

**THE LAST DAY TO TURN IN AN APPLICATION IS  
FEBRUARY 19, 2010**

**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 grades 1-8 if there is  
a current opening.)

\_\_\_\_\_ Student takes admissions test.

Testing for Kindergarten students will be in the afternoon on Wednesday,  
March 3 and Thursday, March 4, 2010. 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 6, 2010.  
You will be notified by mail regarding the time of testing.

\_\_\_\_\_ 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 THE WEEK OF MARCH 16,  
2010.

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



Office Use Only  
 Testing Fee Pd. On \_\_\_/\_\_\_/\_\_\_  
 Amt. \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Ck.# \_\_\_\_\_  
 Imm. \_\_\_\_\_ B.C. \_\_\_\_\_

Please print/type information requested and return application and non-refundable Testing fee of \$50.00 to the school office, make checks payable to St. Justin School 2655 Homestead Rd. Santa Clara, CA 95051 408-248-1094

**APPLICATION INFORMATION:**

Date of Application \_\_\_/\_\_\_/\_\_\_ Applying for Grade \_\_\_\_\_

**STUDENT INFORMATION:** Male \_\_\_\_\_ Female \_\_\_\_\_ Religion \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 Last First Middle

Home Address: \_\_\_\_\_  
 No./Street City Zip

Home Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE CHECK THE INFORMATION THAT APPLIES TO YOUR CHILD:**

<u>Ethnic Background</u>	<u>Living With</u>	<u>Language Spoken at Home</u>
___ White	___ Both Parents	___ English
___ Hispanic	___ Father	___ Spanish
___ Black	___ Mother	___ Other _____
___ Chinese	___ Guardian	Specify
___ Japanese	___ Foster Parent	
___ Korean	___ Other _____	
___ Filipino	Relationship	
___ American		
___ Vietnamese		
___ Other, Non-White	Citizenship: U.S. _____ Native Born _____ Naturalized _____ Non U.S. _____	

**CHILD'S SACRAMENTAL RECORD:**

	Date	Church	City/State
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Eucharist:	_____	_____	_____

**PREVIOUS SCHOOLING:**

Include pre-school, kindergarten and elementary schools.

School & Grade	Address/City/Zip	Phone
_____	_____	_____
_____	_____	_____

Has child been retained? Yes \_\_\_ No \_\_\_ Grade \_\_\_ School \_\_\_\_\_  
 Has child had any special testing? Yes \_\_\_ No \_\_\_ Grade \_\_\_ Agency \_\_\_\_\_

The California Schools in the Diocese of San Jose, mindful of their mission to be witnesses to the love of Christ for all, admit students of any race, color, and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools. The Catholic Schools in the Diocese of San Jose do not unlawfully discriminate on the basis of race, color, national and/or ethnic origin, age, sex or disability in administration of educational policies, scholarship and loan programs, and athletic and other school-administered programs.

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

**Father's Info:**

\_\_\_\_\_

Last Name

First

Middle

Home Address: \_\_\_\_\_

No./Street

City/State

Zip

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

Home Address: \_\_\_\_\_

No./Street

City/State

Zip

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