

Saint Robert Catholic School

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

October 2020

Dear Prospective Saint Robert Parent,

Welcome to our website and thank you for your interest in enrolling your child in the 2021-2022 Kindergarten class at Saint Robert 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 \$75.00, to the school office. Applications will be accepted beginning January 11th through January 20th. When you drop off your application in the office we will call you and 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, please call the office and we will schedule you an appointment. 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

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

Dear Teacher,

The above-named student has applied to Saint Robert for the 2021-2022 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?

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
 for Entrance
 San Bruno, CA 94066
 650-583-5065

Application

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 _____

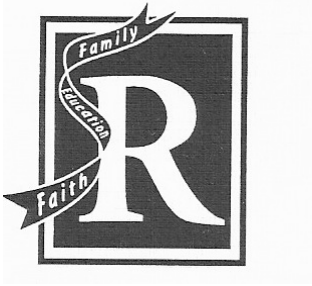
Mother's Signature _____

E-Mail Address _____

Please attach the following:

- Copy of Birth Certificate (child must be 5 years old on or before September 1, 2021)
- Copy of Baptismal Record
- Recent Family Photo
- Check for \$75.00 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) 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

_____ Men's Club

_____ Dinner/Dance Auction

_____ Women's Guild

_____ School Board

_____ Athletic Board

_____ Room Parent

_____ Manager/ Coach

_____ Centerplate

_____ Lunch Yard Duty