

San Carlos School

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)
- 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 T.V. Movie Theater
- CA. Parent Magazine Flier Friend/Family

Other: _____



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

Diocese of Monterey School Application Form

STUDENT INFORMATION:

ENTERING GRADE: _____ **SCHOOL YEAR:** _____ **AGE:** _____ **SEX:** _____

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 one that applies to the child:

Ethnic Background:

**Home Conditions
Dependent and living with:**

Parental Information:

**Language Spoken
at Home:**

- American Indian/
Native Alaskan
- Asian
- Black
- Hispanic
- Multi Racial
- Native Hawaiian/
Pacific Islander
- White

- Both Parents
- Father
- Mother
- Legal Guardian
- Foster Parent
- Shared Custody
- Other (Specify):

- Father:** Married English
- Single Spanish
- Separated Other (Specify):

- Remarried
- Divorced
- Deceased

- English
- Spanish
- Other (Specify):

**Student's Spoken
Language:**

- Mother:** Married English
- Single Spanish
- Separated Other (Specify):

- Remarried
- Divorced
- Deceased

- English
- Spanish
- Other (Specify):

Citizenship:

- U.S. Citizen
- Non U.S. Citizen
(Specify): _____

- Independent:**
- Emancipated
 - Other (Explain):

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

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

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

RELATIONSHIP TO CHILD _____

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