



**13368 Valleyheart Dr.
Sherman Oaks, CA 91423**

REGISTRATION

**Admission packet must be returned no later than February 2
2018 OPEN HOUSE: JANUARY 28, 2018, AFTER THE 10:00a.m. MASS**

Dear Parents,

Thank you for your interest in having your child tested for the fall term at St. Francis de Sales. The testing date for all applicants has been scheduled for **Friday, February 9, 2018**. Along with your application we must have the following:

- A copy of the applicant's baptismal certificate.
 - A \$125.00 non-refundable testing fee per applicant.
 - Pre-School evaluation letter.
 - A recent photo of your child.
- *****
- **Upper Grade applicants:** A copy of applicant's most recent report card and a copy of any standardized test.
 - The Academic/Character reference must be completed by applicant's present classroom teacher and mailed back to us.

KINDERGARTEN

ST. FRANCIS DE SALES POLICY REQUIRES THAT THE AGE FOR KINDERGARTEN APPLICANTS BE FIVE YEARS ON OR BEFORE SEPTEMBER 1ST.

THE KINDERGARTEN SCREENING WILL TAKE PLACE BETWEEN 8:00 A.M. AND 12:00 NOON. PLEASE COME TO THE AUDITORIUM. THIS SCREENING WILL TAKE APPROXIMATELY 30 MINUTES.

YOUR SCHEDULE TIME FOR KINDERGARTEN TESTING WILL BE:

FRIDAY, February 9, 2018

GRADES 1st thru 8th

YOUR SCREENING WILL TAKE PLACE AT **12:30, FRIDAY, February 9, 2018** PLEASE COME TO THE AUDITORIUM.

PLEASE NOTE:

The testing program is part of St. Francis de Sales school pre-registration process. It does not guarantee your child's placement in the school for the fall term. Please expect to hear from us regarding the results of this screening within a month of testing date.



ST. FRANCIS DE SALES

ACADEMIC/CHARACTER REFERENCE (for applicants 1ST thru 8th grade)

PARENTS, As part of the admission process at St. Francis de Sales we must receive a candid assessment of the applicant. **Please fill in the following information and give this form to an administrator or teacher at your school who knows your child well.**

NAME OF APPLICANT: _____

CANDIDATE FOR GRADE: _____ IN SEPTEMBER.

SCHOOL: _____

Official name

Street address / City / State / Zip

PARENT'S SIGNATURE _____

TO THE PRINCIPAL OR TEACHER: Thank you for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant's personal character and academic credentials. Please return this form along with the applicant's most recent report card to:

St. Francis de Sales
13368 Valleyheart Dr.
Sherman Oaks, CA. 91423
Admissions

ACADEMIC ASSESSMENT	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
MOTIVATION				
CREATIVE QUALITIES				
SELF-DISCIPLINE				
GROWTH POTENTIAL				
ACHIEVEMENT				
ATTENDANCE AT SCHOOL				
CHARACTER ASSESSMENT	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
LEADERSHIP				
SELF-CONFIDENCE				
CONCERN FOR OTHERS				
EMOTIONAL MATURITY				
PERSONAL INITIATIVE				
REACTION TO SETBACKS				
RESPECT FOR FACULTY				
ABILITY TO WORK WITH OTHERS				
GENERAL CONDUCT				

Please list any known health problems: _____

Please list any disabilities which would affect the applicant's performance:

Have you any reason to doubt the applicant's integrity? _____ If yes, please explain below:

Family Information	Yes	No
Communicates openly with school		
Participates in school activities		
Cooperates with classroom teachers		
Cooperates with administration		
Follows the rules and policies of the school		
Has realistic expectations for their child		
Meets financial obligations in timely manner		

Has the applicant's home environment been a positive force in his/her development? Please explain:

If the student were to reapply to your school, would you grant acceptance? _____

SCHOOL _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **Zip** _____

Form completed by: _____ Title _____

Please print

Signature: _____

Phone #: _____



Sherman Oaks

APPLICATION

OFFICE USE ONLY:

TESTING FEE: _____
REPORT CARD _____
REFERENCE _____
BAPTISMAL _____
VERIFIED PARISH MEMBER: _____
NO. OF YEARS VERIFIED _____

DATE: _____

APPLICATION IS DUE THE FIRST FRIDAY IN FEBRUARY

APPLICANTS NAME LAST FIRST MIDDLE

BIRTH DATE / / AGE BIRTHPLACE

ENTERING GRADE MALE FEMALE

FATHER LAST FIRST MIDDLE

HOME ADDRESS: CITY: ZIP

HOME PHONE: WORK PHONE:

CELL PHONE: EMAIL

NUMBER OF YEARS AT THIS ADDRESS PRIOR ADDRESS

BIRTHPLACE RELIGION

MOTHER LAST FIRST MAIDEN NAME

HOME ADDRESS: CITY: ZIP:

HOME PHONE: WORK PHONE:

CELL PHONE EMAIL

NUMBER OF YEARS AT THIS ADDRESS PRIOR ADDRESS

BIRTHPLACE RELIGION

DIVORCED: YES NO IF YES WHO HAS LEGAL CUSTODY OF THE APPLICANT:

WHO IS FINANCIALLY RESPONSIBLE FOR TUITION?

