



# *St. Joseph of Cupertino School*

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

## **KINDERGARTEN 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.

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

### **This packet contains:**

- 1) Application Form (white)
- 2) School Recommendation Form (pink)
- 3) Testing Schedule
- 4) 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 the child's Birth Certificate or Passport. 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 of Cupertino School. This form cannot be accepted from a parent.

All application forms/items are due on or before Friday, February 2, 2018. You will be mailed a letter with a specific testing time (date will be December 8, 2017 or February 8, 2018). If more than one child is applying, you must complete an application form for each child.

Thank you for your interest in St. Joseph of Cupertino 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**

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

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 2, 2018.**

### 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



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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