



## ST. PASCHAL BAYLON SCHOOL

154 East Janss Road, Thousand Oaks, CA 91360 • Phone: 805-495-9340 • Fax: 805-778-1509  
Website: stpaschalbaylonschool.org • Email: schoolsecretary@stpaschalbaylonschool.org

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### NEW STUDENT APPLICATION INFORMATION 2010-2011

Saint Paschal Baylon School ("SPBS") is a Catholic elementary school supported by Saint Paschal Baylon Parish. The primary purpose of the school is to serve parishioners of the parish, who sincerely wish to have the *Catholic* faith and traditions central to their children's education. Active supporting members of the parish have priority registering their children for enrollment.

#### MISSION STATEMENT:

*We believe that our mission as Catholic Educators in a changing world is to provide for the formation of the whole child, fostering spiritual, intellectual, social, physical and aesthetic growth by implementing the spirit of the document, "To Teach As Jesus Did".*

#### NON-DISCRIMINATION POLICY:

SPBS, mindful of its mission to be a witness to the love of Christ for all, admits Catholic students regardless of race, color, disability, sex, or national and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

SPBS does not discriminate on the basis of race, color, disability, sex, or national and/or ethnic origin in the administration of educational policies and practices, scholarship programs, and athletic and other school-administered programs.

While SPBS does not discriminate against students with special needs, a full range of services may not always be available to them. Decisions concerning the admission and continued enrollment of a student in SPBS are based upon the student's emotional, academic, and physical abilities, as well as the resources available to the school in successfully meeting the student's special needs.

#### ACCREDITATION:

SPBS is fully accredited by the Western Association of Schools and Colleges (WASC) and by the Western Catholic Education Association (WCEA).

#### CURRICULUM:

Religion is included as an academic subject, and Catholic doctrine is emphasized in all areas of instruction, as well as in attitudes and conflict resolution on the playground. Students attend Mass every Friday with the whole school and receive the Sacrament of Reconciliation twice a year with their class. Prayer services and para-liturgies are held on special occasions throughout the year, and school families are invited and encouraged to attend all liturgies and para-liturgical events.

Our academic curriculum follows California state and Archdiocesan standards. In addition to the core curriculum SPBS offers: computer instruction for all grades; an organized physical education program; a school-wide art program; a music program; Spanish language classes for all grades; accelerated literature for students in grades 6 to 8, along with accelerated math for students in grades 7 & 8, who meet certain requirements; and a resource program for students experiencing difficulty in specific academic areas. We also offer a well-stocked library staffed by a full-time librarian and a part-time aide, who also coordinate our software-based "Accelerated Reader" program. SPBS provides an up-to-date Science lab for our Junior High students, and we offer class field trips; student council; extra-curricular activities; and numerous sports teams for students in grades 5-8, who meet certain requirements.

#### CLASS SIZE:

The Los Angeles Archdiocese guidelines encourage a maximum class size of 40 students per class; SPBS makes every effort to conform to the following maximum class sizes:

Kindergarten	32 Students
Grades 1-6	40-42 Students
Grades 7-8	35-40 Students

Kindergarten, First Grade and the P. E. coach have the assistance of a full-time Teacher's Aide. Grades 2 through 8, and the librarian, have the assistance of a Teacher's Aide for four hours each day. Grades 6-8 share two Teacher Aides.

**SCHOOL HOURS:**

School is in session from 8:00 a.m. to 2:30 p.m. Students are not to arrive at school before 7:30 a.m. and must be picked up no later than 2:45 p.m., unless they are involved in organized after-school sports, or are signed into the SPBS Extended Care program.

**EXTENDED CARE:**

Extended care is available from 2:30 to 6:00 p.m. It is also available on most early dismissal days from 12:00 to 6:00 p.m., i.e. first Fridays. Advance notification that your child will be staying is not required. Children not picked up from school by 2:45 p.m. are automatically signed-in by the school, and parents are billed accordingly.

The cost of Extended Care is currently \$3.50 per hour until 6:00 p.m. and \$1.00 per minute thereafter. Discounts are available for long-term pre-paid plans. Details regarding the services and activities provided through this program are available in the "SPBS Parent/Student Handbook" and/or through the SPBS Accounts Manager.

**UNIFORMS:**

SPBS Students wear uniforms, which must be purchased from our two uniform companies. Dennis and Campus Uniform Companies will be at the school on Thursday, July 29, 2010 for the convenience of those students accepted into the school. Uniforms can also be purchased directly from the companies.

