



HOLY ANGELS SCHOOL

360 Campus Drive - Arcadia - California - 91007 - (626) 447-6312 Telephone - (626) 447-2843 FAX

ADMISSION APPLICATION FOR GRADES P.K.-JR. K - K 2010-2011 School Year

Dear Parent,

Please fill out the following application form completely and return to Holy Angels School no later than January 8, 2010. 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.

LAST NAME _____

GRADE (Sept. 2010) _____

Registered in Holy Angels Parish Yes ___ No ___

Date registered _____

Sunday Envelope Number _____

*Pre-Kindergarten Applicants Must Be 4 Years Old by September 1, 2010
Jr. K Applicants Must Be 5 by December 1, 2010
Kindergarten Applicants Must Be 5 by September 1, 2010*

STUDENT INFORMATION

Student's Last Name	First Name	Middle Name	
Home Phone Number	Sex (M/F)	Birthplace/Date	
Home Street Address	City	Zip Code	
School Previously Attended	Street	City/State/Zip Code	Phone Number

SACRAMENTAL INFORMATION

Baptism Date	Church & Street Address	City	State/Zip	Verification
1 st Penance Date	Church & Street Address	City	State/Zip	Verification
1 st Communion Date	Church & Street Address	City	State/Zip	Verification
Confirmation Date	Church & Street Address	City	State/Zip	Verification

FAMILY INFORMATION

Father's Last Name	First Name	Religion	Occupation/Work Phone #	Marital Status (S/M/D)
Mother's Maiden Name	First Name	Religion	Occupation/Work Phone #	Marital Status (S/M/D)
Guardian's Last Name	First Name	Religion	Occupation/Work Phone #	Marital Status (S/M/D)



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Email Address: _____

PK-JR. K-K Grades Application Information For the School Year Beginning September, 2010

REGISTRATION

Completed applications with all the necessary documents must be returned to the school office as soon as possible but no later than: **January 8, 2010**

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

OPEN HOUSE

Holy Angels School invites you to visit our campus on Sunday, January 31st from 10:30 a.m. until 1:00 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 K** will be held on **Saturday, January 23rd at 9:00 a.m.**, unless you're otherwise notified. Every student applying must take the entrance examination. Registration for testing can only be made when completed applications have been returned to the school office.

JR. K/PRE-K ASSESSMENT

Jr. K and Pre-K applicants will be assessed on **Wednesday, January 27th at 1:00 and at 2:00 and on Thursday, January 28th at 1:00 and at 2:00**. The assessment will take approximately ½ hour. Four visitation sessions will be held so that the teacher/child ratios are best suited for assessment. Families will be notified of their assessment times.

FEE

\$75.00 Per Student Application (non-refundable)

PRE-KINDERGARTEN

Child must be 4 years old on or before September 1, 2010.

JR. KINDERGARTEN

Child must be 5 years old on or before December 1, 2010.

KINDERGARTEN

Child must be 5 years old on or before September 1, 2010.

DOCUMENTS NEEDED:

GRADES PK, JR. K, K

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

INFORMATION

Health Records: In the event that your child is accepted at Holy Angels School, complete health records and proof of a Mantoux Tuberculin Test by a physician will be required.



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Thank you for your interest in Holy Angels School. Holy Angels School is fully accredited by the Western Association of Schools and Colleges. Total enrollment is approximately 300 students with an average class size of 30 students in grades 1st – 8th, 25 in Kindergarten and 22 in our Pre-Kindergarten/Jr. Kindergarten class.

SCHOOL PHILOSOPHY

Holy Angels School is a vital ministry of Holy Angels Parish. We are committed to educating children in mind, body and soul. We provide a safe and nurturing environment that challenges our students to live Christ's Gospel message and to discover and develop their God-given talents. Holy Angels School acknowledges its critical role in assisting parents in the important task of educating their children. We view our partnership with them as one of mutual accountability in providing a quality Catholic education. We provide an excellent educational program designed to develop confident learners who demonstrate proficiency across the curriculum. Our school's academic and co-curricular programs emphasize social responsibility, the importance of physical and mental health, and a profound respect for the dignity of life and for the world in which we live.

