



**13368 Valleyheart Dr.  
Sherman Oaks, CA 91423**

## **REGISTRATION**

**Admission packet must be returned no later than the first Friday in February  
2019 OPEN HOUSE: JANUARY 27, 2019, AFTER THE 10:00a.m. MASS**

Dear Parents,

Thank you for your interest in having your child tested for the fall term at St. Francis de Sales. The testing date for all applicants has been scheduled for **Friday, February 8, 2019**. Along with your application we must have the following:

- A copy of the applicant's baptismal certificate.
- A \$125.00 non-refundable testing fee per applicant.
- Pre-School evaluation letter.
- A recent photo of your child.

\*\*\*\*\*

- **Upper Grade applicants:** A copy of applicant's most recent report card and a copy of any standardized test.
- The Academic/Character reference must be completed by applicant's present classroom teacher and mailed back to us.

## **KINDERGARTEN**

ST. FRANCIS DE SALES POLICY REQUIRES THAT THE AGE FOR KINDERGARTEN APPLICANTS BE FIVE YEARS ON OR BEFORE SEPTEMBER 1<sup>ST</sup>.

**THE KINDERGARTEN SCREENING WILL TAKE PLACE BETWEEN 8:00 A.M. AND 12:00 NOON.  
PLEASE COME TO THE AUDITORIUM. THIS SCREENING WILL TAKE APPROXIMATELY 30  
MINUTES.**

**YOUR SCHEDULE TIME FOR KINDERGARTEN TESTING WILL BE:**

---

**FRIDAY, February 8, 2019**

**GRADES 1<sup>st</sup> thru 8<sup>th</sup>**

YOUR SCREENING WILL TAKE PLACE AT **12:30, FRIDAY, February 8, 2019**  
PLEASE COME TO THE AUDITORIUM.

### **PLEASE NOTE:**

The testing program is part of St. Francis de Sales school pre-registration process. It does not guarantee your child's placement in the school for the fall term. Please expect to hear from us regarding the results of this screening within a month of testing date.



# ST. FRANCIS DE SALES

## ACADEMIC/CHARACTER REFERENCE (for applicants 1<sup>ST</sup> thru 8<sup>th</sup> grade)

PARENTS, As part of the admission process at St. Francis de Sales we must receive a candid assessment of the applicant. **Please fill in the following information and give this form to an administrator or teacher at your school who knows your child well.**

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

CANDIDATE FOR GRADE: \_\_\_\_\_ IN SEPTEMBER.

SCHOOL: \_\_\_\_\_

Official name

Street address / City / State / Zip

PARENT'S SIGNATURE \_\_\_\_\_

TO THE PRINCIPAL OR TEACHER: Thank you for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant's personal character and academic credentials. Please return this form along with the applicant's most recent report card to:

St. Francis de Sales  
13368 Valleyheart Dr.  
Sherman Oaks, CA. 91423  
Admissions

<b>ACADEMIC ASSESSMENT</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>
MOTIVATION				
CREATIVE QUALITIES				
SELF-DISCIPLINE				
GROWTH POTENTIAL				
ACHIEVEMENT				
ATTENDANCE AT SCHOOL				
<b>CHARACTER ASSESSMENT</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>
LEADERSHIP				
SELF-CONFIDENCE				
CONCERN FOR OTHERS				
EMOTIONAL MATURITY				
PERSONAL INITIATIVE				
REACTION TO SETBACKS				
RESPECT FOR FACULTY				
ABILITY TO WORK WITH OTHERS				
GENERAL CONDUCT				

Please list any known health problems: \_\_\_\_\_

Please list any disabilities which would affect the applicant's performance:

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

Have you any reason to doubt the applicant's integrity? \_\_\_\_\_ If yes, please explain below:

\_\_\_\_\_

<b>Family Information</b>	Yes	No
Communicates openly with school		
Participates in school activities		
Cooperates with classroom teachers		
Cooperates with administration		
Follows the rules and policies of the school		
Has realistic expectations for their child		
Meets financial obligations in timely manner		

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

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

If the student were to reapply to your school, would you grant acceptance? \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **Zip** \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title \_\_\_\_\_

Please print

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

Phone #: \_\_\_\_\_



Sherman Oaks

APPLICATION

OFFICE USE ONLY:

TESTING FEE: \_\_\_\_\_
REPORT CARD \_\_\_\_\_
REFERENCE \_\_\_\_\_
BAPTISMAL \_\_\_\_\_
VERIFIED PARISH MEMBER: \_\_\_\_\_
NO. OF YEARS VERIFIED \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICATION IS DUE THE FIRST FRIDAY IN FEBRUARY

APPLICANTS NAME

LAST FIRST MIDDLE

BIRTH DATE / / AGE BIRTHPLACE

ENTERING GRADE MALE FEMALE

FATHER

LAST FIRST MIDDLE

HOME ADDRESS: CITY: ZIP

HOME PHONE: WORK PHONE:

CELL PHONE: EMAIL

NUMBER OF YEARS AT THIS ADDRESS PRIOR ADDRESS

BIRTHPLACE RELIGION

MOTHER

LAST FIRST MAIDEN NAME

HOME ADDRESS: CITY: ZIP:

HOME PHONE: WORK PHONE:

CELL PHONE EMAIL

NUMBER OF YEARS AT THIS ADDRESS PRIOR ADDRESS

BIRTHPLACE RELIGION

DIVORCED: YES NO IF YES WHO HAS LEGAL CUSTODY OF THE APPLICANT:

WHO IS FINANCIALLY RESPONSIBLE FOR TUITION?

