

Cathedral of the Annunciation School

1110 N. Lincoln Street Stockton, California 95203 www.annunciation-school.org

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

THANK YOU FOR YOUR INTEREST IN CATHEDRAL OF THE ANNUNCIATION SCHOOL

Kindergarten Student Information for Fall of 2020

Full name:				
(Last)		(First)		(Middle)
Nickname:	Male Female	Sibling(s) enro	olled here?	
Date of birth:	(Ch	ild must be fiv	ve years of age on or l	pefore September 1)
Address:		City:	State:	Zip:
Religion practiced:	Baptism: Parish			_ Date:
<u>Father</u>	Family Inf	ormation	<u>Mother</u>	
Last name:				
First name:				
Middle name:			me:	
Street address:				
City/State/Zip:				
Home phone:				
Work phone:				
Cell phone:				
Email address:				
Place of birth:				
US Citizen? YesN	lo	Yes	No	
Years in Stockton area:				
Name (while attending) if parent	is an alumnus of Annunciation	on School:		
Occupation:				
Company/Location:				

With whom does your child	d primarily reside?	_Both parents _	Father	Mother	Guardian
Please check if pertinent:	Father deceased Mother deceased	Paren Fathe	ts separated r remarried	Parents dive	orced arried
Are you members of the ca	uthedral? since	e:	S	unday offering en	nvelope #
Siblings <u>not</u> enrolled:					
Name:		DOB: _		School:	
Name:		DOB: _		School:	
Name:		DOB: _		School:	
Name:		DOB: _		School:	
Anglican		nswer Follow			or Other Pacific Islande
What are your elementary	educational goals fo	r your child?			
What is your understandir	ng of "fully entering i	into a teaching p	artnership w	ith the faculty":	?
T	-4' C-'41-9				
How does your family prac	cuce your faith?				

Information and Checklist

COMPLETED APPLICATION AND ALL ACCOMPANYING DOCUMENTATION LISTED BELOW ARE DUE BY FEBRUARY 13, 2020

OPEN HOUSE WILL BE JANUARY 26 (10AM-1PM) AND JANUARY 30 (6PM-7PM)

NOTIFICATION OF ACCEPTANCE WILL OCCUR BY THE END OF MARCH 2020 *upon which a \$225 registration fee per student is required (fee includes yearbook) (Testing for readiness will be scheduled once application has been processed)

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 <u>not</u> be processed.** Please feel free to call the school office: (209) 444-4000, if you have any questions.

Required copies:				
Birth certificateBaptismal certi	ificate _	Completed ap	plication form	
Health immunization card	-	Parental duties and obligations agreemen		
Copy of latest preschool assessment	-	Photograph of	f your family (informal snapshot)	
Completed school readiness workshe	et _	\$75.00 Process	sing fee (per family)	
How did you learn about out open enrolls	ment period?			
School parent (name)				
Staff member (name) Parish bulletin MediaWebsite				
Parish bulletin MediaWebsite	Other			
 Meeting annual fundraising ob Reading and abiding by the pol Holding your children responsi By signing this application, you are making	licies in the <i>Parent-Stu</i> ible for abiding by the	dent Handbook. school's code of co	onduct.	
		-	-	
Father's signature: Date:		Date:		
Both parents must sign this application f for this omission must accompany this application from the second	pplication ************************************	**************************************	*********	
Application & fee received date:	Chec	k#		
School accept. date:			Date:	