



TK Admissions Information For 2017-18 School Year

Our TK is a full week, full day program, from 8:00-3:00 p.m. Monday through Thursday and 8:00-1:30 p.m. on Friday. Before and after school daycare is available for an additional fee. Applicants must be four years of age on or before September 1, 2017. **No exceptions will be made.**

OPEN HOUSE & TOURS

- Sunday, January 29, 2017, 10:00 a.m. - 12:00 p.m.
Tour classrooms and meet current students, teachers and parents.
- Tours are also available during the school week. Please call the school office, 323-255-5803, to make an appointment.

ASSESSMENT

Students applying for TK will need to meet with the TK teacher for an informal evaluation. **Please call the school office, 323-255-5803, to make an appointment.**

DOCUMENTS NEEDED

- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Immunization Record

Completed applications with all the necessary documents must be returned to the school office as soon as possible. No application will be processed until all the documents are presented. Applications will be evaluated after the assessment has been completed. Letters of acceptance will be mailed by mid-March.

Please contact the school office for information on tuition and fees.

Thank you for your interest in St. Dominic School!

For Office Use:

Assessment Date: _____

Registration Fee: _____

TK ADMISSION APPLICATION 2017-2018 School Year

FAMILY/PARENT'S LAST NAME _____

STUDENT INFORMATION

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME		
NICKNAME	BIRTHPLACE	DOB	AGE	SEX (M/F)
HOME STREET ADDRESS CODE	CITY	ZIP	HOME PHONE NUMBER	

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	RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION	WORK PHONE #	CELL PHONE #	EMAIL ADDRESS

Student lives with: <input type="checkbox"/> Both natural parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/stepmother <input type="checkbox"/> Guardian

STUDENT SACRAMENTAL INFORMATION

BAPTISM DATE	CHURCH	CITY	STATE	VERIFICATION
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PREVIOUS SCHOOL(S) ATTENDED

NAME OF SCHOOL	FROM	TO
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Name and grades of other children applying and/or already enrolled in St. Dominic School:

NAME GRADE NAME GRADE

Are you registered in St. Dominic Parish? YES NO Date registered _____ Sunday Envelope Number _____

If no, are you registered in another parish? YES NO If yes, name of parish: _____

Have you been active in St. Dominic Parish YES NO

In what capacity?

Why do you want your child to attend St. Dominic School?

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

How did you hear about St. Dominic School?

