



Holy Spirit School

3930 PARISH AVE. • FREMONT, CA 94536 • 510/793-3553

SUSAN C. BUCHANAN
PRINCIPAL

January 15, 2009

Dear Potential Holy Spirit Catholic School Family:

Thank you for considering Holy Spirit Catholic School to assist you in the education of your child. If your child is accepted, you should understand that enrollment in the school is a serious commitment that you make to accept the school mission statement and the direction and leadership of the pastor and principal. It is an unfortunate circumstance that we are limited by space, and simply cannot accommodate all interested families. Since the school is part of the parish, the school gives consideration to families wishing to enroll their child in this order:

- Priority 1: Children who have siblings already attending Holy Spirit Catholic School.
- Priority 2: Students whose families share their time, talent and treasure by being registered parishioners, attending Mass and making donations regularly, being actively involved in parish ministries, and whose registration forms are submitted by the required dates.
- Priority 3: If room is available, transferring Catholic School students whose families register in the parish and become active parishioners.
- Priority 4: If room is available, Catholic students from outside the parish who will support the school.
- Priority 5: If room is available, students who by their behavior and attitude demonstrate an acceptance of the Holy Spirit Catholic School mission and philosophy will be admitted.

Admission to Kindergarten will be determined by two factors following the determination of priority status listed above:

1. The applicant must be five years of age by September 1st of the academic year that they are seeking admission. We have set this date because California is only one of 6 states in the USA to have such a late date. Holy Spirit School has made it our policy to use the September 1st cut-off as have many schools.
2. The applicant (student) must demonstrate age-appropriate developmental maturity as determined by the Kindergarten teacher.

Attached you should find:

1. The Application
2. The list of Parish Activities (mark the areas where you are already active)
3. The Preschool Referral Form
4. The Parent Talent Profile

All forms must be filled out completely and returned to the school. There is a \$20.00 application-processing fee. All applications will be sent to the parish office for verification before screening is scheduled. After all applications are submitted, no later than February 13th, we will arrange for Kindergarten screening of children only in categories 1 and 2, listed above. If for some reason, these two groups do not fill the class, families in groups 3 – 5 will be contacted in order of the criteria listed above.

You will be notified by mail to inform you that either:

1. Your child has been scheduled for screening; or
2. Your child has been placed on a waiting list due to insufficient space.

Thank you for your interest in Holy Spirit Catholic School. We, the staff of Holy Spirit, look forward to working with you in the months and years to come.

Blessings and prayers,

Susan C. Buchanan
Principal

APPLICATION FEE \$20.00 – Fee to be paid when application is returned to the school office. All new applications must be returned to Holy Spirit School no later than Monday, February 13, 2009.

**HOLY SPIRIT SCHOOL
3930 Parish Avenue
Fremont, CA 94536
510/793-3553**

PLEASE PRINT

DATE _____

**CATHOLIC _____
NON-CATHOLIC _____**

GRADE ____ in 2009-2010

FAMILY NAME _____

Male __

Female __

AGE AS OF SEPTEMBER 1ST (yrs)

(months) _____

Date of Birth

(prefers to be called)

Child's Name (Last)

(First)

(Middle)

Address _____

City _____

Zip _____

Home Phone _____

Place of Birth _____

Cell Phone _____

Family Email Address _____

Local School District _____

Nearest Public School _____

Please indicate the Sunday envelope number from Holy Spirit Church. _____

Please indicate the Mass you regularly attend on the weekend. _____

School previously attended _____

Name of Teacher _____

Grades(s) attended _____

Date of Baptism (attach copy) _____

Place of Baptism (attach copy) _____

Date of First Communion _____

Place of First Communion _____

**Siblings
Name**

**Birth date
Month & Year**

Attending Holy Spirit

yes () no ()

yes () no ()

Applying to Holy Spirit

yes () no ()

yes () no ()

_____ yes () no ()

_____ yes () no ()

Father/Guardian's Name _____ Religion _____

Father's Address _____ Place of Birth _____

Place of Employment _____ Position held: _____

Work Telephone # _____ U.S. Citizen Yes () No ()

Work Address _____

Mother/Guardian's Name _____ Religion _____

Mother Maiden Name _____

Mother's Address _____ Place of Birth _____

Place of Employment _____ Position held: _____

Work Telephone # _____ U.S. Citizen Yes () No ()

Work Address _____

Marital status: Married ____ Single parent ____ Separated ____ Divorced ____
Widowed ____

(If applicable) Give us details regarding child/ren custody arrangements.