**TUITION & FEES:**

Tuition rates are as follows for the 2010-2011 school year:

**Kindergarten:**

\$4,600.<sup>00</sup> per year Per Child (No Family Discount Applied)

**Grades 1-8:**

\$4,500.<sup>00</sup> per year 1 Child

**Family Rate for Grades 1-8:**

\$8,100.<sup>00</sup> per year 2 Children

\$11,025.<sup>00</sup> per year 3 or more Children

**Additional Fees:**

Registration Fee \$250.<sup>00</sup> per child (Non-refundable; Separate from Application fee)

Computer Lab Fee \$100.<sup>00</sup> (One Time Fee – New Families)

Jr. High Science Lab Fee \$100.<sup>00</sup> (One Time Fee – Junior High Families)

There are *three* choices as to how tuition may be paid: **1)** Tuition may be paid in full on or before the first day of school; **2)** Tuition may be paid in 10 monthly payments through the SMART Program. If you choose to pay your tuition in 10 monthly payments, you must sign up for the SMART Program through SPBS (on or before August 1). SMART payments are then automatically deducted each month from your bank account from September 2010 through June 2011. **3)** A third choice is to utilize a credit card (American Exp., Discover, or MasterCard) to make 10 monthly payments through the SMART Tuition Program (this credit card option will incur an additional 2.5% charge per month). A \$43.00 *annual* fee per family is added to your tuition to cover the cost of utilizing either of the two SMART Program options. A SMART Program brochure is enclosed, which will provide you with additional information and an enrollment form. Please return the completed and signed SMART enrollment form to SPBS by July 30<sup>th</sup>, along with your voided check if you select the auto-withdrawal method; or your credit card information if you choose to pay your tuition by credit card.

**PARENT / TEACHER ORGANIZATION ("PTO") REQUIREMENTS:**

As Catholic education is a collaborative effort among the school, home, and church, we believe that parent involvement is extremely important and necessary, in order to provide support and to build strong community spirit at SPBS. All families in our school are, therefore, automatically members of the Parent/Teacher Organization – the "PTO". The PTO is designed as a support group for SPBS. It exists to provide financial assistance to the school through fundraising, and to help promote continued parental involvement in the school community and parish, through the coordination of volunteers.

The following are commitments that all parents of SPBS students are expected to fulfill:

**1. VOLUNTEER SERVICE HOURS:**

Each school family is required to provide at least 40 hours of volunteer service to the school during the course of the school year. This averages out to one hour a week during the school year. Twenty of those hours may be fulfilled at the parish level, but 20 hours must be directly related to school activities. Families will be billed for any hours not fulfilled at the end of each school year at the rate of \$25.00 per hour.



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### NEW STUDENT APPLICATION INFORMATION 2010-2011

#### 2. PROFIT DOLLARS:

Fundraising is an integral part of our program at SPBS. It provides money for operating expenses not covered by tuition and fees. Therefore, each family is expected to contribute a minimum of \$250 in "profit dollars" during the course of the school year. Profit dollars can be earned by participating in these fundraisers – Scrip, Jog-a-thon, Grocery Store Rewards Programs, Cookie Dough/Wrapping Paper Sales, and the Magazine Drive, along with occasional smaller, specifically identified fundraisers. The actual net profit received by the school from these fundraisers is applied toward your annual \$250 profit dollar commitment. (At least \$125 is required by the end of January each year.) Profit dollars help SPBS continue to provide an excellent Catholic education at a reasonable rate of tuition.

All students desiring admission into Saint Paschal Baylon School ("SPBS") for the 2010-2011 school year need to complete and return the required application materials no later than 3:00 p.m. on **Wednesday, February 24, 2010**. Due to space considerations, we are not currently accepting applications for any non-Catholic students, nor for Catholic students who are not current in their sacramental preparation. **All complete applications for qualified students received by February 24, 2010 will receive equal consideration, based on our selection criteria.**

#### **REQUIRED APPLICATION MATERIALS:**

##### ➤ **All Applicants**

- **Completed Application for Enrollment**
- **Application Fee of \$50.00** (Non-refundable)
- **Completed Parent / Guardian Questionnaire for Applicants K-8**
- **Completed & Signed Family Service & Financial Agreement (New Students)**
- **Completed & Signed Release of School Records Authorization** should be returned with the application packet to the school office.
- **Letter of Recommendation** (Statement of Good Standing) from your current Parish, if not a currently registered and active parishioner of Saint Paschal Baylon Parish
- **Completed Catholic/Private School Principal Recommendation Form**
- Specific grade level materials requested below

