

St. Cecilia School 660 Vicente Street San Francisco, CA 94116 (415) 731-8400

www.stceciliaschool.org office@stceciliaschool.org

Thank you for your interest in St. Cecilia School. We are very proud of our school, our faculty, staff and parents. Please know that we are more than happy to help you through the application process. If you have any questions or concerns, please do not hesitate to contact us.

Attached you will find an application for the upcoming school year. Please fill out the application and return it to the school office, along with the application fee and necessary forms. Your completed application packet will be dated as it is submitted to the office.

For Transitional Kindergarten (TK) and Kindergarten applicants, an evaluation form will need to be sent to your preschool. When the evaluation form is returned to our office from the preschool teacher, we will contact you to schedule the final steps of the application process.

Applicants to grades 1-8 will need to send an evaluation form to the homeroom teacher. The completed evaluation form should be sent to our office. You will be contacted to schedule testing as soon as the completed application and forms are turned in to the school office.

Instructions for applying to St. Cecilia School: <u>Fill out the application completely</u>. Include with your application:

- Birth Certificate
- Immunization record
- Current report card (entering grades 1-8)
- Small photo, if applicant (if available)
- Standardized test scores (entering grades 2-8)
- Baptismal certificate (if applicable)
- Other relevant test scores and evaluations (entering grades K-8)
- \$75.00 application/testing fee for applications received before June 1

For entrance to Transitional Kindergarten (TK), the child must be four years old whose 5th birthday occurs between September 2nd and April 2nd.

For entrance to Kindergarten, the child must be 5 years old by September 1st. For entrance to First Grade, the child must be 6 years old by September 1st.

St. Cecilia will contact you once all forms are submitted and registration fees are paid.

Please note: Financial Assistance is available through the BASIC Fund to families who qualify. Information and application forms are available at http://www.basicfund.org.

Once again, thank you for your interest. We look forward to working with you.

Ms. Laura M. Held, Principal & St. Cecilia School Office Staff



St. Cecilia School 660 Vicente Street San Francisco, CA 94116 (415) 731-8400

www.stceciliaschool.org office@stceciliaschool.org

Kindergarten applicants use the following checklist to be certain you have completed all materials.

1.	Completed Application Form
2.	Baptismal Certificate (Catholic only)
3.	Birth Certificate
4.	Preschool Evaluation
5.	Picture of child (optional)
6.	Other relative test Scores and evaluations, if available
7.	\$75.00 non-refundable Application Fee

Thank you so much for your interest in Saint Cecilia School. As you fill in the packet, please keep in mind the following important dates. Complete the application and send it to the school via email (office@stceciliaschool.org), via US Mail, OR you may drop it off at the School Main Office.

*Kindergarten application packets are due by Friday, December 1, 2023.

Kindergarten applicant screening date will be **Friday**, **January 12**, **2024**. and **Saturday**, **January 13**, **2024**. The testing time will be scheduled and sent to you via email.

No child will be admitted to the screening unless a completed packet has been submitted.

Admission decision letter information will be sent to you on Friday, January 19, 2024.

Upon acceptance, new families' non-refundable Registration Fee will be due by **Friday**, **January 26**, **2024**.

An updated immunization and health record will be due by Friday, May 3, 2024.



St. Cecilia School 660 Vicente Street San Francisco, CA 94116 (415) 731-8400 www.stceciliaschool.org

office@stceciliaschool.org

KINDERGARTEN APPLICATION

Application Fe	Sex: M / F				
Date					
Name:			<u>-</u>		
	Last		First		Middle
Address:					
!	Street	City		State	
Child Lives wit	:h	Both Parents	Mother	Father	·Guardian
Parent Name:					
Occupation: _			Employer:		
Work Phone: _			e-mail:		
Cell Phone:			Catholic:	Yes	. No
Parent Name:					
Occupation: _			Employer:		
Work Phone: _			e-mail:		
Cell Phone:			Catholic:	Yes	. No
IIS Citizon	You	. No			

Ethnicity:Afric	an American/Black	к Н	ispanic	Non Hispanic			
Native Hawa	aiian/Other Pacific	Islander	Multi-F	Racial			
American Inc	lian/Alaskan Nativ	e	Caucasian <u>.</u>	Filipino			
Japanese _	Other As	ian					
Child's Date of Birth: N	Place /lo/Day/Year		ty State/Cou	ntry			
Religion of Child							
Date of Baptism:	Place of B	aptism:					
Preschool/School cur	rently attending: _						
Teacher Name		Ph	one Numbe	 r			
Does your child attend	d specialized learn	ing classes?	Yes / No Su	bjects:			
Speech Therapy:	Occupatio	nal Therapy	/:				
Name and phone num	ber of teacher						
Languages Spoken at	home:						
Does your child have siblings? If yes, please provide their ages:							
Where does your child	d stand in placeme	nt of sibling	gs?				
List Name and Grade(s) of <u>relatives</u> pres	ently enrol	led in St. Ce	cilia School:			
Name:		Grade:	Relations	hip:			
Name:		Grade:	Relations	hip:			

Is the applicant's family a registered/participating member of St. Cecilia Parish?							
Yes No Envelope #:							
I/We are involved in the following St. Cecilia parish/school ministry:							
If not registered at St. Cecilia's parish, in which parish is the family registered?							
	Church						
City							
Did someone recommend that you apply to St. Cecilia School? Yes / No							
Who?							
Is either parent a St. Cecilia graduate?							
Class of							
Class of							
Does your child attend CFF classes? Name of Parish							
Why did you choose St. Cecilia School?							
							