SIBLINGS

AGE

SCHOOL ATTENDING

PLEASE CHECK WHERE APPLICABLE: CATHOLIC: _____ NON CATHOLIC: _____

RELIGIOUS AFFILIATION _____

IN WHAT PARISH BOUNDARIES DO YOU RESIDE? _____

ARE YOU A REGISTERED PARISHIONER OF ST. FRANCIS DE SALES? _____

HOW LONG? _____ ENVELOPE NUMBER _____

IF NOT REGISTERED AT ST FRANCIS DE PARISH, PLEASE INDICATE THE PARISH WHERE YOU ARE
ARE REGISTERED _____
NAME OF PARISH ADDRESS

SACRAMENTAL INFORMATION

BAPTISMAL DATE: _____ CHURCH _____ STATE _____

1ST COMMUNION DATE: _____ CHURCH _____ STATE _____

QUESTIONNAIRE

1. Last completed grade: _____ School Name: _____
(Including pre- school) Address: _____
City: _____
Reason leaving previous school? _____

2. Other schools attended _____

3. Does your child have any health problems we should be aware of? _____

Is your child presently under the care of a physician? _____ Is he/she receiving
any medication? _____

Please check any of the physical difficulties listed below which pertain to your child:

Allergies _____ Hearing difficulty _____ Vision difficulty _____ Speech problems _____

Other _____

4. What is your child's greatest strengths? _____

5. What area does your child need improvement? _____

MANDATORY VOLUNTEER RESPONSIBILITIES

MUCH OF THE SUCCESS OF ST. FRANCIS DE SALES IS ATTRIBUTED TO PARENTAL INVOLVEMENT. IT IS BOTH ENCOURAGED AND APPRECIATED.

PARENTS ARE REQUIRED TO GIVE FORTY HOURS OF SERVICE PER YEAR TO THE SCHOOL. TEN OF THESE HOURS MUST BE SERVED AT THE ANNUAL SCHOOL FESTIVAL WHICH IS HELD ON THE FIRST WEEKEND IN MAY. THE REMAINING THIRTY HOURS CAN ALSO BE FULFILLED ON THE MAGAZINE DRIVE, SCRIP PROGRAM, PRE-FESTIVAL COMMITTEES, DURING THE FESTIVAL, ETC. HOURS THAT ARE NOT COMPLETED WILL BE BILLED AT \$50.00 PER HOUR.

DO YOU HAVE ANY CONFLICTS OR PROBLEMS THAT WOULD MAKE IT IMPOSSIBLE TO FULFILL THE REQUIRED FORTY HOURS?

YES _____ NO _____

IF YES, PLEASE EXPLAIN

FATHER'S PROFESSION: _____

MOTHER'S PROFESSION: _____

PLEASE EXPLAIN HOW YOU BELIEVE YOUR PROFESSION CAN BE AN ADDED RESOURCE TO THE SCHOOL.

I HAVE READ ALL THE ABOVE INFORMATION: _____

Father's Signature

Mother's Signature



SCHOOL REQUESTING INFORMATION:

St. Francis de Sales
13368 Valleyheart Dr.
Sherman Oaks, CA 91423

Preschool Evaluation Form

Name of Student _____

Preschool _____

Address _____ City _____ Zip Code _____

Telephone _____ Fax _____ Date _____

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We anticipate that the professional comments shared will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

Table with 5 columns: Social and Emotional Development, Mature, Age Appropriate, Needs Development, Immature. Rows include: Listens, Cooperates, Relates to peers, Relates to adults, Exhibits self-confidence, Adjusts to transitions, Tolerates frustration, Separates from parents, Shares materials and possessions, Functions independently.

Comments: _____

Table with 5 columns: Physical Development, Mature, Age Appropriate, Needs Development, Immature. Rows include: Fine motor control, Gross motor control, Handedness established.

Child's Name _____

Cognitive Development	Mature	Age Appropriate	Needs Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows directions				

Do you feel that this child is ready for a Kindergarten program? ___Yes ___No

Comments: _____

Family Information	Yes	No
Communicates openly with school		
Participates in school activities		
Cooperates with classroom teachers		
Cooperates with administration		
Follows the rules and policies of the school		
Has realistic expectations for their child		
Meets financial obligations in timely manner		

Comments: _____

Signature _____ Print Name _____

Title or Position _____ How long have you know this child? _____

First date of child's enrollment in our school _____ Today's date _____