

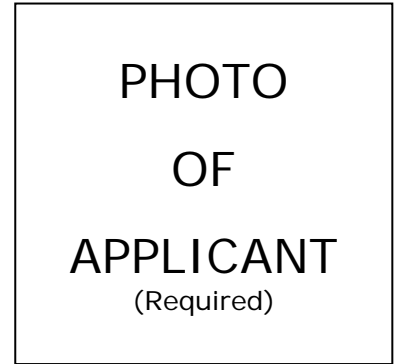


SAINT PASCHAL BAYLON SCHOOL

154 East Janss Road, Thousand Oaks, CA 91360 Phone: 805-495-9340 Fax: 805-778-1509
Website: stpascalbaylonschool.org Email: pbreeher@stpascal.org

NEW STUDENT APPLICATION 2019-2020

PLEASE COMPLETE ALL SECTIONS BELOW, AND RETURN THIS PAGE WITH YOUR APPLICATION PACKET TO THE SAINT PASCHAL BAYLON SCHOOL OFFICE ON OR BEFORE **FEBRUARY 22, 2019 at 3:00pm**



Full Name of Applicant: _____

Entering Grade: _____ Applicant's Birth Date: ____/____/____

Current School of Applicant: _____ Current Grade of Applicant: _____

Yes, we are registered Parishioners of *St. Paschal Baylon Parish*; Our Envelope # is: _____

No, we are not members of *St. Paschal Baylon Parish*

Our current parish is _____.

Yes, a "Letter of Good Standing" from Pastor has been requested from our current parish.
(If you are **NOT** currently a member of *St. Paschal Baylon Parish*)

\$60 Application Fee Check # _____ Cash: _____

THE FORMS BELOW ARE TO BE FILLED-OUT COMPLETELY AND RETURNED:

- Application for Enrollment
- Parent / Guardian Questionnaire
- Signed Family Service Agreement
- Academic / Character Reference from current Classroom Teacher (if able to obtain one)
- Principal / Director Recommendation from current Catholic/Private school
- Kindergarten Questionnaire - *if applicable*
- Signed Release of School Records Authorization Form

PLEASE INCLUDE COPIES OF DOCUMENTS BELOW: (All copies must be included with application)

- Birth Certificate
- Baptismal Certificate
- First Communion Certificate - *if applicable*
- Recent Report Cards - *if applicable* (please submit previous 2 years and current year)
- Copies of Standardized Test Scores - *if applicable* (for the previous 2 years and current year)
- Immunization Record – UP TO DATE (required)

FOR OFFICE USE ONLY:

Student Evaluation Date / Time: _____



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NEW STUDENT APPLICATION FOR ENROLLMENT 2019-2020

GRADE APPLICANT WILL BE ENTERING IN SEPTEMBER 2019 _____

Please **PRINT** 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, 2019: _____ Date of Birth: _____ Male: Female:

Ethnicity: Asian/Pac Islander African Amer/Black Filipino Hispanic/Latino Multiracial Native Amer. White/Other

Place of Birth: _____

Home Address: _____

City, Zip: _____, CA

Home Phone Number: () _____

FATHER'S FULL NAME:

_____ Last First Middle "Nickname"

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

Occupation / Employer: _____

Father's Cell Phone Number: () _____ Religion: _____

Father's Email Address: _____

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: _____

Mother's Cell Phone Number: () _____ Religion: _____

Mother's Email Address: _____

GUARDIAN, if applicable:

_____ Last First Middle "Nickname"

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

Occupation / Employer: _____

Daytime Phone Number: () _____ Religion: _____

CHILD'S SACRAMENTAL INFORMATION:

Date Baptized: _____ Church Name & Address: _____

First Communion Date: _____ Church Name & Address: _____

Is your child presently attending Religious Education Classes? Yes No Where? _____

CHURCH/PARISH INFORMATION:

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? _____

Does child live with both parents? Yes No If no, please explain: _____

If divorced, who has legal primary custody of the child applicant? Shared legal physical custody? _____

Does child have siblings NOT currently attending SPBS? Yes No

If yes, please provide all sibling name(s), age(s), and school if enrolled: _____

Does child wear glasses or contacts? Yes No If yes, what do they wear; do they need to be worn at school; and why? _____

Does child have any serious allergies? Yes No If yes, please explain in detail: _____

Does child take any prescription medications regularly? Yes No

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

PARENT /GUARDIAN SIGNATURE: _____ Date: _____

DATE OF APPLICATION: _____ Date: _____



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NEW STUDENT APPLICATION 2019-2020

PARENT / GUARDIAN QUESTIONNAIRE

(Required for all applicants to SPBS*)

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

FAMILY (LAST) NAME: _____

How did you hear of SPBS? _____

What are your primary reasons for wanting to have your child attend SPBS?

