



K - 8 Admissions Information for 2017-18 School Year

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

Every student applying for grades K through 8 must take an entrance assessment. Assessments for Kindergarten will be held on school days, at 3:00 p.m., by appointment, beginning February 6, 2017. Assessments for grades 1-8 will be made by appointment. **Please call the school office, 323-255-5803, to make an appointment.**

DOCUMENTS NEEDED

- Copy of Birth Certificate
- Copy of Baptismal Certificate & First Communion Certificate (if applicable)
- Immunization Record
- Copy of latest Report Card (Grades 1-8)
- Copy of latest Standardized Testing Results (Grades 3-8)
- Authorization for Release of Records (Grades 1-8)
- Academic/Character Reference Form

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.

Contact the school office for more information on tuition and fees.

Please note:

- Kindergarten applicants must be five years of age on or before September 1, 2017. **No exceptions will be made.**

Thank you for your interest in St. Dominic School!

For Office Use:

Assessment Date: _____

Registration Fee: _____

**ADMISSION APPLICATION FOR GRADES K-8
2017-2018 School Year**

FAMILY/PARENT'S LAST NAME _____ APPLYING FOR GRADE (Sept 2017) _____

STUDENT INFORMATION

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	
NICKNAME		BIRTHPLACE		DOB	AGE SEX (M/F)
HOME STREET ADDRESS		CITY	ZIP CODE	HOME PHONE NUMBER	
RELIGIOUS EDUCATION ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION			
PREVIOUSLY ATTENDED CATHOLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, HOW LONG ATTENDED?	SCHOOL PREVIOUSLY ATTENDED			

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: ___ Both natural parents ___ Mother only ___ Father only ___ Mother/Stepfather ___ Father/stepmother ___ Guardian

STUDENT SACRAMENTAL INFORMATION

BAPTISM DATE	CHURCH	CITY	STATE	VERIFICATION
1ST COMMUNION DATE	CHURCH	CITY	STATE	VERIFICATION

PREVIOUS SCHOOL(S) ATTENDED

NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO

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?

St. Dominic School



faith † community † education

St. Dominic School
2005 Merton Ave.
Los Angeles, CA 90041
(323)255-5803

AUTHORIZATION FOR RELEASE OF RECORDS

THIS WILL AUTHORIZE THE RELEASE OF INFORMATION FROM:
(Current School's Information)

School Name: _____

Schools Address: _____

TO RELEASE ANY:

- Educational Information**
 Psychological Testing

REGARDING:

Name: _____

Birthdate: _____

TO: St. Dominic School
2005 Merton Ave.
Los Angeles, CA 90041

The authorized signer of this document agrees to allow conversation between all parties involved in the treatment of this client.

Parent/Guardian Signature

Date

Academic/Character References

TO THE PARENT: As part of the admissions process at St. Dominic School, we must receive a candid assessment of the applicant. 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 St. Dominic School.

NAME OF APPLICANT

FIRST

MIDDLE

LAST

Candidate for Grade: _____ in September 2017

SCHOOL: St. Dominic School 2005 Merton Ave. Los Angeles, CA 90041

TO THE TEACHER: Thank you very much for your assistance. Your remarks will be held in the strictest of confidence and will be most appreciated as we begin our review of the applicants personal characteristics and academic credentials. Please return this form to the attention of Admissions at St. Dominic School as soon as possible.

ACADEMIC ASSESSMENT

	Excellent	Good	Average	Below Average
Motivation				
Creative qualities				
Self-discipline				
Growth potential				
Achievement				
Ability in relation to achievement				
Attendance in school				

CHARACTER ASSESSMENT

	Excellent	Good	Average	Below Average
Leadership				
Self-confidence				
Personality				
Sense of humor				
Concern for others				
Emotional maturity				
Personal initiative				
Reaction to setbacks				

	Excellent	Good	Average	Below Average
Respectful attitude to faculty				
Ability to work with others				
General Conduct				

Please feel free to note additional strengths, areas of growth, or other information.

Please check applicable:

- Parents/Guardians meet financial obligation
- 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)