



## *Saint Robert Catholic School*

*345 Oak Avenue  
San Bruno, CA 94066  
(650) 583-5065  
Fax (650) 583-1418*

October 2019

Dear Prospective Saint Robert Parent,

Welcome to our website and thank you for your interest in enrolling your child in the 2020-2021 Kindergarten class at Saint Robert's Catholic School. As you scroll down from this letter you will find a student evaluation form. Please fill out the top portion of the form and give it to your child's preschool or kindergarten teacher with a stamped envelope addressed to Saint Robert School, 345 Oak Ave., San Bruno, CA 94066.

As you continue to scroll down, you will find an application form and parish involvement sheet. Please print, complete, and hand deliver these forms with a copy of your child's birth certificate, baptismal certificate, family photo and a check to cover testing fees of \$60.00, to the school office. Applications will be accepted through January 15th. When you come into the office, we will schedule a time for your child's readiness testing and visit with a prospective kindergarten group.

If you have not had a chance to tour the school, our annual Open House is Sunday, January 26th, from 10:30am to 12:30pm. Please join us! Additionally, if you have any questions, feel free to call the school office at (650) 583-5065.

We look forward to hearing from you.

Sincerely,

Dr. Patrick Sullivan, Principal



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**STUDENT EVALUATION FORM**

This section to be completed by Parent:

Student Name \_\_\_\_\_

Name of Preschool or Kindergarten currently attending \_\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Teacher's Name \_\_\_\_\_

I give my permission for this information to be released.

\_\_\_\_\_  
Parent Signature Date

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This section to be completed by current Preschool or Kindergarten Teacher:

Dear Teacher,

The above-named student has applied to Saint Robert for the 2020-2021 school year and soon will be taking a readiness test. We use the information from the readiness test, a group test and information provided by the pre-school or kindergarten teacher to help us decide if our Kindergarten program is appropriate for the student who is applying.

We ask your assistance in completing the following form as soon as possible. Please return this form in the pre-addressed stamped envelope. Thank you.

Sincerely,

Dr. Patrick Sullivan  
Principal

Name of Student \_\_\_\_\_

How long has the student been enrolled in your school? \_\_\_\_\_

Does this child have any special health, social or emotional needs?

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

(continued on back)

Please use the following marking code when rating the student or parent performance:

- 1 Good
- 2 Satisfactory
- 3 Improvement Needed
- 4 Unsatisfactory

**Academic Readiness**

- \_\_\_ Reading Readiness Skills
- \_\_\_ Math Readiness Skills
- \_\_\_ Listens and Comprehends Information
- \_\_\_ Expresses Ideas Clearly
- \_\_\_ Writes and recognizes name
- \_\_\_ Participates in class
- \_\_\_ Fine Motor Skills
- \_\_\_ Gross Motor Skills

**Conduct**

- \_\_\_ Demonstrates courteous behavior
- \_\_\_ Displays cooperative attitude
- \_\_\_ Respects authority
- \_\_\_ Respects rights and feelings of others
- \_\_\_ Respects property
- \_\_\_ Accepts responsibility
- \_\_\_ Follows rules

**Effort and Work Habits**

- \_\_\_ Seeks help appropriately
- \_\_\_ Works to ability
- \_\_\_ Works independently
- \_\_\_ Works cooperatively
- \_\_\_ Completes tasks on time
- \_\_\_ Stays on task
- \_\_\_ Uses time efficiently
- \_\_\_ Demonstrates neatness
- \_\_\_ Listens and follows directions

**Parents**

- \_\_\_ Show support for school
- \_\_\_ Show interest in child's progress
- \_\_\_ Meet financial obligations

Does the child have speech issues of which you are aware? \_\_\_\_\_

Any other helpful notes or comments? \_\_\_\_\_

Would you like to be called regarding this student? \_\_\_ yes \_\_\_ no

If yes, please indicate a phone number and the best time to reach you. \_\_\_\_\_

