



# Cathedral of the Annunciation School

1110 N. Lincoln Street  
Stockton, California 95203

Phone: (209) 444-4000  
Fax: (209) 444-4013

**THANK YOU FOR YOUR INTEREST IN CATHEDRAL OF THE ANNUNCIATION SCHOOL**

## Information for Student Applying for Grade \_\_\_\_\_ in Fall of 2018

Full name: \_\_\_\_\_  
(Last) (First) (Middle)

Nickname: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Name and address of present school: \_\_\_\_\_ Sibling(s) enrolled here? \_\_\_\_\_

Religion practiced: \_\_\_\_\_ Baptism: Parish \_\_\_\_\_ Date: \_\_\_\_\_

Parish and date (where applicable) Sacraments were received - **Reconciliation:** \_\_\_\_\_

**First Eucharist:** \_\_\_\_\_ **Confirmation:** \_\_\_\_\_

## Family Information

Father

Mother

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_ Middle and Maiden name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of birth: \_\_\_\_\_

US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Years in Stockton area: \_\_\_\_\_

Name (while attending) if parent is an alumnus of Annunciation School: \_\_\_\_\_

**Father**

**Mother**

Occupation: \_\_\_\_\_

Company/Location: \_\_\_\_\_

With whom does your child primarily reside?  Both Parents  Father  Mother  Guardian

Please check if pertinent:  Father deceased  Parents separated  Parents divorced  
 Mother deceased  Father remarried  Mother remarried

Are you members of the cathedral? \_\_\_\_\_ since: \_\_\_\_\_ Sunday offering envelope # \_\_\_\_\_

- If you are a member of the cathedral, please submit your 2017 parish contribution record, which was mailed by the parish, demonstrating Mass attendance.
- If you are a member of another parish, please attach a letter from your pastor telling us about your participation there.
- If you practice another faith tradition, please attach a letter from your place of worship telling us about your participation.

Siblings not enrolled:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

For purposes of statistic surveys only – please check one or more.

Ethnicity/Race:  Hispanic or Latino  American Indian or Alaskan Native  Asian  Middle Eastern  
 Anglican/Caucasian  Black or African American  Native Hawaiian or Other Pacific Islander

**Please Answer Following Questions For Us**

**What are your elementary educational goals for your child?**

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**What is your understanding of “fully entering into a teaching partnership with the faculty”?**

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**How does your family practice your faith?**

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**What is your reason for selecting Annunciation School?**

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### **Information and Checklist**

**COMPLETED APPLICATION AND ALL ACCOMPANYING DOCUMENTATION LISTED BELOW ARE  
DUE BY FEBRUARY 15, 2018**

**OPEN HOUSE WILL BE HELD ON JANUARY 28 AND FEBRUARY 1**

**NOTIFICATION OF ACCEPTANCE WILL OCCUR BY THE END OF MARCH 2018  
upon which a \$150 registration fee per student is required**

Please use the checklist below to ensure the registration process will be completed without delay. For this application to be considered valid, all information requested must be submitted. Incomplete applications will **not** be processed. Please feel free to call the school office: (209) 444-4000, if you have any questions.

**REQUIRED COPIES:**

\_\_\_ Birth certificate

\_\_\_ Baptismal certificate

\_\_\_ Health immunization card

\_\_\_ Copy of the student report card

\_\_\_ Standardized test scores

\_\_\_ Completed application form

\_\_\_ Parental duties and obligations agreement

\_\_\_ Photograph of your family (informal snapshot)

\_\_\_ \$75.00 Processing fee (per family)

**When a child is accepted into Annunciation school, we expect that families support our community by:**

- Entering fully into a teaching and religious formation partnership with faculty.
- Attending Sunday and Holy Day Masses as a family, if Catholic, and honoring family time.
- Participating in the sacramental preparation of your children.
- Meeting annual fundraising obligations of Fall Festival, Crab Feed, and Big Raffle.
- Reading and abiding by the policies in the *Parent-Student Handbook*.
- Holding your children responsible for abiding by the school's code of conduct.

***By signing this application, you are making a pledge with the school to uphold these responsibilities.***

Mother's signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Father's signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Both parents must sign this application for it to be processed. If both signatures are not present, an explanation for this omission must accompany this application.**

How did you learn about out open enrollment period? \_\_\_School parent\_\_\_ Parish bulletin \_\_\_ Media \_\_\_ Website \_\_\_ Other

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**For Office Use**

Application & payment received date: \_\_\_\_\_ Check# \_\_\_\_\_

\_\_\_ Birth cert. \_\_\_ Bapt. cert. \_\_\_ Immun. rec. \_\_\_ Varicella immun. \_\_\_ Pastor letter \_\_\_ Parish contrib. rec.

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Reference: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

School accept. Date: \_\_\_\_\_ Family accept: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Application renewed: \_\_\_ Yes \_\_\_ No Rolled over to grade: \_\_\_\_\_ Date: \_\_\_\_\_