MOST FREQUENTLY ASKED QUESTIONS

The School Day - The school day for all students in Grades K-8 begins at 8:00 a.m. and ends at 3:00 p.m. PK begins at 8:00 a.m. and ends at 11:45 a.m.

Daycare - Before and after school care is offered from 7:00 a.m. to 6:00 p.m. each school day for students in Grades K-8. Pre K /Jr. K dropoff is at 7:45 and extended care is available to 3:00 p.m. Daycare until 6:00 p.m. may be available for Pre K/ Jr. K if demand dictates. Rates are available upon request.

Student Uniforms - Students are required to wear uniforms. Information concerning uniform purchase will be available to you in the event that your child is accepted at Holy Angels School.

Scrip Program - We have a mandatory scrip fundraising obligation. Details will be delineated in the parent agreement.

Parent Volunteer Hours - Holy Angels parents are the co-educators of their children and are, therefore, an integral part of the school community. Since parent enthusiasm and energy are of vital support to the school, each family is requested to make a commitment to contribute 40 hours of volunteer service to the school each year. The school offers numerous ways to earn these hours.

Tuition Rates - At the current time, we are unable to quote you the rate of tuition for the 10-11 school year, but we have included the cost of tuition for the 09-10 school year for your reference only.

Registration Fee per new student: \$325.00 Book Fee per student: \$200.00

Active Parishioners Financial Requirement: \$400.00 per year/To qualify for the active rate you must be registered and active for a minimum of one year prior to the first tuition billing July 2010.

Tuition Rates (Based on monthly rate, July-April-
12 month payment schedule available)

	<u>Active Parishioners</u>	<u>Inactive Parishioners</u>
<u>Pre-Kindergarten/Jr. Kindergarten</u>	\$450.00	\$630.00
<u>Kindergarten</u>	\$480.00	\$630.00
<u>Grades 1-8</u>	\$480.00	\$630.00
1 Child	\$900.00	\$1,260.00
2 Children	\$1,330.00	\$1,890.00
3 Children	\$1,770.00	\$2,520.00
4 Children		



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PARENT/GUARDIAN QUESTIONNAIRE

Child Applicant's Name _____
Last First Nickname

Entering Grade _____ Birthdate _____ Present Age _____

Religious Education Attendance: Yes _____ No _____

Where _____

Has your child attended Catholic school previously? _____ If so, how long attended? _____

Previous School(s) Attended: (If school attended was Catholic, please asterisk)

Name of School: _____ From _____ To _____
Name of School: _____ From _____ To _____
Name of School: _____ From _____ To _____

Mother/Guardian _____
Last First Maiden Religion E-Mail
If name different from applicant's, what name is used? _____

Father/Guardian _____
Last First Religion E-Mail
If divorced, who has legal custody of the applicant? _____

Please check where applicable:

Catholic _____ Non-Catholic _____ Do you attend Mass regularly? _____

Are you a "registered parishioner" of Holy Angels Church? (i.e. receiving envelopes/contributing regularly):
Yes _____ Envelope Number _____ How Long _____ No _____

Please indicate the parish in which you reside (not necessarily the parish where you are registered) :

Name of Parish City

Have you been active in Holy Angels Parish? _____ In what capacity? _____

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

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?



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Does your child have special needs of which we should be aware? (i.e. health, behavioral situations, etc.) _____

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

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

FATHER

Elementary School _____
Address & City _____

High School _____
Address & City _____
Years Attended _____ Did you graduate? _____

College _____
Address & City _____
Years Attended _____ Did you graduate? _____

MOTHER

Elementary School _____
Address & City _____

High School _____
Address & City _____
Years Attended _____ Did you graduate? _____

College _____
Address & City _____
Years Attended _____ Did you graduate? _____

Any other family background information which you would like to add: _____



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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. A copy of your child's most recent report card and Standardized Test results is to be included with this form. Failure to complete file by January 8, 2010 will result in your child losing admission preference.

NAME OF APPLICANT: _____
First Middle Last

Candidate for Grade: _____ in September, 2010.

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 1/2 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

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

- Defensive/Critical attitude
- Withdrawal/Avoidance
- Lack of cooperation
- Confrontation
- Openness to resolving conflict
- Peacemaking

10. Confidence

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

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 |

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:

Please list extraordinary health problems: _____

Please list any disabilities, which could affect the applicant's performance: _____

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)