

St. Justin School
2655 Homestead Rd.
Santa Clara, CA 95051
408-248-1094
www.stjustinschool.org

Entrance Procedures:

_____ Request Application.

_____ Return completed application with \$50.00 non-refundable application fee (This fee is charged for all Kindergarten applicants and all other grades if there is a current opening.) **Applications are due on February 17, 2012.**

_____ Student takes admissions test.

Testing for Kindergarten students will be in the afternoon on Wednesday, February 29 and Thursday, March 1. You will be notified by mail regarding the date and time of testing for your child.

Students applying for grades 1-8 will be tested on Saturday, March 3, 2012 at 9:00 am.

_____ Required records:

_____ Birth Certificate

_____ Baptismal Certificate

_____ Last Report Card (grades 1 – 8) and standardized test scores

_____ St. Justin School will request reference checks from schools

_____ After being informed of initial acceptance:

_____ Pay registration fee. (These fees are non-refundable.)

_____ Return completed health/immunization form signed by the doctor.

(Students **will not** be able to enter school in the Fall without a completed health form.)

_____ Attend Parent Meeting in April.

_____ ACCEPTANCE STATUS WILL BE MAILED BY March 9, 2012

We welcome all applicants regardless of race, color, national or ethnic origin, age, sex or disability.

How did you hear about St. Justin? Referred by/related to: _____

Father's Info:

Last Name	First	Middle
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Home Address: _____

No./Street	City/State	Zip
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Home Number: (_____) _____ Cell Number: (_____) _____

Email: _____

Place of Birth: _____ U.S. Citizen: Yes ___ No ___ Religion: _____

Employer: _____ Occupation: _____

Work Number: (_____) _____ Alumni of St. Justin? Yes/Year ___ No ___

Mother's Info:

Maiden Name	Last	First	Middle
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Home Address: _____

No./Street	City/State	Zip
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Home Number: (_____) _____ Cell Number: (_____) _____

Email: _____

Place of Birth: _____ U.S. Citizen: Yes ___ No ___ Religion: _____

Employer: _____ Occupation: _____

Work Number: (_____) _____ Alumni of St. Justin? Yes/Year ___ No ___

Parish Information:

St. Justin **registered** parishioner? Yes/How long _____ No/What Parish _____

Name of Parish that is closest to your home: _____

Name of Church your family attends for Sunday worship: _____

I accept my financial obligations to the school and will pay tuition in full and on time according to my contract. I understand the school uses the FACTS Management Program for tuition collection.

_____/_____
Parent/Guardian Signature Date