It is my assessment that \_\_\_\_\_ will be ready for Kindergarten in the fall.  
Student's name

\_\_\_\_\_  
Teacher's name

\_\_\_\_\_  
Date

Thank you

345 Oak Avenue  
 San Bruno, CA 94066  
 650-583-5065

Application for Entrance

Saint Robert Catholic School

Child's Last Name		Child's First		Middle	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Social Security Number  - -	
Child's Residence Number				Street		Home Telephone Number  ( ) -	
City		State		Zip Code			
Place of Birth					Birthdate		
Baptism Date		Church				City	
Father's Last Name		First Name		Middle	Cell/Business Phone  ( ) -		
Father's Religion		Occupation		Father's Birthplace		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	St. Robert Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Maiden Name		First Name		Middle		Cell/Business Phone  ( ) -	
Mother's Religion		Occupation		Mother's Birthplace		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	St. Robert Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Parents Separated <input type="checkbox"/> Mother Remarried <input type="checkbox"/> Father Deceased <input type="checkbox"/> Father Remarried							

(OVER)

Student is applying for admission to grade		
School most recently attended		
School Address		
City	State	Zip
If applicable, please list First Communion Date	Church	City

Father's Signature\_\_\_\_\_

E-Mail Address\_\_\_\_\_

Mother's Signature\_\_\_\_\_

E-Mail Address\_\_\_\_\_

Please attach the following:

- Copy of Birth Certificate (child must be 5 years old on or before September 1, 2020)
- Copy of Baptismal Record
- Recent Family Photo
- Check for \$60.00 to cover testing fees

The Catholic schools in the archdiocese of San Francisco, mindful of their mission to be witnesses to the love of Christ for all, admit students of any race, color, and national and /or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students at St. Robert School. The Catholic schools in the archdiocese of San Francisco do not unlawfully discriminate on the basis of race, color, national and/or ethnic origin, age, sex or disability in the administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.



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### Parish Involvement Sheet

Name \_\_\_\_\_

How long have you been a registered parishioner of Saint Robert Parish? \_\_\_\_\_

Which Mass does your family usually attend? \_\_\_\_\_

**Check what areas you have participated in and then indicate how many years you have participated in the activity:**

\_\_\_/\_\_\_ (years) Altar Society

\_\_\_/\_\_\_ (years) Athletics

\_\_\_/\_\_\_ (years) Centerplate

\_\_\_/\_\_\_ (years) Eucharistic Minister

\_\_\_/\_\_\_ (years) Festival

\_\_\_/\_\_\_ (years) Greeters and Hospitality

\_\_\_/\_\_\_ (years) Lector

\_\_\_/\_\_\_ (years) Men's Club

\_\_\_/\_\_\_ (years) Parish Finance Committee

\_\_\_/\_\_\_ (years) Parish Planning Committee

\_\_\_/\_\_\_ (years) Pastoral Council

\_\_\_/\_\_\_ (years) R.C.I.A.

\_\_\_/\_\_\_ (years) St. Vincent de Paul

\_\_\_/\_\_\_ (years) Teaching in Religious Education Program or Children's Mass

\_\_\_/\_\_\_ (years) Usher

\_\_\_/\_\_\_ (years) Women's Guild

\_\_\_/\_\_\_ (years) Other \_\_\_\_\_

### School Involvement

What areas would you most like to participate in as a parent(s) of Saint Robert School?

\_\_\_\_\_ Parish Festival

\_\_\_\_\_ Dinner/Dance Auction

\_\_\_\_\_ School Board

\_\_\_\_\_ Room Parent

\_\_\_\_\_ Centerplate

\_\_\_\_\_ Men's Club

\_\_\_\_\_ Women's Guild

\_\_\_\_\_ Athletic Board

\_\_\_\_\_ Manager/ Coach

\_\_\_\_\_ Lunch Yard Duty