SIBLINGS

AGE

SCHOOL ATTENDING

---

---

---

---

PLEASE CHECK WHERE APPLICABLE: CATHOLIC: \_\_\_\_\_ NON CATHOLIC: \_\_\_\_\_

RELIGIOUS AFFILIATION \_\_\_\_\_

IN WHAT PARISH BOUNDARIES DO YOU RESIDE? \_\_\_\_\_

ARE YOU A REGISTERED PARISHIONER OF ST. FRANCIS DE SALES? \_\_\_\_\_

HOW LONG? \_\_\_\_\_ ENVELOPE NUMBER \_\_\_\_\_

IF NOT REGISTERED AT ST FRANCIS DE PARISH, PLEASE INDICATE THE PARISH WHERE YOU ARE  
ARE REGISTERED \_\_\_\_\_  
NAME OF PARISH ADDRESS

**SACRAMENTAL INFORMATION**

BAPTISMAL DATE: \_\_\_\_\_ CHURCH \_\_\_\_\_ STATE \_\_\_\_\_

1<sup>ST</sup> COMMUNION DATE: \_\_\_\_\_ CHURCH \_\_\_\_\_ STATE \_\_\_\_\_

**QUESTIONNAIRE**

1. Last completed grade: \_\_\_\_\_ School Name: \_\_\_\_\_  
(Including pre- school) Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Reason leaving previous school? \_\_\_\_\_

2. Other schools attended \_\_\_\_\_

3. Does your child have any health problems we should be aware of? \_\_\_\_\_

Is your child presently under the care of a physician? \_\_\_\_\_ Is he/she receiving  
any medication? \_\_\_\_\_

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

Allergies \_\_\_\_\_ Hearing difficulty \_\_\_\_\_ Vision difficulty \_\_\_\_\_ Speech problems \_\_\_\_\_

Other \_\_\_\_\_

4. What is your child's greatest strengths? \_\_\_\_\_

5. What area does your child need improvement? \_\_\_\_\_

---

**MANDATORY VOLUNTEER RESPONSIBILITIES**

MUCH OF THE SUCCESS OF ST. FRANCIS DE SALES IS ATTRIBUTED TO PARENTAL INVOLVEMENT. IT IS BOTH ENCOURAGED AND APPRECIATED.

PARENTS ARE REQUIRED TO GIVE FORTY HOURS OF SERVICE PER YEAR TO THE SCHOOL. TEN OF THESE HOURS MUST BE SERVED AT THE ANNUAL SCHOOL FESTIVAL WHICH IS HELD ON THE FIRST WEEKEND IN MAY. THE REMAINING THIRTY HOURS CAN ALSO BE FULFILLED ON THE MAGAZINE DRIVE, SCRIP PROGRAM, PRE-FESTIVAL COMMITTEES, DURING THE FESTIVAL, ETC. HOURS THAT ARE NOT COMPLETED WILL BE BILLED AT \$50.00 PER HOUR.

DO YOU HAVE ANY CONFLICTS OR PROBLEMS THAT WOULD MAKE IT IMPOSSIBLE TO FULFILL THE REQUIRED FORTY HOURS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN

---

---

---

FATHER'S PROFESSION: \_\_\_\_\_

MOTHER'S PROFESSION: \_\_\_\_\_

PLEASE EXPLAIN HOW YOU BELIEVE YOUR PROFESSION CAN BE AN ADDED RESOURCE TO THE SCHOOL.

---

---

---

I HAVE READ ALL THE ABOVE INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature



SCHOOL REQUESTING INFORMATION:

St. Francis de Sales
13368 Valleyheart Dr.
Sherman Oaks, CA 91423

Preschool Evaluation Form

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

Preschool \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

A consortium of schools has developed this form to better allow an open exchange of information about the student whose name appears above. It is important to all of us that the child's next school placement be an appropriate one for both the student and the family. We anticipate that the professional comments shared will be held in strictest confidence and we thank you in advance for your assistance and cooperation.

Table with 5 columns: Social and Emotional Development, Mature, Age Appropriate, Needs Development, Immature. Rows include: Listens, Cooperates, Relates to peers, Relates to adults, Exhibits self-confidence, Adjusts to transitions, Tolerates frustration, Separates from parents, Shares materials and possessions, Functions independently.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Table with 5 columns: Physical Development, Mature, Age Appropriate, Needs Development, Immature. Rows include: Fine motor control, Gross motor control, Handedness established.

Child's Name \_\_\_\_\_

Cognitive Development	Age		Needs	
	Mature	Appropriate	Development	Immature
Expresses ideas orally				
Articulates clearly				
Sustains attention in small groups				
Sustains attention in large groups				
Grasps concepts				
Recalls details				
Demonstrates an interest in learning				
Interacts with materials				
Follows directions				

Do you feel that this child is ready for a Kindergarten program? \_\_\_Yes \_\_\_No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Family Information	Yes	No
Communicates openly with school		
Participates in school activities		
Cooperates with classroom teachers		
Cooperates with administration		
Follows the rules and policies of the school		
Has realistic expectations for their child		
Meets financial obligations in timely manner		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title or Position \_\_\_\_\_ How long have you know this child? \_\_\_\_\_

First date of child's enrollment in our school \_\_\_\_\_ Today's date \_\_\_\_\_