##### ➤ **Additional items required for Kindergarten**

- **Completed Parent/Guardian Questionnaire for Kindergarten Applicants Only**
- Copy of **Birth and Baptismal Certificates**
- Copies of **School Records including Current Pre-School Progress Reports**

##### ➤ **Additional items required for First Grade**

- **Academic/Character Reference (Gr. 1-8)** completed by current classroom teacher (if available).
- Copy of **Birth and Baptismal Certificates**
- Copies of **School Records including Progress Reports or Report Cards**

##### ➤ **Additional items required for Grades 2-8**

- **Academic/Character Reference (Gr. 1-8)** completed by current teacher (if available)
- Copies of **School Records including Standardized Test (ITBS or SAT) Results** (last 3 years, if applicable)
- Copies of **Birth, Baptismal & First Holy Communion Certificates** (if applicable)
- Copies of Report Cards (last 3 years if applicable) supplied by applicant

Upon receipt of the required application materials and before acceptance can be determined:

- **Each application is reviewed in its entirety**
- **Parish membership and participation is verified**
- **Applicants are evaluated academically**
- **Interviews are conducted with parents (and applicants in 6<sup>th</sup>– 8<sup>th</sup> grades only)**

## **REQUIRED STUDENT EVALUATION DATES:**

- **Kindergarten:**  
Evaluations for Kindergarten "readiness" will take place on **Monday, March 1 and Tuesday, March 2, 2010.** Evaluations are administered between the hours of 8:30 a.m. & 2:00 p.m. and will take approximately 20 minutes. Applicants will be scheduled for an evaluation time during one of those days by the SPBS secretary, upon receipt of their completed application and fee.
- **First Grade:**  
Academic evaluations for 1st Grade will take place on **Monday, March 1, 2010.** Students being evaluated are expected to be here from 8:30 a.m. until 11:30 a.m.
- **Grades 2-8:**  
Academic evaluations for Grades 2 - 8 will take place on **Tuesday, March 2, 2010.** Students being evaluated are expected to be here from approximately 3:00 – 4:00 p.m.

**All student applicants should plan to arrive at least 5 minutes before their scheduled testing time, and check in at the school office.**

## **GUIDELINES FOR ACCEPTANCE:**

1. St. Paschal Baylon School is a parish school, therefore, priority for admission to the school will be given to children who meet entrance requirements, and whose parents are registered, supporting, and active members of St. Paschal Baylon Parish. "Supporting member" is defined as consistently using the parish envelope system, and by regular attendance at Sunday Mass. Due to space limitations, priority will be given as follows:
  - To those children with siblings who have attended SPBS for the previous school year and are currently enrolled at SPBS
  - Catholic children of registered "active" and supporting St. Paschal Baylon parish members
  - To students in good standing who are transferring from another Catholic school, and
  - As space permits, we welcome applications from Catholic children of registered, supporting, active members of surrounding parishes who bring a letter of recommendation from their pastor. A tuition and fee schedule for out-of-parish applicants is available upon request.
2. Required application materials specified above must be presented at the time of application, along with the non-refundable application fee of \$50.00 per student.
3. Behavior and work habits grades must be consistently above average.
4. Parents agree to actively and consistently support the spiritual, academic and financial standards of Saint Paschal Baylon School.
5. Students applying for Kindergarten must be 5 years of age prior to September 1<sup>st</sup> of the year they enter school. Students applying for grade 1 must be 6 years of age prior to September 1<sup>st</sup>. **No exceptions** will be made to the age requirement policy.
6. Students applying to all grades will be evaluated by SPBS prior to admission. In addition, the evaluation process will include, but is not limited to, a personal interview with the student (grades 6<sup>th</sup>-8<sup>th</sup>), parents, placement test/evaluation, records and recommendation(s) from previous teacher(s) and school(s).

