

Notice: Your child **must be 5 years old BEFORE September 1<sup>st</sup> and attend a licensed preschool program** to be eligible for our Kindergarten program.

**HOLY ANGELS SCHOOL**  
20 REINER STREET  
COLMA, CALIFORNIA 94014  
(650) 755-0220

Dear Parents,

Thank you for selecting Holy Angels School as a choice for your Kindergartener. Please fill out the attached application and survey form completely. All the information is very important to us. We are also requiring a \$10.00 fee to file this application. Make checks payable to "Holy Angels School" and return with your completed application and survey form. We will be holding registration for Kindergarten during the month of January. All completed applications and survey forms must be returned to us by the end of January. All students will be tested prior to acceptance. Testing appointments will be made for the beginning of February. The following guidelines are used for admission to Holy Angels School.

**GUIDELINES FOR ADMISSION TO HOLY ANGELS SCHOOL**

The following is the process by which students are selected to attend Holy Angels School, provided they pass the entrance test.

**PRIORITY 1:** Children with brothers or sisters attending Holy Angels School already, whose parents have demonstrated leadership in the practice of their faith through cooperation and regular participation in attending Mass and receiving the sacraments, parish activities and programs.

**PRIORITY 2:** Those applying for the first time who are following the steps outlined in Priority 1 above.

**PRIORITY 3:** All other applicants

HOLY ANGELS SCHOOL

For Grade \_\_\_\_\_ in 20 \_\_\_\_\_

Date \_\_\_\_\_

CHILD'S INFORMATION

Child's Name \_\_\_\_\_  
Last First Middle

Girl \_\_\_\_\_ Boy \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

City and State \_\_\_\_\_

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

Check home conditions:

- Living with natural mother and father  Living with mother and step-father
- Living with father and step-mother  Living with mother only  Living with father only
- Living with grandparent/guardian

Additional information about living situation (ex. parents divorced, joint custody, etc.)

Note: A copy of custody section of divorce or separation decree must be filed with the school office.

Name of school attended or currently attending: \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_

The Archdiocesan Board of Education requires us to ask the race of this child. Please check one:

- African American  American Indian/Native American  Chinese  Filipino
- Japanese  Multi-Racial  Hawaiian/Pacific Islander  Other Asian  Other White

Is the child Catholic?  Yes  No

The NCEA (National Catholic Educational Association) requires us to report the number of Hispanic and non-Hispanic students. This is consistent with how the Federal Census counts the Hispanic population. Both the US Census Bureau and the NCEA consider Hispanic to be an ethnicity; not a race. Is your child of Hispanic ethnicity?  
 Yes  No

\* \* \* \* \*

FATHER (OR GUARDIAN 1) INFORMATION

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email (please print legibly) \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Address \_\_\_\_\_

U. S. Citizen: \_\_\_ Yes \_\_\_ No Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Special Skills \_\_\_\_\_

**MOTHER (OR GUARDIAN 2) INFORMATION**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email (please print legibly) \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Address \_\_\_\_\_

U. S. Citizen: \_\_\_ Yes \_\_\_ No Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Special Skills \_\_\_\_\_

What parish do you live in \_\_\_\_\_ How long \_\_\_\_\_

What church do you attend on Sunday \_\_\_\_\_

What language is spoken at home on a regular basis \_\_\_\_\_

Please fill out the application completely before submitting for testing.

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Mother's signature

How did you hear about Holy Angels School: \_\_\_\_\_ parish bulletin \_\_\_\_\_ web site \_\_\_\_\_ newspaper

\_\_\_\_\_ pre-school \_\_\_\_\_ friend/relative (name) \_\_\_\_\_

Dear Parent:

Please take the time to fill out the following survey. I realize some of the questions are on the application form, but those remain in the cumulative files in the office and this survey will remain with me. There are no right or wrong answers and this survey will in no way determine acceptance into the program. It will help me to know your child better and assist me with the interview process. Thank you for your time and help.

Sincerely,  
Mary Corral  
Kindergarten Teacher

## K I N D E R G A R T E N S U R V E Y

Child's name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Child's birthdate \_\_\_\_\_

Mom's occupation \_\_\_\_\_ Dad's occupation \_\_\_\_\_

Mom's name \_\_\_\_\_ Dad's name \_\_\_\_\_

Number of brothers \_\_\_\_\_ ages \_\_\_\_\_ Number of sisters \_\_\_\_\_ ages \_\_\_\_\_

Other family members that child lives with \_\_\_\_\_

Primary language spoken at home: by adults \_\_\_\_\_

by child \_\_\_\_\_

Other language spoken \_\_\_\_\_

My child spends the most number of waking hours each day with (name) \_\_\_\_\_

The above person's primary language is \_\_\_\_\_

My child will go home from school with \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Health problems to be aware of \_\_\_\_\_

My child's favorite toy is \_\_\_\_\_

My child used crayons since age \_\_\_\_\_; clay since age \_\_\_\_\_; glue since age \_\_\_\_\_; scissors since age \_\_\_\_\_; pencils

since age \_\_\_\_\_; paint since age \_\_\_\_\_

Places of interest my child has been to:

Zoo \_\_\_\_\_ aquarium \_\_\_\_\_

Japanese Tea Garden \_\_\_\_\_

Discovery Museum \_\_\_\_\_ beach \_\_\_\_\_

camping \_\_\_\_\_

snow \_\_\_\_\_ plays \_\_\_\_\_

ballets \_\_\_\_\_

Great America \_\_\_\_\_ Marine World \_\_\_\_\_

Fisherman's Wharf \_\_\_\_\_

Pier 39 \_\_\_\_\_

Other \_\_\_\_\_

Choose one of the following:

My child is read to (a) every day (b) 5-6 times a week (c) 3-4 times a week (d) 1-2 times a week (e) once in awhile (f) not at all

Answer: \_\_\_\_\_

The person who reads to my child is \_\_\_\_\_

Lessons my child is taking or has taken:

ballet \_\_\_\_\_

piano \_\_\_\_\_

gymnastics \_\_\_\_\_

tap \_\_\_\_\_

swimming \_\_\_\_\_

karate \_\_\_\_\_

art \_\_\_\_\_

other \_\_\_\_\_

My child watches approximately \_\_\_\_\_ hours of television each day.

His/her favorite TV shows are \_\_\_\_\_

Approximate number of hours your child is using a laptop or computer; iPad or tablet, or smartphone \_\_\_\_\_

What is your child doing when using a laptop or computer, iPad or tablet or smartphone \_\_\_\_\_

My child takes naps: yes \_\_\_\_\_ no \_\_\_\_\_ (if yes, \_\_\_\_\_ hours long)

My child's normal bedtime is \_\_\_\_\_ Pets at home \_\_\_\_\_

Name of preschool attending \_\_\_\_\_ How long \_\_\_\_\_

Child's address \_\_\_\_\_

Child's telephone number \_\_\_\_\_

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