



Saints Felicitas and Perpetua School

2955 Huntington Drive
San Marino, CA 91108
(626) 796-8223
www.ssfp.org

Application Packet

1. Please complete the attached Application for Enrollment Form.
2. The "Request for Information Prior to Acceptance" sheet must be given to your present school for them to complete and return to us.
3. Please attach **copies** of the following:
 - Birth Certificate
 - (Pre-K student must be 5 years old on or before December 1st)
 - (Kindergarten student must be 5 years old on or before September 1st)
 - Baptism Certificate and First Holy Communion, if applicable
 - State of California (yellow) Immunization Record Card
 - Current Report Card
 - Achievement Test Scores from last grade (such as Stanford or CTBS)

and also return

- \$75.00 check for Application/Testing Fee (non-refundable) made payable to: SSFP School
- Child Custody Form
- Parent/Guardian Questionnaire

This application cannot be processed unless all of the above information is attached and returned to the school office. Return completed paper work as soon as possible. Testing is by appointment. We will notify you of the testing day and time, so please make sure both work and home phone numbers, or cell phone numbers, are correctly listed.

All students will be tested for entrance. Parents and child will be invited to interview with the principal. After your child(ren) is/are accepted into our school, we request **immediate payment of the following non-refundable Fees:**

- | | |
|---|----------------------|
| <input type="checkbox"/> Registration Fee (<i>annual</i>) | \$100.00 per student |
| <input type="checkbox"/> Comprehensive Fee (<i>annual</i>) | \$450.00 per student |
| <input type="checkbox"/> PSO Membership Fee (<i>annual</i>) | \$ 50.00 per family |
| <input type="checkbox"/> Pre-K / Kindergarten Student Fee | \$ 60.00 per student |

***Thank you for your interest in our school.
If you have any questions, please feel free to call the school office at
(626) 796-8223, any weekday between 8:00 am and 3:30 pm.***



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Application for Enrollment

Date:	Grade level in September:	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Students applying for Pre-K MUST be 5 years old on or before December 1st

Students applying for Kindergarten MUST be 5 years old on or before September 1st

Student Information

Last Name:	First:	Middle:
Date of Birth:	Place of Birth:	Religion:
Address:		
City:	State:	Zip:
Home Phone:		
Name of school presently attending :		
Address:		
Phone :		

Family Information

Father's Last Name:	First:	Middle:
Father's Birthplace:		
Address:	City:	State: Zip:
Occupation:	Employer:	
Work Phone:	Cell phone:	Religion:
Mother's Last Name:	First:	Middle:
Mother's Birthplace:	Maiden Name:	
Address:	City:	State: Zip:
Occupation:	Employer:	
Work Phone:	Cell phone:	Religion:
Family Email Address:		

Religious Information

Please attach Certificate(s)

Baptism Date:	Church:	City/State/Zip:
Reconciliation Date:	Church:	City/State/Zip:
First Communion Date:	Church:	City/State/Zip:

Parish Information

Are you a resident in this Parish:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you registered at the rectory:	<input type="checkbox"/> Yes <input type="checkbox"/> No Saints Felicitas & Perpetua Envelope Number is:
If not, in what Parish do you reside?	

\$75.00 Application/Testing fee is non-refundable

Check # _____ Date Paid _____

☐

Yes, I have taken the "Request for Information Prior to Acceptance" form to the student's present school.

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CHILD CUSTODY INFORMATION

PLEASE SIGN THIS BOX IF THIS DOES NOT APPLY TO YOUR FAMILY.

Parent Signature _____ Date _____

*The information requested below is necessary for a child who does not live with **both natural parents** due to separation or divorce. The parent with whom the child lives is the custodial parent. Natural parents have equal access to the child and his/her school information unless a written court order prohibits it.*

1. Child's name _____

2. Name of the custodial parent with whom the child resides:

3. Name and address (if known) of non-custodial parent:

4. Do you have legal custody through a court order?

☐ Yes ☐ No ☐ Pending (date finalization expected _____)

Explain your type of custody (e.g. sole, primary, joint/shared, etc.):

5. If there is a court order, does it limit the non-custodial parent's access to school records?

☐ Yes ☐ No

6. If yes, a copy of the court order must be placed in the child's school file.

Copy will be provided. ☐ Yes

7. May the child be released from school to the non-custodial parent? ☐ Yes ☐ No

8. Will you provide the non-custodial parent, on a regular basis, with progress information about the child, such as report cards and conference reports? ☐ Yes ☐ No

9. Please provide any additional information regarding the custody of your child which you think the school should know on the back of this form.

Signature of Custodial Parent or Legal Guardian

Date

Saints Felicitas and Perpetua School

Parent/Guardian Questionnaire

Please return questionnaire with application

Family Name: _____

Child(ren) Names and Candidate for Grades:

_____ Grade _____

_____ Grade _____

_____ Grade _____

Why do you wish to enroll your children in Saints Felicitas and Perpetua School?

Are you aware of any learning, physical, or emotional difficulty with your child?

Yes _____ No _____

If "Yes" please explain.

Does your child have an Individual Educational Plan (IEP) or Support Team Education Plan (STEP) or receive special services through your local public school (such as speech or occupational therapy)? Yes _____ No _____

If "Yes" please explain.

Does your child take any medication? Yes _____ No _____

If "Yes" please indicate.

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REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE FOR GRADES TWO TO EIGHT

Please complete the upper portion and have your child's present school complete the lower part and mail to Saints Felicitas and Perpetua School.

Name: _____ Present Grade _____

Address/City: _____

Phone: _____ Cell: _____

Name of school currently attending: _____

City: _____ Length of time in this school: _____

Signature of parent/guardian: _____

School Personnel-Kindly mail directly to the school: *CONFIDENTIAL*

TO THE PRINCIPAL OR TEACHER: Thank you very much 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 characteristics and academic credentials. Please return this form to Saints Felicitas and Perpetua School as soon as possible. Attention Ms. Denise Valadez, Principal.

ACADEMIC ASSESSMENT	EXCELLENT	GOOD AVERAGE	BELOW AVERAGE
Motivation			
Creative Qualities			
Self-Discipline			
Growth Potential			
Achievement			
Ability in Relation to Achievement			
Attendance at School			
Lates			
CHARACTER ASSESSMENT	EXCELLENT	GOOD AVERAGE	BELOW AVERAGE
Leadership			
Self-confidence			
Warmth of Personality			
Sense of Humor			
Emotional Maturity			
Personal Initiative			
Reaction to Setbacks			
Respect Accorded by Faculty			
Ability to Work with Others			
Relationship with Teachers			
Relationship with Peers			

Please list extraordinary health problems:

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

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

If this student were to reapply to your school, would you grant acceptance? _____

Please comment regarding Discipline and Effort:

Please check more than one, if applicable:

- _____ Parents/ Guardians meet financial obligations.
- _____ 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.

Please mark the student's performance in the following areas as

- 1 Outstanding
- 2 Satisfactory Progress
- 3 Below Average Progress
- N/A Not given at this

school

_____ Religion	_____ Reading/Literature	_____ English
_____ Math	_____ Science	_____ Social Studies
_____ Spelling	_____ Homework	_____ Computers
_____ Art	_____ Study Habits	_____ Cooperation
_____ P.E.	_____ Typing	_____ Conduct
_____ Music	_____ General Attitude	_____ Effort

Form completed by: _____ (Please print)

Title: _____ Phone number: _____

Signature: _____ Date _____

Please call the Principal directly if you would like to share any additional information.

Your judgments are used solely for the admissions process and are held in strictest confidence.

We thank you in advance for the help your comments provide.