



**ADMISSION APPLICATION FOR SCHOOL OF EARLY EDUCATION
2020-2021 School Year**

REGISTRATION

Completed applications with all the necessary documents must be returned to the school office as soon as possible but no later than: Friday, February 21st, 2020.

NO application will be processed until ALL the documents are presented. The application fee is non-refundable.

OPEN HOUSE

Holy Angels School invites you to visit our campus on Sunday, January 26th from 10:00 a.m. until 12:00 p.m. Classrooms will be open and samples of textbooks and workbooks will be available. There will be student guided tours of the school.

K TESTING

Entrance examinations for Grade Kindergarten will be held on Saturday, February 29th at 9:00 a.m., unless you're otherwise notified. Every student applying must take the entrance assessment. Registration for testing can only be made when completed applications have been returned to the school office.

PRE-K/TK ASSESSMENT

Pre-K/TK applicants will be assessed on Tuesday, March 3rd at 1:00 p.m. and at 2:00 p.m. and on Wednesday, March 4th at 1:00 p.m. and at 2:00 p.m. The assessment will take approximately 1/2 hour. Four visitation sessions will be held so that the teacher/ child ratios are best suited for assessment. You will receive an email with you testing date and time in advance of the testing- please notify the school office if there is a date or time that you are NOT available.

You will receive a letter confirming your testing date and time by mail. If you do not receive your letter at least one week prior to the testing, please contact the school office.

APPLICATION FEE \$75.00 Per Student (non-refundable)

AGE CUT-OFF DATES	PRE-KINDERGARTEN	Child must be 3 years old, potty trained, and placement based on assessment
	TK	Child must be 4 years old on or before September 1, 2020 and potty trained
	Kindergarten	Child must by 5 Years old on or before Sept 1, 2020

DOCUMENTS NEEDED

- Copy of Birth Certificate If you do not have this document and your child was born in Los Angeles County, contact the County Registrar of Records at (562) 462-2137.
- Copy of Baptismal Certificate Contact Church of Baptism if you do not have original document. Allow 2 weeks.
- Confidential Teacher Recommendation Form to be completed by your child's current teacher.

NO APPLICATION WILL BE CONSIDERED WITHOUT ALL OF THE NECESSARY DOCUMENTS



**ADMISSION APPLICATION FOR SCHOOL OF EARLY EDUCATION
2020-2021 School Year**

Dear Parent,

Please fill out the following application form completely and return to Holy Angels School **no later than Friday, February 21st, 2020**. There is a non-refundable application fee of \$75 to be submitted with this application form. Thank you for considering Holy Angels School for your child's education. We look forward to meeting you.

FAMILY/CHILD'S LAST NAME _____ APPLYING FOR GRADE (Sept. 2020) _____

Registered in Holy Angels Parish: YES NO Date registered _____ Sunday Envelope Number _____

Pre-Kindergarten/Transitional K/ Kindergarten
Admission Application

STUDENT INFORMATION

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	
NICKNAME <input type="checkbox"/> <input type="checkbox"/>		BIRTHPLACE		DATE OF BIRTH	AGE
HOME STREET ADDRESS <input type="checkbox"/> <input type="checkbox"/>		CITY	ZIP CODE	HOME PHONE NUMBER	
				SEX <input type="checkbox"/> M <input type="checkbox"/> F	

FAMILY INFORMATION

FATHER'S LAST NAME		FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION		WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
MOTHER'S LAST NAME		FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION		WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
IF DIVORCED, WHO HAS LEGAL CUSTODY OF THE APPLICANT?					

GUARDIAN LAST NAME		FIRST NAME		MIDDLE NAME	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION		WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	



STUDENT SACRAMENTAL INFORMATION

BAPTISM DATE	CHURCH	CITY	STATE	VERIFICATION

PREVIOUS SCHOOL(S) ATTENDED (If school was Catholic, please asterisk.)

NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO

Have you been active in Holy Angels Parish? YES NO

In what capacity? _____

Name and grades of other children applying and/or already enrolled in Holy Angels School:

NAME _____	GRADE _____	NAME _____	GRADE _____
NAME _____	GRADE _____	NAME _____	GRADE _____
NAME _____	GRADE _____	NAME _____	GRADE _____

If you have more than one child applying, would you be willing to send only one child if we do not have room for the others?