**SPBS does not discriminate against any applicant or student because of sex or race in admissions, educational programs, or activities.**

## **NOTIFICATION:**

**Notification** as to whether or not your child has been accepted for admittance into SPBS will be mailed to you on or before **April 16, 2010.** ***Please do not call the school office unless you have not received your letter within a reasonable time after that date.***

If your child is not accepted, the school office will hold his/her application package through September of 2010. Should an unexpected opening occur in that class, applications on file will be once again reviewed. *Applications do not carry over from year to year. You must re-apply each year.* **We do not maintain an ongoing "formal" waiting list.**

*Thank you for your interest in Saint Paschal Baylon School. Please visit our website: [stpaschalbaylonschool.org](http://stpaschalbaylonschool.org). We look forward to meeting you and your children.*



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## NEW STUDENT APPLICATION PROCESS CHECKLIST 2010-2011

PLEASE FILL OUT THE FOLLOWING PAGES; INCLUDE COPIES OF ITEMS 4, 5, 6, 11 & 12, (If applicable); ORDER PAGES ACCORDING TO LIST AND *RETURN TO ST. PASCHAL BAYLON SCHOOL OFFICE BY FEBRUARY 24, 2010.*

**Complete ALL sections and return this page with your packet.**

PLEASE PRINT

Full Name of Applicant: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Applicant's **BIRTH** Date: \_\_\_\_\_ Applicant's Current School: \_\_\_\_\_

\$50 Application Fee: Check No. \_\_\_\_\_ Amount: \_\_\_\_\_

Registered SPB Parishioner  Contributes in "Envelopes" **CURRENT PARISH:** \_\_\_\_\_

Applicant's **BAPTISM** Date: \_\_\_\_\_ @ (Church Name) \_\_\_\_\_

Forms in **bold** are supplied in the Application Packet-*please fill out completely.*

### **ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.**

1.  **Application for Enrollment (Form 1)**
2.  **Parent / Guardian Questionnaire (Form 2)**
3.  **Signed Family Service Agreement (Form 3)**
4.  **Copy** of Birth Certificate (Must be returned with application packet)
5.  **Copy** of Baptismal Certificate (Must be returned with application packet)
6.  **Copy** of First Communion Certificate-*if applicable* (Must be returned with application packet)
7.  **Academic / Character Reference from current Classroom Teacher, if available (Form 4)**
8.  **Principal / Director Recommendation from current Catholic/Private school (Form 5)**
9.  **Kindergarten Questionnaire (If applicable) (Form 6)**
10.  **Copy** of Immunization Record\*\*
11.  **Copy** of recent Report Cards (please submit previous 2 years and current year, if applicable, with application) Must be returned with application packet.
12.  **Copy** of Standardized Test Scores for the previous 2 years and current year, if applicable (Must be returned with application packet)
13.  **Signed Release of School Records Authorization Form (Form 7)** (Sign and return with application.)
14.  A Letter of good standing from Pastor (If you are not a member of St. Paschal Baylon Parish)

\*\* Will be supplied via mail/fax by current school after applicant submits Signed "Release of School Records" Authorization Form #7 with application.

### NOTES FOR OFFICE USE ONLY:

Notes: \_\_\_\_\_

Evaluation Date / Time: \_\_\_\_\_

Family Interview Date / Time: \_\_\_\_\_ Interviewed by: \_\_\_\_\_



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## NEW STUDENT APPLICATION FOR ENROLLMENT 2010-2011

GRADE APPLICANT WILL BE ENTERING IN SEPTEMBER 2010: \_\_\_\_\_

*Please print or type all information requested below. This information **MUST** be filled out **completely** for each child.*

### NAME OF APPLICANT:

\_\_\_\_\_  
Last First Middle "Nickname"

Child's Age on September 1, 2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male:  Female:

Place of Birth: \_\_\_\_\_

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

Home Phone Number: ( ) Cell Number: ( )

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

### FATHER'S FULL NAME:

\_\_\_\_\_  
Last First Middle "Nickname"

Place of Birth: \_\_\_\_\_ Marital Status (Circle One): M S D W

Occupation / Employer: \_\_\_\_\_

Daytime Phone Number: ( ) Religion: \_\_\_\_\_

### MOTHER'S FULL NAME:

\_\_\_\_\_  
Last First Middle "Nickname"

Mother's Maiden Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Marital Status (Circle One): M S D W

Occupation / Employer: \_\_\_\_\_

Daytime Phone Number: ( ) Religion: \_\_\_\_\_

### GUARDIAN, if applicable:

\_\_\_\_\_  
Last First Middle "Nickname"

Place of Birth: \_\_\_\_\_ Marital Status (Circle One): M S D W

Occupation / Employer: \_\_\_\_\_

Daytime Phone Number: ( ) Religion: \_\_\_\_\_

Are parents registered parishioners of St. Paschal Baylon Church?  Yes  No

If no, Name/Address of Parish: \_\_\_\_\_

Do you actively use the parish envelope system?  Yes – Envelope No. \_\_\_\_\_  No

