



faith † community † education

St. Dominic School

2005 Merton Avenue • Los Angeles, CA • 90041

(323) 255-5803 • www.stdominicla.us

TK Admissions Information For 2021-22 School Year

Our TK is a full week, full day program, from 8:00 a.m. - 3:00 p.m. Monday through Thursday and 8:00 a.m.-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, 2021. **No exceptions will be made.**

OPEN HOUSE & TOURS

- Sunday, January 31, 2021, 10:00 a.m. - 12:00 p.m.
- 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. These evaluations will be held on school days at 3:00 p.m., by appointment, beginning February 22, 2021. **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. Priority applications are due February 25, 2021. 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!



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TK ADMISSION APPLICATION 2021-2022 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	CITY	ZIP CODE	HOME PHONE NUMBER	
RELIGIOUS EDUCATION ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION			

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?			

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

PREVIOUS SCHOOL(S) ATTENDED

NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO

For Office Use: Assessment Date: _____ Registration Fee: _____

Name and grades of other children applying and/or already enrolled in St. Dominic School:

NAME

GRADE

NAME

GRADE

STUDENT SACRAMENTAL INFORMATION

BAPTISM DATE	CHURCH	CITY	STATE
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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?
