

# *Saint Rose Catholic School*

4300 Old Redwood Highway  
Santa Rosa, CA 95403  
(707) 545-0379

## APPLICATION PACKET FOR K ó 8<sup>TH</sup> GRADE ENROLLMENT 2011-2012 SCHOOL YEAR



### Developmental Readiness Screenings:

Screenings will be arranged for all applicants who return the complete application. To ensure a place in the initial screening, please have your application in by:

**Kindergarten Priority Deadline: February 11, 2011**

Applications for all grades are ongoing.

**[www.strosecatholicsschool.org](http://www.strosecatholicsschool.org)**

## St. Rose Catholic School

Phone (707) 545-0379

Fax (707) 545-7150

### ADMISSION POLICY Notice of Non-Discriminatory Policy as to Students

The elementary and secondary schools of the Diocese of Santa Rosa, CA., admit students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the schools. They do not discriminate on the basis of sex, race, color, national, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school administered programs.

#### **PLEASE READ BEFORE COMPLETING THE APPLICATION FORMS**

Age Requirement for Kindergarten Enrollment for 2011-2012: Child must be at least 5 years old by December 2, 2011.

**IMPORTANT:** Applications will not be processed unless all information on the forms is completed and the following items are attached to the application.

1. **Application Fee:** A non-refundable application fee of \$20.00 per applicant is due at the time the application is submitted. This fee covers the processing of applications, mailings, and readiness testing.
2. **Birth Certificate:** Please provide a copy of the certificate (non returnable).
3. **Baptismal Certificate:** Please provide a copy of the certificate (non returnable).
4. **Verification of Immunizations:** **A child may not attend school without the following on file:** Medical records proof that child has had the required immunizations for school entry. Incoming Kindergartners and 1<sup>st</sup> Graders are also required to have a health check-up before school entry. The check-up must be sometime within 18 months of entry into 1<sup>st</sup> grade. This is mandated by the State of California Child Health and Disability Prevention Program. Parents will be given a "Report of Health Examination for School Entry" (PM 171A) with the application. A completed PM 171A is due no later than August 15, 2011. **New: Incoming 7<sup>th</sup> & 8<sup>th</sup> grade students must have Tdap booster before starting school for the 2011-2012 school year.**
5. **Recent Wallet Size Photo** Of Your Child (non returnable)
6. **Transfer students in Grades 1 through 8 must include a copy of current report card and test scores.**

Letters of Acceptance of Waiting List Status will be mailed to all parents of kindergarten applicants by APRIL 2011. Parents are asked not to call the school ahead of time for this information. Registration forms and fees for those accepted will be due in mid-May.

Please Note: Applications received for the 2011-2012 school year will be kept on file through June of 2013. At the end of this period, if the school has not been able to enroll the applicant, the parent will need to reapply. In this case, the application fee will be waived.

**Your child's application is the next 5 pages.**

SAINT ROSE CATHOLIC SCHOOL  
APPLICATION FOR ENROLLMENT 6 SCHOOL YEAR 2011-2012

Date Application Submitted To School: \_\_\_\_\_

Please circle the grade of your child for school  
Year 2011-2012:

K 1 2 3 4 5 6 7 8

Child presently attends:

Name of School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_

Please check below the box (es)  
that PRESENTLY apply to your  
Family:

- Sibling of current St. Rose student
- Registered, active members of  
St. Rose Parish.
- Donate regularly through the  
church envelope.
- Don't use church envelopes.
- Registered, active Catholic family  
who attends Mass regularly in  
\_\_\_\_\_ parish.
- Non-Active Catholic family.
- Non-Catholic family.

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Child's Name: (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city/state/zip code)

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Sex:  Male  Female Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(city/zip)

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_  
(name/city/state)

First Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_  
(name/city/state)

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Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

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Please check home conditions:

- child lives with both parents in the same household.
- Complete only if child does not live with both natural parents.
- parents divorced  father deceased  mother deceased
- mother remarried  father remarried
- child lives with mother. When? \_\_\_\_\_
- child lives with father. When? \_\_\_\_\_

- Primary language spoken in home:
- English
  - Spanish
  - Other (specify) \_\_\_\_\_

Other children in household:

Name _____	Age _____	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	School _____	Gr. _____
Name _____	Age _____	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	School _____	Gr. _____

**PARENT'S GUIDE TO IMMUNIZATION REQUIREMENTS**  
**For Children Entering School or Child Care in California**

**THIS IS WHAT IS NEEDED AT THE TIME APPLICATION IS MADE TO THE SCHOOL:**

You will need to provide a copy of your child's *verified immunization record* with the application. It must show the date (mo./day/yr) your child was given each required shot.

**IMMUNIZATIONS REQUIRED FOR SCHOOL**

If your child's record is missing some doses, please contact your doctor or clinic soon to schedule an appointment for when these doses will be due. **Important: State Law requires the school to refuse attendance to children until all requirements have been met.**

Your child may be exempted by a doctor because of a medical condition or by you because of your personal beliefs. If this be the case, a waiver is acceptable. Contact our school office for details.