Do you attend Mass regularly as a family?  Yes  No

Where? \_\_\_\_\_

### For Office Use Only:

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

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Name & Address of School child is currently attending: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Does child live with both parents?  Yes  No

If no, please explain: \_\_\_\_\_

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If divorced, who has legal primary custody of the child applicant? \_\_\_\_\_

Does child have siblings not attending SPBS?  Yes  No

If yes, please provide name(s), age(s), and school (other than SPBS) where enrolled: \_\_\_\_\_

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Does child wear glasses or contacts?  Yes  No

If yes, what do they wear; do they need to be worn at school; and why? \_\_\_\_\_

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Does child have any known allergies?  Yes  No If yes, please explain in detail: \_\_\_\_\_

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Does child take any prescription medications regularly?  Yes  No

If yes, what is the medication and why has it been prescribed? \_\_\_\_\_

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Is your child presently attending Religious Education Classes?  Yes  No

If yes, where? \_\_\_\_\_

**SACRAMENTAL INFORMATION: (MUST BE COMPLETED)**

Date Baptized: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

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PARENT /GUARDIAN SIGNATURE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_



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**NEW STUDENT APPLICATION PROCESS 2010-2011**

**Parent / Guardian Questionnaire**

(Required for all applicants to SPBS)

Please Print

FAMILY (LAST) NAME : \_\_\_\_\_

NAME(S) OF CHILD(REN) & BIRTHDATES:

CURRENT GRADE AND SCHOOL

_____	_____
_____	_____
_____	_____

How did you hear of SPBS? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in having your child\* apply for entrance to SPBS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was your child's greatest strength(s) at his/her previous school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was your child's area(s) of needed improvement (if any) at his/her previous school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What extra-curricular activities, if any, is your child involved in?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you as a parent/guardian plan to become integrated into the Saint Paschal Baylon School community?

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Is your child currently receiving any special services at their school? If so, what and why?

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Does your child have special needs of which we should be aware?  
(ie. Health-related, academic, developmental or behavioral?)

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SPBS is a Catholic School with its philosophy rooted in the teachings of Jesus. Please explain how you personally communicate your faith in God to your child(ren) and, describe some examples of how you put the beliefs of our Catholic faith into practice and model your faith as a family.

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Please list your family's involvement in the St. Paschal Baylon parish community organizations/events and the dates (years), ie. Religious Education, Eucharistic Minister, Faith and Family, Men's Club, Bible Study, Festival, Women's Fellowship, Parish Choirs, Project Response, Confirmation, ICF, etc.

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*\*Please indicate each child's name, if responding for more than one child. A copy of this form is needed in each child's application packet.*





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### CLASSROOM TEACHER ACADEMIC/CHARACTER REFERENCE (GRADES 1-8)

TO THE PARENT/GUARDIAN: As part of the admission process at St. Paschal Baylon School, we request an academic assessment of the applicant. **Please fill in the following information and give this form to your child's current classroom or homeroom teacher.** He/she will appreciate being given plenty of time to complete and return this form. We understand, however, that some public schools decline to have their teachers complete this form. If that is the case, please indicate so on this form, and return it.

(PLEASE PRINT)

NAME OF APPLICANT: \_\_\_\_\_

CANDIDATE FOR GRADE: \_\_\_\_\_ IN SEPTEMBER, 2010

NAME AND ADDRESS OF CURRENT SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S) (PLEASE PRINT): \_\_\_\_\_

**TO THE TEACHER:** Thank you very much for your assistance. Your remarks will be held in the strictest of confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic potential. **Please return this form to Saint Paschal Baylon School no later than the application deadline date of February 24, 2010.**

ACADEMIC ASSESSMENT:	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Ability to stay focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Work Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulse Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHARACTER ASSESSMENT:</b>				
Leadership Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Correction Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CHARACTER ASSESSMENT:</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful to Adults/Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relations with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Time to School / Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any chronic health, academic, or behavioral problems that you are aware of: \_\_\_\_\_

Please list any ongoing issues/conditions which could affect the applicant's performance: \_\_\_\_\_

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

To your knowledge is the student taking prescription medication on a regular basis? Why? \_\_\_\_\_

Is this student receiving any special services at your school and/or is this student on a modified academic program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check the following, if known:

- Parents/Guardians consistently support school-sponsored activities.
- Parents/Guardians do not support school-sponsored activities.
- Student consistently meets grade level standards.
- Student does not consistently meet grade level standards.

