



**HOLY ROSARY SCHOOL
APPLICATION FOR ADMISSION 2019-2020**

Applicant Information

Grade applying for (please circle): Pre-K K 1 2 3 4 5 6 7 8

Sibling(s) currently attending Holy Rosary School: ___ Yes ___ No

Legal Name:

Last: _____ First: _____ Middle: _____

Preferred Name: Last: _____ First: _____ Middle: _____

U.S. Citizen: ___ Yes ___ No , Country of Citizenship _____

Gender: ___ Male ___ Female

Date of Birth: ___/___/___ Place (City, State, Country) _____

Date of Baptism (if Catholic): ___/___/___ Church (City, State, Country) _____

Date of First Communion (if Catholic): ___/___/___ Church (City, State, Country) _____

Current School: _____

Address: _____ City, State, Zip _____

Phone: (____) ____ - _____ Curent Grade (please circle) PreSchool PK K 1 2 3 4 5 6 7 8

Parish Information

___ Catholic: (Parish, City, State): _____

___ Non-Catholic

Parent/Guardian Information

Mother/Guardian Name: Last: _____ First: _____

Relationship to applicant: _____ Mother's Place of Birth (state, country) _____

Home Address: _____ City, State, Zip _____

Mailing Address (if different than above): _____ City, State, Zip _____

U.S. Citizen: ___ Yes ___ No, Country of Citizenship _____

Religion: _____

Employer: _____ Occupation: _____

Work Address: _____ City, State, Zip _____

Home Phone Number: _____ Cell Number: _____ Work Number _____

Mother's Email: _____

Father/Guardian Name: Last: _____ First: _____

Relationship to applicant: _____ Father's Place of Birth (state, country) _____

Home Address: _____ City, State, Zip _____

Mailing Address (if different than above): _____ City, State, Zip _____

U.S. Citizen: ___ Yes ___ No, Country of Citizenship _____

Religion: _____

Employer: _____ Occupation: _____

Work Address: _____ City, State, Zip _____

Home Phone Number: _____ Cell Number: _____ Work Number _____

Father's Email: _____

How did you hear about us?

___ Brentwood/Oakley/Antioch/Discovery Bay Press

___ Website

___ The Monthly Grapevine

___ Word of Mouth

___ Parish Bulletin

___ Other

Referred by: _____

Alumni Information (if applicable)

If you are a parent who is an alumnus of Holy Rosary School, list name and year of graduation:

Name: _____ Year: _____

Name: _____ Year: _____

Required Statements

Briefly state your reason(s) for wanting to enroll at Holy Rosary School.

Briefly state your involvement at your parish.

Holy Rosary School presumes that you have read the Application Packet and that you support its contents. Completion of the application includes all the required paperwork including the non-refundable \$100.00 application fee stated on the first page. Completing the Application for Admission and required paperwork, and taking the screening test, does not guarantee placement on the wait list or acceptance for enrollment.

Applicants for Pre-Kindergarten and Kindergarten will be considered for available openings. Applicants for 1st through 8th grades will be considered for the wait list. Acceptance for enrollment is based on available openings.

By signing this application form you authorize: (1) the applicant's school to release information regarding the applicant's school status and your payment history and (2) you authorize Holy Rosary Parish to release information regarding your financial contributions.

Parent Guardian Signature

Date

TEACHER EVALUATION for students applying to Holy Rosary School – **Grades 1st – 8th**

Name of Student _____

Teacher Name _____ **School Name** _____

I give my permission to the above-named teacher to answer the questions on this form and send the information to Holy Rosary School. I agree to hold the school, teacher and/or administrator named below harmless for information provided in this questionnaire. I waive any right of access to information provided on this form.

Signature of Parent/Guardian _____ **Date** _____

INSTRUCTIONS FOR TEACHER: The above named student has applied to Holy Rosary School. Please use your professional judgment in answering the questions below. **The information you provide will be kept strictly confidential.** Thank you.

Grade/Subject you teach _____ **Class size** _____ **Are you a Title 1 School?** yes no

Student's length of time in your class _____ **Days absent** _____ **Days tardy** _____

Mark which subject you are evaluating:

- ENGLISH/LANGUAGE ARTS – Publisher, Book and Level** _____
- | | | | | |
|--------------------------------|--|---|--|------------------------------------|
| Student's mastery level: | <input type="checkbox"/> Below grade level | <input type="checkbox"/> At grade level | <input type="checkbox"/> Above grade level | |
| Reading Comprehension: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent |
| Ability to grasp new concepts: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent |
| Analytical Ability: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent |

Comments on performance _____

- MATH – Publisher, Book and Level** _____
- | | | | | |
|--------------------------------|--|---|--|------------------------------------|
| Student's mastery level: | <input type="checkbox"/> Below grade level | <input type="checkbox"/> At grade level | <input type="checkbox"/> Above grade level | |
| Math Comprehension: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent |
| Ability to grasp new concepts: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent |
| Analytical Ability: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent |

Comments on performance _____

Maturity Age Level: Young Average Advanced

In relation to other students, how much of your personal time and attention did/does this student require?

- Significantly more More Average Less Significantly less

Is there a disparity between ability and performance? yes no If yes, identify behaviors associated with disparity _____

What, if any, accommodations were made in your classroom for this student? _____

Has the student ever been recommended for or identified as needing psychological testing, special education, grade retention, tutoring or a gifted program? yes no If yes, please explain _____

If yes, did the parents follow through? yes no Please explain _____

Classroom Conduct/Discipline:

- Frequent disruptions Occasional misconduct Usually good conduct Good Conduct

Comments _____

Has the student ever been on a behavior contract? yes no **suspended?** yes no

If yes, please explain _____

In relation to others in the student's age group whom you have taught, please rate the student on:

	Poor	Fair	Average	Good	Excellent	Superior
Ability to work with others	_____	_____	_____	_____	_____	_____
Attention span	_____	_____	_____	_____	_____	_____
Classroom participation	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Critical/abstract thinking skills	_____	_____	_____	_____	_____	_____
Disciplined work habits	_____	_____	_____	_____	_____	_____
Effort/determination	_____	_____	_____	_____	_____	_____
Honesty/Integrity	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____	_____
Oral language	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____
Self control	_____	_____	_____	_____	_____	_____

Please comment on the student's:

Attitude/Work-Study habits _____

Relationship with his/her peers _____

Areas of greatest strength _____

Areas of greatest need _____

Do the parents have a realistic picture of their child's ability? yes no

Please comment on the parents' attitude toward the following:

	Unsatisfactory	Satisfactory	Good	Excellent
Interested in child's progress	_____	_____	_____	_____
Follows school policies/procedures	_____	_____	_____	_____
Accepts teacher suggestions	_____	_____	_____	_____
Allows child to take responsibility for actions	_____	_____	_____	_____
Communicates concerns in a timely manner	_____	_____	_____	_____

Comments _____

I recommend this student to Holy Rosary School for:

Academic Ability & Promise Not at all With reservation With confidence Enthusiastically
 Overall Not at all With reservation With confidence Enthusiastically

Thank you for the time and effort you have taken in completing this evaluation. Your observations are an important part of this student's application. **Please mail back to: Holy Rosary School – 25 E. 15th Street, Antioch, CA 94509**

Evaluator's Name (print) _____ Position _____

Evaluator's Signature _____ Date _____

Best time/day(s) to contact _____ Phone _____

Principal's Signature _____ Date _____