on my portion of the tuition and to abide by all of the school's rules and regulations.
- **I understand that I am required to pay at least \$500 minimum or more for each school year.**
- I understand that **The BASIC Fund** will provide *up to \$1,600 annually* to a participating school of my choice for a minimum of four (4) years as long as my child remains eligible.
- I understand that accepting the scholarship from **The BASIC Fund** for my child, I am not receiving funding from CEO, Guardsmen, or FACE.
- I understand and agree that the BASIC Fund may request any information relevant to my child's scholarship from an outside source, including another program, institution or the Archdiocese.
- If my child receives a grant, I hereby permit **The BASIC Fund** to obtain the results of any standardized tests administered by the school, and to use my child's name and picture in its brochures and other materials.
- I hereby release and indemnify **The BASIC Fund** from any and all claims and liabilities arising out of my child's participation in this program.

Signature

Date