Form Completed By: \_\_\_\_\_

Name (Please print)

Title

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Daytime Phone Number: (      ) - \_\_\_\_\_



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### PRIVATE/CATHOLIC SCHOOL PRINCIPAL CONFIDENTIAL RECOMMENDATION FORM

*This form will be used only by the persons on the Admissions Committee and will not become part of the cumulative folder of the prospective student; therefore, this form will not be open to review. Please return to the above address by February 24, 2010. For assistance, please feel free to call the school office.*

STUDENT NAME \_\_\_\_\_  
PLEASE PRINT

BIRTHDATE: \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

**Please check:**

\_\_\_\_\_ Parents meet financial obligations regularly.

\_\_\_\_\_ Parents have needed special consideration and/or financial arrangements. If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I recommend this student.

\_\_\_\_\_ I do not recommend this student.

**Comments: Please make additional comments or give information, which might influence our decision. For example, if the student has been subject to extraordinary disciplinary procedures or was asked to withdraw from your school, please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have the parents generally been collaborative with your school ? If not, what were the circumstances?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for the time you have taken to prepare this report. Your carefully considered judgments will have a direct bearing on the candidate's acceptance.

Signature of Principal/Director: \_\_\_\_\_

Print name of Principal/Director: \_\_\_\_\_

Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

\_\_\_\_\_

Date Form Completed: \_\_\_\_\_



# ST. PASCHAL BAYLON SCHOOL

154 East Janss Road, Thousand Oaks, CA 91360 • Phone: 805-495-9340 • Fax:805-778-1509  
Website: stpaschalbaylonschool.org • Email: schoolsecretary@stpaschalbaylonschool.org

## KINDERGARTEN APPLICATION PROCESS 2010-2011

### PARENT/GUARDIAN QUESTIONNAIRE FOR *KINDERGARTEN APPLICANTS ONLY*

CHILD'S NAME

\_\_\_\_\_  
Last First Middle Nickname

PARENT'S NAMES

\_\_\_\_\_  
Last Father's First Mother's First

Will your child be attending our "Extended Care" program after school hours, on a regular basis? Yes  No

If yes, approximately  
how often?

\_\_\_\_\_

Is your child presently under the care of a physician or professional therapist for any type of chronic physical / developmental issue? Yes  No  If yes, please explain:

\_\_\_\_\_

Is he/she receiving any prescription medication on a regular basis? Yes  No  If so, what is it and why was it prescribed?

\_\_\_\_\_

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

Allergy  Hearing Difficulty  Vision Difficulty  Speech Delay  Other  Please explain:

\_\_\_\_\_

Has your child attended preschool? Yes  No

If so, where and when:

\_\_\_\_\_

Describe the kinds of play activities he/she enjoys most:

\_\_\_\_\_

Please check the corresponding column when responding to the following questions:

<u>In your opinion:</u>	ALWAYS	MOST TIMES	SOMETIMES	NEVER
1. Does your child tolerate reasonable amounts of frustration appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child experience extreme separation anxiety when you leave him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child express a desire to go to Kindergarten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can your child usually control his/her anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can your child dress him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can your child tie his/her shoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Can your child express him/herself verbally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child generally able to cope with new situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	ALWAYS	MOST TIMES	SOMETIMES	NEVER
9. Is your child able to follow verbal directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your child able to listen quietly to a story for at least ten minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your child complete simple requested tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your child generally seem willing to share toys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your child generally interact well with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your child wait for a reasonable amount of time without interrupting, while another person speaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your child have "bathroom" accidents often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is your child able to read by themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your child attend Mass regularly with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your child pray with you at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your child take daily naps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments and/or information you feel we should be aware of:**

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**NAME OF PERSON COMPLETING THIS FORM:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## ST. PASCHAL BAYLON SCHOOL

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### NEW STUDENT APPLICATION PROCESS 2010-2011

## RELEASE OF SCHOOL RECORDS Parent Authorization

**PARENTS: PLEASE FILL OUT, SIGN AND RETURN THIS FORM TO THE  
ST. PASCHAL BAYLON SCHOOL OFFICE WITH YOUR COMPLETED APPLICATION PACKET.**

Please provide (print) name of student's current school below:

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to the below named school all school records, including grades, health records, and any other developmental information regarding the below named pupil:

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please send the above student's cumulative file, health, and academic records to:

**St. Paschal Baylon School  
154 E. Janss Road  
Thousand Oaks, CA 91360  
ATT: Mrs. Sarah Ruffing**

Please send records to St. Paschal Baylon School as soon as possible.