In your opinion, what was your child's greatest strength(s) at his/her previous school? *

In your opinion, 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? Where? *

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

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

Does your child have ANY special needs of which we should be aware? *
(i.e. health-related, academic, developmental or behavioral?)

SPBS is a parochial Catholic School with its educational/formational 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.

Please list your family's involvement in the Saint Paschal Baylon parish community (or other parish) organizations/events and the dates (years), i.e. Religious Education, Eucharistic Minister, Lector, Men's Club, Bible Study, Fall Fest, "The University" Program, Parish Choirs, Project Response, Vacation Bible School, Confirmation, ICF, etc.



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NEW STUDENT APPLICATION 2019-2020

FAMILY SERVICE & FINANCIAL AGREEMENT (NEW STUDENTS)

- I. **Purpose**
To provide a financial and service agreement for Saint Paschal Baylon School (SPBS) parents.
- II. **Scope**
This agreement will apply to all families enrolled at St. Paschal Baylon School each school year.
- III. **Tuition**
 - A. Tuition rates are established annually as part of the school's budget process.
 - B. There are **three** Tuition payment options listed below:
 1. **Payment in full on or before August 1st, or,**
 2. **SMART Tuition Collection Program (10 monthly payments automatically withdrawn from your checking account plus a \$50 annual fee for this service), beginning in August and continuing through May, or,**
 3. **SMART Tuition Collection Program Credit Card billing (10 automatic monthly billings to your credit card, including card usage fee of 2.85%, plus a \$50 annual fee for this service) beginning in August and continuing through May.**
 4. **Limited financial aid is available to qualified families after enrollment.**
- IV. **Parish Support**
Saint Paschal Baylon School (SPBS) is a parish school. Our primary purpose is to provide excellence in Catholic education for Catholic children of parishioners. Parishioners are defined as *registered, active, supporting members of Saint Paschal Baylon Parish (SPB)*.
 - A. A supporting member of SPB, is a parishioner, who actively participates in the parish community and donates a minimum of \$250.00 per academic year through the SPB envelope system or *Faith Direct*.
 - B. Non-parishioners, and those who are **not current actively supporting members of SPB**, will be charged an additional tuition cost of **\$750.00**, along with all other required fees, annually.
- V. **Fundraisers**
Fundraisers, such as the Magazine Drive, Wrapping Paper/Gift Sale, Jog-A-Thon, Fall Fest Car Raffle and SCRIP Gift Cards not only provide needed financial support to SPBS and help keep tuition costs reasonable, they also count toward your annual family "Profit Dollar" obligation. Each family is expected to raise a minimum of **\$250.00** in "Profit Dollars" per school year. *Profit Dollars* are reported by the fundraiser organizers directly to the school's Accounts Manager.
 - A. A family may choose to participate in one or a combination of the fundraisers and/or make a donation.
 - B. A family must reach at least one-half of the expected "Profit Dollars" amount by the end of January.
- VI. **Family Volunteer Service Program**
The SPBS Family Service Program supports the many activities and programs available to the students and provides an opportunity for parents to "model" responsibility for their children. Each family is required to contribute at least forty (40) Volunteer Hours to the school each year. Twenty (20) of these hours may be for parish activities, but at least twenty (20) Volunteer Hours must be directly related to the school.
 - A. Each family is responsible for recording and submitting their Volunteer Hours to the school office.
 - B. Families who do not complete their Volunteer Hours will be billed at the rate of \$25 for each hour not completed prior to **the end of May each school year**.
- VII. **Parent/Legal Guardian Responsibility**
It is the responsibility of the parent/legal guardian to fulfill financial, parish, and service obligations. You are expected to contact the school principal in a timely manner if you experience difficulty in performing your obligations. **Failure to fulfill above obligations may result in the student's withdrawal from SPBS.**

I /We the parent(s)/legal guardian(s) of _____ have read and
(Print Student Name(s) and Grade(s) for the 2019-2020 School Year)

understand Saint Paschal Baylon School's *Family Service and Financial Agreement* and agree to comply with it:

Print Name	Signature	Date
Print Name	Signature	Date

THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR COMPLETED APPLICATION.



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NEW STUDENT APPLICATION 2019-2020

CLASSROOM TEACHER CONFIDENTIAL 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 by their current teacher. **Please complete the following information, then provide 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 do understand, however, that some public school districts (such as CVUSD) decline to have their teachers complete this form. If that is the case, please indicate so on this form, and then simply return the form to SPBS with your application.*

(PLEASE PRINT)

NAME OF APPLICANT: _____ CURRENT GRADE: _____

CANDIDATE FOR GRADE: _____ **IN SEPTEMBER 2019**

NAME AND ADDRESS OF CURRENT SCHOOL:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO THE TEACHER: Thank you very much for your assistance. Your remarks below will be held in the strictest of confidence and are most appreciated, as we begin our review of the applicant's characteristics and academic potential. *This form will not become part of the student's permanent file.*
Please return this form to Saint Paschal Baylon School no later than the application deadline date of: **2/22/19.**

