## ST. APOLLINARIS SCHOOL APPLICATION FORM

St. Apollinaris School	3700 Lassen Street	Napa, (	CA 94558	(707) 2	24-6525
Date	Male/Fe	emale	Applying	for Grade _	
Child's Name(Last)		First)			
				ddle)	
Present Home AddressStree	t Address		City	State	Zip
Home/Cell Phone Number					
School Last Attended					
Number of Siblings			Ages		
Place of Birth	S	tate	Date of Birth	1	
Child's ReligionBaptism Date		Com	nmunion		
Church					
City		City			
Presently attending C.C.D. class	ses [	] Yes	[]	No	
Where					
A non-refundable app	olication fee of \$40.00	must acco	ompany the a	pplication.	
By whom were you referred?					_
** Appli	ication is only valid fo	or one sch	ool year **		

## Non Discrimination Policy

St. Apollinaris Catholic School, mindful of its mission to be a witness to the love of Christ for all, admits students regardless of race, color, national origin, and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at St. Apollinaris Catholic School.

The school does not discriminate on the basis of race, color, disability, medical condition, sex, or national and/or ethnic origin in the administration of educational policies and practices, scholarship programs, and athletic and other school-administered programs, although certain athletic leagues and other programs may limit participation and some Catholic schools operate as single-sex schools.

While the school does not discriminate against students with special needs, a full range of services may not always be available to them. Decisions concerning the admission and continued enrollment of a student in the school are based upon the student's emotional, academic, and physical abilities and the resources available to St. Apollinaris Catholic School in meeting the student's needs.

Ethnic Origin\*

[]	Black America Asian American		Hispanic American American Indian	[]	All Other	
*St. Apollinaris School welcomes all children without regard to race, color, sex or ethnic origin.						
		Fami	ly Information			
Father's Name	·					
			State			
Religion			Parish			
Occupation						
Business Addr	City		State		Zip	
Business Phon	e					
E-Mail						

U.S	S. Citizen	
State		
Parish		
State	Zip	
	Date	
	Date	
	State Parish State	

Please answer the following questions about your child:		
1.	What do you think are your son's/daughter's personal strengths or outstanding characteristics?	
2.	Describe your son's/daughter's academic strengths.	
3.	Describe any significant scholastic problems he/she has had or any particular circumstances such as illness or reading or math difficulties that may have affected his/her record in school.	
4.	Why do you wish your child to attend St. Apollinaris School?	

## New Student Checklist

Student's Name:	Grade:
The application MUST include all applica	ble requested information below to
be considered complete.	
☐ Birth Certificate	
☐ Baptismal Certificate (if appli	cable)
☐ First Communion Certificate (	(if applicable)
☐ Immunization Records	
☐ Physical Examination (by chil	ld's doctor gr. TK-1)
☐ If applying for 5-8 <sup>th</sup> grade: pro	ovide the two most recent report
cards and 2 years of testing.	
$\square$ Application Fee of \$40.00	
Please turn in the copies along with your a	application to the office. If you have
any questions please feel free to contact th	ne office at (707)224-6525.
Thank you in advance.	