



450 Church Street, Monterey, CA 93940

Phone: (831)375-1324 FAX: (831)375-9736 sancarlosschool.org

*We Welcome. We Nurture. We Serve.*

## **Application Checklist**

Your application will not be considered until the office has received the following items:

\_\_\_ Application (all 3 pages completed)

\_\_\_ Application Fee (\$75.00 non-refundable)

\_\_\_ Birth Certificate

\_\_\_ Baptismal Certificate (Catholics)

\_\_\_ Applicant Evaluation Form (completed by current teacher)

\_\_\_ Copies of Report Cards  
(Last 2 years from Grades 2 – 8)

\_\_\_ Copies of any Standardized Test  
(Last 2 years from Grades 2 – 8)

### **How did you find out about San Carlos School?**

\_\_\_ Newspaper Ad

\_\_\_ T.V. Ad

\_\_\_ Church Bulletin

\_\_\_ Magazine Ad

\_\_\_ Flier/Postcard

\_\_\_ Friend/Family

\_\_\_ Preschool

\_\_\_ FB/Instagram

\_\_\_ SCS Website

Other: \_\_\_\_\_



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<u>For Office Use Only</u>	
Date of Application	_____
Fee Paid	_____
Immunization Form	_____
Birth Certificate	_____
Evaluation Form	_____

## Application for Admission

### STUDENT INFORMATION:

ENTERING GRADE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_  
*Last First Middle*

HOME ADDRESS: \_\_\_\_\_  
*Street & Number City Zip Code*

TELEPHONE: \_\_\_\_\_

RELIGION: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
*City State*

DATE OF BIRTH: \_\_\_\_\_

Please check the categories that apply to your student:

<p><b><u>Race:</u></b></p> <p>____ Asian</p> <p>____ American Indian/ Native Alaskan</p> <p>____ Black/African American</p> <p>____ Native Hawaiian/ Pacific Islander</p> <p>____ White</p> <p>____ Two or more races</p>	<p><b><u>Home Conditions</u></b> Dependent and living with:</p> <p>____ Both Parents</p> <p>____ Father</p> <p>____ Mother</p> <p>____ Legal Guardian</p> <p>____ Foster Parent</p> <p>____ Shared Custody</p> <p><b><u>Citizenship:</u></b></p> <p>____ U.S. Citizen</p> <p>____ Non U.S. Citizen</p> <p>(Specify): _____</p>	<p><b><u>Parental Information:</u></b></p> <p><b>Father:</b></p> <p>____ Married</p> <p>____ Single</p> <p>____ Separated</p> <p>____ Remarried</p> <p>____ Divorced</p> <p>____ Deceased</p> <p><b>Mother:</b></p> <p>____ Married</p> <p>____ Single</p> <p>____ Separated</p> <p>____ Remarried</p> <p>____ Divorced</p> <p>____ Deceased</p>	<p><b><u>Language Spoken at Home:</u></b></p> <p>____ English</p> <p>____ Spanish</p> <p>____ Other _____</p> <p><b><u>Student's Spoken Language:</u></b></p> <p>____ English</p> <p>____ Spanish</p> <p>____ Other _____</p>
<p><b><u>Ethnicity:</u></b></p> <p>____ Hispanic</p> <p>____ Non-Hispanic</p>			

## FAMILY RECORD

**FATHER'S NAME** \_\_\_\_\_  
*Last* *First* *Middle*

ADDRESS \_\_\_\_\_  
*Street & Number* *City* *State* *Zip Code*

PHONES Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_  
*Name of Business* *Type of Work*

BUSINESS ADDRESS \_\_\_\_\_  
*Street & Number* *City* *State* *Zip Code*

RELIGION \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ YES \_\_\_\_\_ NO

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**MOTHER'S NAME** \_\_\_\_\_  
*Last* *First* *Middle*

ADDRESS \_\_\_\_\_  
*Street & Number* *City* *State* *Zip Code*

PHONES Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_  
*Name of Business* *Type of Work*

BUSINESS ADDRESS \_\_\_\_\_  
*Street & Number* *City* *State* *Zip Code*

RELIGION \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ YES \_\_\_\_\_ NO

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**LEGAL GUARDIAN'S NAME** \_\_\_\_\_  
*Last* *First* *Middle*

ADDRESS \_\_\_\_\_  
*Street & Number* *City* *State* *Zip Code*

HOME PHONE ( ) \_\_\_\_\_ BUSINESS PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_  
*Name of Business* *Type of Work*

BUSINESS ADDRESS \_\_\_\_\_  
*Street & Number* *City* *State* *Zip Code*

RELIGION \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ YES \_\_\_\_\_ NO

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RELATIONSHIP TO CHILD \_\_\_\_\_

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WHO WILL BE RESPONSIBLE FOR TUITION PAYMENT? \_\_\_\_\_

**OTHER FAMILY MEMBERS WHO ARE ATTENDING THE SCHOOL**

NAME _____	GRADE _____	NAME _____	GRADE _____
_____	_____	_____	_____

**OTHER FAMILY MEMBERS WHO HAVE ATTENDED THE SCHOOL**

NAME _____	YEARS ATTENDED _____	NAME _____	YEARS ATTENDED _____
_____	_____	_____	_____

**RECORD OF SACRAMENTS**

**BAPTISM**

DATE _____	DATE _____
CHURCH _____	CHURCH _____
CITY _____ STATE _____	CITY _____ STATE _____

PARISH, CHURCH OR TEMPLE ATTENDING \_\_\_\_\_

REGISTERED? \_\_\_\_ YES \_\_\_\_ NO

NAME OF CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

**SCHOOLING**

LIST SCHOOL (S) PREVIOUSLY ATTENDED, INCLUDE PRE-SCHOOL AND KINDERGARTEN

**NAME OF SCHOOLS**

PUBLIC SCHOOL DISTRICT WHERE LIVING \_\_\_\_\_

NAME OF PUBLIC SCHOOL CHILD WOULD ATTEND \_\_\_\_\_

REASON FOR ENROLLING IN THIS SCHOOL \_\_\_\_\_

HOW DID YOU HEAR ABOUT SAN CARLOS SCHOOL \_\_\_\_\_

HAS CHILD RECEIVED SPECIAL TESTING? \_\_\_\_ YES \_\_\_\_ NO, IF YES, EXPLAIN \_\_\_\_\_

HAS CHILD BEEN RETAINED? \_\_\_\_ YES \_\_\_\_ NO IF YES, WHAT GRADE (S)