Circle One: Asian African American Hispanic Native American
Pacific Islander White/Caucasian Multi-Racial

***Grade K** WHEN SUBMITTING THIS APPLICATION INCLUDE: A copy of the students' BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE & Preschool evaluation form.

***Grade 1-8** WHEN SUBMITTING THIS APPLICATION INCLUDE: A copy of the students' BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE & recent report card and a Letter of Recommendation.
(From previous teacher, principal or pastor)

KINDERGARTEN ADMISSION INFORMATION—TEACHER'S RATING

(To Be Completed by the Preschool Teacher)

Student's Name _____

Date _____

Teacher _____

PURPOSE: As a preschool teacher you may have pertinent data that can be helpful in determining program placement and planning for the student listed above. You can supply this data by responding to the items listed below.

DIRECTIONS: Read each item and check the column on the right that best applies to this student.

- Can this student tell others his or her
1. first and last names?
 2. age?
 3. street address (if applicable)?
 4. birthdate?
 5. telephone number (if applicable)?

No	Uncertain	Yes
Personal/ Speech		

- Does this student
6. recognize (by naming) five colors?
 7. recognize (by naming) ten colors?
 8. count by rote to five?
 9. count by rote to ten?
 10. recognize numerals to five?
 11. recognize numerals to ten?
 12. comprehend numerals to five?
 13. recognize some lower case letters?
 14. recognize some upper case letters?
 15. comprehend pictures depicting action in books?
 16. comprehend stories read to him or her?
 17. recognize his or her name in print?
 18. copy a circle and plus sign?
 19. write his or her first name?
 20. write his or her last name?
 21. draw pictures that are recognizable?
 22. try to stay within the lines when coloring a picture with crayons?
 23. use scissors to cut paper?
 24. successfully perform art and craft projects appropriate for age?
 25. assemble puzzles appropriate for age?

No	Uncertain	Yes
Beginning Academic Skills		
Visual and Fine Motor Skills		

- Does this student consistently
26. use the same hand as the preferred hand?
 27. discriminate between his or her right and left hand?
 28. follow the pattern of working left to right and top to bottom when appropriate?

No	Uncertain	Yes
Dominance/ Laterality		

- Does this student
29. dress himself or herself?
 30. button his or her clothing?
 31. totally care for toileting needs?
 32. tie his or her shoes?
 33. know which shoe goes on which foot?
 34. usually take care of personal items?
 35. greet others in an appropriate manner?
 36. usually share and take turns willingly?
 37. usually play well with at least one child?
 38. willingly and cooperatively participate in a small group activity or game?
 39. show concern for using materials and equipment safely and appropriately?
 40. willingly engage in a new activity?
 41. usually make an effort to solve problems before seeking help from others?
 42. usually continue an activity without constant attention and encouragement?
 43. usually continue a task until completed or until it is time to stop?
 44. usually accept limits set by an adult?
 45. usually reflect a happy disposition?
 46. express needs and requests verbally rather than by inappropriate means?
 47. have speech that is understandable?
 48. speak in sentences of four or more words?
 49. appear to have good physical health and stamina?
 50. appear to be free of handicaps or problems that might cause a need for special services?

No	Uncertain	Yes
Self-help Skills		
Social Skills		
Emotional/ Self-reliance		
Speech		
Health/ Physical		

Is this child ready for a full-day program in a classroom of 36 children? Yes No

*Please explain any handicaps or problems on the back of this form.