**CHECK UP REQUIREMENT FOR INCOMING KINDERGARTNERS & 1<sup>ST</sup> GRADERS**

Another requirement is that your child has a *health check-up* before school entry. The check up must be sometime within 18 months of entry into 1<sup>st</sup> grade. This is mandated by the State of California Child Health and Disability Prevention Program. Parents will be given a "Report of Health Examination for School Entry" (PM 171 A) with the application. The school requires this form be completed by your child's physician or health clinic and be on file in our school office by **AUGUST 15, 2011**. Kindergarten applicants should not have this exam until **March 2011** in order for the exam to also qualify for their 1<sup>st</sup> grade exam. This is **mandatory** for all incoming kindergartners and new enrolling first graders.

**NEW REQUIREMENT FOR INCOMING 7<sup>TH</sup> AND 8<sup>TH</sup> GRADE STUDENTS FOR 2011-2012**

**This school year (2011-2012) all students going into 7<sup>th</sup> & 8<sup>th</sup> grades must have proof of having had the Tdap booster shot before starting school. (See California Immunization Law (AB354) What PARENTS Need to Know fact sheet enclosed).**

**PLEASE COMPLETE THE FOLLOWING**

Child's Name: \_\_\_\_\_

Name any medical condition of the child to which the school should be aware: \_\_\_\_\_

\_\_\_\_\_

Does your child have any of the following medical conditions?

heart disease       rheumatic fever       diabetes       epilepsy       asthma

allergies (specify): \_\_\_\_\_       chronic ear infections       other \_\_\_\_\_



# St. Rose Catholic School

DIOCESE OF SANTA ROSA  
4300 OLD REDWOOD HIGHWAY  
SANTA ROSA, CALIFORNIA 95403

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

RE: Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Present School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of the above named student, hereby authorize the principal of \_\_\_\_\_ to release school records including achievement, enrollment, health and developmental data, to the person, institution, or agency named below:

Mail to:

Kathy Ryan, Principal  
Saint Rose School  
4300 Old Redwood Hwy.  
Santa Rosa, CA 95403

This request has been submitted for the following reason: Saint Rose School will request the cumulative records of students when they have been accepted for enrollment into Saint Rose School.

I understand that the records are released only on the condition that the receiving person or agency will not release these records without the written consent of the parent or legal guardian.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Student

Retain in student's cumulative record after forwarding copies of requested records.

## **PARENT QUESTIONNAIRE**

(Please use the back of this sheet if your answers require more space.)

1. What are your reasons for wanting your child to attend St. Rose School?
2. How do you practice your faith?
3. Has your child had any formal religious education? If so, when and where?
4. How have you educated your child in the faith at home?
5. To what parish or church do you now belong and how have you contributed your time, talent, and treasure there?
6. Have you read our school handbook which is available on our website: [www.strosecatholicschool.org](http://www.strosecatholicschool.org) and do you agree to abide by the policies stated there?
7. Are you prepared to undertake the financial responsibility of a Catholic education, which increases annually and includes tuition, fundraising, and the Scrip program?
8. Are you willing to participate in specific St. Rose Parish liturgies with your child's class occasionally?
9. Are you willing to become an active member of the St. Rose Parents' Club by contributing a minimum of 25 service hours each year?
10. Are there any particular circumstances of which we should be aware that would affect your child's success at school?

SIGNATURES:

FATHER/GUARDIAN: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_



# St. Rose Catholic School

## Pastor's Recommendation Form ~ For Active Catholic Families

The philosophy of St. Rose School is to help each child understand that God loves them and that their loving response to God leads to a more fulfilling life. St. Rose School works diligently to help every child develop his or her potential spiritually, intellectually, socially, emotionally, and physically. Our Catholic identity is very important to us. Families who are active at their Catholic parish have priority for admission and receive discounted tuition.

**To the Family: Please fill in your parish, family names and ages of your children. Then ask your parish priest to complete this form and return it to the school. It is helpful to the priest if you include a stamped envelope addressed to the school.**

_____		_____	
Parish		Length of time as members of parish	
_____		_____	
Family name		Name of Mother/Guardian	Name of Father/Guardian
<b>Children:</b>			
1. _____	Age _____	3. _____	Age _____
2. _____	Age _____	4. _____	Age _____

**To the Priest: Please help us determine the status of the family listed below. Thank you for your time.**

Do you know this family? \_\_\_\_\_ How long have you known them? \_\_\_\_\_

Please check the ways the family is active at your parish:

- Attend Mass on regular basis  
 Help support the parish financially  
 Use envelope system  
 Are active in parish ministry such as lector, Eucharistic minister, alter server, etc.  
 Children have attended religious education events or youth ministry  
 Family participates in social aspects of the parish

I recommend this family:

- Strongly  
 Fairly strongly  
 With reservation  
 Family has been active, but I don't believe they are active now.  
 I have no knowledge that this family is active in my parish.

Parish: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Pastor/Associate Pastor \_\_\_\_\_