YES NO _____

Why do you want your child to attend Holy Angels School? _____



How did you hear about Holy Angels School?

Please add any information which might be pertinent in helping us evaluate this application

Is there anything else that you would like to tell us about your child?



CONFIDENTIAL TEACHER RECOMMENDATION FORM

TO THE PARENT: As part of the admissions process at Holy Angels School we must receive a candid assessment of the applicant. The student's application will not be processed without this completed form. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as a stamped envelope in which to mail it directly to Holy Angels School. Failure to complete file by **February 21st, 2020** will result in your child losing admission preference.

NAME OF APPLICANT

FIRST

MIDDLE

LAST

Candidate for Grade: _____ in September, 2020.

SCHOOL: Holy Angels School, 360 Campus Drive, Arcadia, CA 91007

TO THE TEACHER: This recommendation will remain confidential and will not become part of the student's permanent academic record. We sincerely appreciate your cooperation and candor as you provide us with necessary information to make informed admissions decisions for young children.

Days child attends each week: M T W Th F ½ Day Full Day Extended Care

Compared to all the students this age that you have taught, please check the most appropriate response for this child.

1. Attention Span

- Focuses and maintains attention over time
- Attends with occasional teacher redirection
- Easily distracted by noise or movement of others and requires frequent redirection

2. Task Persistence

- Persists and completes tasks independently
- Attempts task, with some encouragement
- Attempts task, after much encouragement
- Refuses to attempt/complete task

3. Degree of Independence

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision/guidance to complete task

4. Peer Relationships

- Works and/or plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers

5. Attention to Directions in Teacher Directed Activities

- Listens carefully to entire directions
- Attends only to brief directions
- Plunges ahead after hearing only portion of Directions

6. Comprehension of Directions in Teacher Directed Activities

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- After several repetitions, understands only partial directions
- Does not appear to comprehend most directions

7. Verbalization

- Speaks clearly and confidently
- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has sound substitutions
- Unable to communicate clearly

8. Body Movement at Listening Times

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

9. Response to Stress/Pressure

- Withdraws socially or emotionally
- Reacts physically
- React verbally
- Adapts slowly
- Copes well

10. Confidence

- Very sure of self
- Confident with things known, attempts new things with encouragement
- Reluctant to try new or difficult things

Self Help Skills

- | | | |
|------------------------|--|--|
| Can dress self | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |
| Uses toilet unassisted | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |

Physical Development

- | | | |
|---|--|--|
| Small motor muscle control and coordination | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |
| Large motor muscle control and coordination | <input type="checkbox"/> Age Appropriate | <input type="checkbox"/> Needs Development |

11. When conflict arises, this person generally responds with:

- Defensive/Critical attitude
- Withdrawal/Avoidance
- Lack of cooperation
- Confrontation
- Openness to resolving conflict
- Peacemaking
- Very uncertain; needs much encouragement

Please comment on the individual strengths of this student: _____

Are there activities that appear difficult for this student: _____

Please comment on this student's emotional and social maturity: _____

Please comment on the likelihood of this student being successful in a challenging program: _____

Has this family been a supportive partner with the classroom teacher and school?: _____

Has the applicant's home environment been a positive force in his/her development? Please explain: _____



Do you have any questions or reservations about this student you would like to discuss with us? _____

If this student were to reapply to your school, would you grant acceptance? _____

Please check applicable: (please refer to the appropriate party for the following information)

- Parents/Guardians meet financial obligations.
- Parents/Guardians have difficulty meeting financial obligations.
- Parents/Guardians fail to meet financial obligations.
- Parents/Guardians support school sponsored activities.
- Parents/Guardians do not support school-sponsored activities.

Form Completed by:

NAME (PLEASE PRINT)

TITLE

SCHOOL NAME

CONTACT PHONE #

SIGNATURE

TELEPHONE NUMBER (WHERE YOU MAY BE REACHED DURING THE DAY)