ACADEMIC ASSESSMENT:	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Ability to Remain Focused in Class				
Self-Motivation				
Work Habits				
Classroom Work Product				
Impulse Control				
Completion of Homework				
Critical Thinking Skills				
Achievement in Core Academic Subjects, i.e. Lit, Language, Math				
Verbal Participation in class				
Attendance at School				
CHARACTER ASSESSMENT:				
Leadership Qualities				
Self-Confidence				
Accepts Correction Appropriately				
Overall Behavior				

CHARACTER ASSESSMENT:	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Emotional Maturity				
Personal Initiative				
Reaction to Setbacks				
Respectful to Adults/Faculty				
Respectful to Other Students				
Relations with Peers				
Self-Motivation				
On Time to School / Class				

Please list any serious chronic health, academic, learning and/or behavioral problems that you are aware of: _____

Please list any ongoing accommodations or adjustments which have been provided for this student by you and/or the school: _____

Has the applicant's parent collaboration with the school been a positive force in his/her academic progress?

Please list three-five words that best describe this student: _____

Is this student receiving any special services at your school outside of regular class time?

If so, please briefly list them and state why the student is receiving them: _____

Please check the following, if known:	
<input type="checkbox"/>	Parents/Guardians are supportive if issues arise in class
<input type="checkbox"/>	Parents/Guardians are not generally supportive of the teacher if issues arise
<input type="checkbox"/>	Student consistently meets grade level standards outlined in the <i>Common Core Standards</i>
<input type="checkbox"/>	Student does not consistently meet grade level standards outlined in the <i>Common Core Standards</i>

Form Completed By: _____

Name (Please print)

Title

Date: _____

Title: _____

Signature: _____

Daytime Phone Number: () - _____



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NEW STUDENT APPLICATION 2019-2020

PRIVATE/CATHOLIC SCHOOL PRINCIPAL CONFIDENTIAL STUDENT RECOMMENDATION FORM

*This form will be used only by the persons on the SPBS Admissions Committee and will not become part of the cumulative folder of this prospective student: therefore, this form will not be open to review. Please return to SPBS at the above address by **February 22, 2019**. For assistance, please contact our school office.*

STUDENT NAME _____
PLEASE PRINT

CURRENT GRADE: _____ 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 any information which may influence our final decision regarding the student's acceptance into SPBS. For example, if the student has been subject to disciplinary procedures or was asked to withdraw from your school, please explain below.

**Have the parents generally been collaborative with and supportive of your school and teachers?
Yes ___ No ___ 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 this candidate's acceptance into Saint Paschal Baylon School.

Signature of Principal/Director: _____

Print name of Principal/Director: _____

Title: _____

Name of School: _____

School Address: _____

Date Form Completed: _____



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KINDERGARTEN APPLICATION 2019-2020

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 circle any of the following difficulties which may pertain to your child:

Severe Allergy Hearing Difficulty Learning Difficulty Vision Difficulty Speech Delay Other: _____

Please explain above:

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:

In your opinion:	ALWAYS	MOST TIMES	SOMETIMES	NEVER
1. Does your child tolerate reasonable amounts of frustration appropriately?				
2. Does your child experience extreme separation anxiety when you leave him/her?				
3. Does your child express a desire to go to Kindergarten?				
4. Can your child usually control his/her anger?				
5. Can your child dress him/herself?				
6. Can your child tie his/her shoes?				
7. Can your child express him/herself verbally to others?				
8. Is your child generally able to cope with new situations?				
9. Is your child able to follow verbal directions?				
10. Is your child able to listen quietly to a story for at least ten minutes?				

	ALWAYS	MOST TIMES	SOMETIMES	NEVER
11. Does your child complete simple requested tasks?				
12. Does your child generally seem willing to share?				
13. Does your child generally interact well with other children of a similar age?				
14. Does your child wait for a reasonable amount of time without interrupting, while another person speaks?				
15. Does your child have "bathroom" accidents often?				
16. Is your child able to read by themselves?				
17. Does your child attend Mass regularly with you?				
18. Does your child pray with you at home?				
19. Does your child take daily naps?				

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

NAME OF PERSON COMPLETING THIS FORM: _____

RELATIONSHIP TO CHILD: _____

DATE: _____



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**RELEASE OF SCHOOL RECORDS TO SPBS
2019-2020 Parent Authorization Form**

**PARENTS: PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO THE
ST. PASCHAL BAYLON SCHOOL OFFICE WITH THE COMPLETE APPLICATION:**

SPBS WILL REQUEST THE RECORDS UPON ACCEPTANCE OF THE STUDENT.

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

School _____

Address _____

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 student:

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:

**Saint Paschal Baylon School
ATTN: Mrs. Paula Breeher - Admissions
154 East Janss Road
Thousand Oaks, Ca 91360**