HAS CHILD BEEN ADVANCED? \_\_\_\_ YES \_\_\_\_ NO IF YES, WHAT GRADE (S)

CHILD'S SPECIAL HEALTH/MEDICAL/EMOTIONAL CONCERNS: \_\_\_\_\_

CHILD'S SPECIAL TALENTS OR AREAS OF INTEREST: \_\_\_\_\_

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE



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**Applicant Evaluation from Current Teacher** *use this form for Grades 1-8*

**FOR CURRENT TEACHER TO COMPLETE**

Applicant's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School student currently attends: \_\_\_\_\_ School Phone # ( ) \_\_\_\_\_

*Please check the appropriate box*

<b>Student Academics</b>	<b>Works independently at grade level</b>	<b>Needs assistance</b>
Math		
Reading		
Writing		
Classwork		
<b>Student Behavior</b>	<b>Is appropriate for grade level</b>	<b>Needs assistance</b>
Follows classroom and school rules		
Accepts responsibility for actions		
Demonstrates self-control		
Organized and responsible for school and personal belongings		
<b>Parental Support</b>	<b>Most Often</b>	<b>Inconsistent</b>
Child's attendance is consistent and on-time		
Supports child's learning at home (homework, etc)		

Has this child been recommended, received, or been identified as needing any special services or testing in the areas of speech, counseling, special education, or learning issues?  YES  NO If yes, please explain,

\_\_\_\_\_  
 \_\_\_\_\_

*Please feel free to add any additional comments on back of this form. Thank you!*

**TEACHER NAME** \_\_\_\_\_ **SUBJECT/GRADE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **YEARS KNOWN STUDENT** \_\_\_\_\_

**Please scan, fax or mail this evaluation to:**  
 San Carlos School Admissions Office  
 Attention: Registrar  
 450 Church Street, Monterey, CA 93940

fax:(831)375-9736  
 email: mainoffice@sancarlosschool.org



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**Applicant Evaluation from Current Teacher** *use this form for TK or Kinder*

**FOR CURRENT TEACHER TO COMPLETE**

Applicant's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School student currently attends: \_\_\_\_\_ School Phone # ( ) \_\_\_\_\_

*Please check the appropriate box*

<b>TK/Kindergarten Readiness</b>	<b>Mastered</b>	<b>Introduced</b>	<b>Needs assistance</b>
Knows letter names of alphabet (random order)			
Knows some consonant sounds			
Knows colors			
Knows numbers 1-10			
Knows how to rhyme			
Knows shapes			
<b>Social Skills</b>	<b>Always</b>	<b>Sometimes</b>	<b>Needs assistance</b>
Communicates well with peers			
Communicates well with teachers			
Practices self-control			
Plays well with others			
Can follow directions			
Shares and takes turns			
Adequate attention span to complete tasks			
Is able to remain focused in a small group			
Has good visual recall			
Has good auditory recall			
<b>Parental Support</b>	<b>Always</b>	<b>Sometimes</b>	<b>Needs Improvement</b>
Child's attendance is consistent and on-time			
Supports teacher in attaining objectives			

**PLEASE COMPLETE BACK**

**Page 2: Applicant Evaluation Teacher Form (Kindergarten)**

Does the student have any physical, academic, or emotional challenges?  YES  NO

If yes, please explain.

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Has this child been recommended, received, or been identified as needing any special services or testing in the areas of speech, counseling, special education, or learning issues?  YES  NO

If yes, please explain,

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Is this child ready for Kindergarten? \_\_\_\_\_  YES  NO

If no, please explain.

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Additional Comments

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**TEACHER NAME** \_\_\_\_\_ **SUBJECT/GRADE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **YEARS KNOWN STUDENT** \_\_\_\_\_

**Please scan, fax or mail this evaluation to:**

San Carlos School Admissions Office  
Attention: Registrar  
450 Church Street, Monterey, CA 93940

fax:(831)375-9736  
email: [mainoffice@sancarloschool.org](mailto:mainoffice@sancarloschool.org)



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## Transcript Request

**PARENT TO COMPLETE AND RETURN WITH ADMISSIONS APPLICATION** *Please print*

**STUDENT:**

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Last First Middle

**PARENT/GUARDIAN:**

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Last First Middle

**NAME OF CURRENT SCHOOL:**

**SCHOOL ADDRESS:**

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Street Address City State Zip

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND EVALUATIONS:**

The understand hereby consents to the release to the appropriate personnel of San Carlos School all education records, including evaluations and such other information as may be requested about the above-named student. This information will remain confidential. It will be used for admissions and placement purposes and will not be released to any parties outside the school.

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Signature of Parent/Legal Guardian

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Date

**PLEASE MAIL TRANSCRIPT RECORDS TO:**

San Carlos School Admissions Office, Attention: Registrar  
450 Church Street  
Monterey, CA 93940