

St. Joseph School
"A Blue Ribbon School"



750 Peachtree Street
Herndon, VA 20170
Ph. 703-880-4350 / Fax 703-880-4320

2009-2010

Dear Parents,

Thank you for your interest in St. Joseph School, a nationally recognized Blue Ribbon School. Enclosed are the necessary application forms for the 2010-2011 school year. The enclosed registration information is only for those students anticipating enrollment in Kindergarten. Students must be five by September 30th, 2010 for placement in St. Joseph's School Kindergarten.

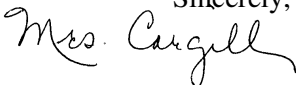
The following information must be returned to St. Joseph's School:

- a) Completed Application for Admissions Form
- b) Copy of Baptismal Certificate
- c) Copy of Birth Certificate
- d) A \$75.00 check issued to St. Joseph School (this is a non-refundable processing fee per applicant).
- e) Completed Pre-School form, if applicable, (this form may be returned to St. Joseph's separately from the requested registration information, upon completion by the pre-school personnel).

The St. Joseph School Kindergarten is a full day program, 8:25 A.M. to 3:15 P.M. Those students accepted will be placed in one of three Kindergarten classes available for 2010-2011, (23) students in each class. Teacher and Parent communication is a necessary component for each student to meet success. Therefore, teachers will keep parents informed of a student's adjustment to St. Joseph's School. In the event that a student is not ready for a full day program, the parent will be notified within the first quarter of school.

Once available spaces for enrollment have been designated, the remaining registrations will be placed on a waiting list. It is recommended to remain on the waiting list in the event spaces become available during the year. To be considered for the initial registration, the completed application should be received in the St. Joseph's School Office **no later than March 1st, 2010**. Parents will then receive notification of acceptance or waiting list status via the mail during the **week of March 22nd, 2010**.

Thank you for your cooperation in the registration process. I look forward to meeting your family and building a solid, Catholic Education for your child.

Sincerely,

Mrs. Cargill
Principal

St. Joseph School

Kindergarten Registration Progress Report

* To be completed by applicant's pre-school teacher(s)

** When complete, please mail to:

Registration
St. Joseph School
750 Peachtree Street
Herndon VA 20170
Phone-703-880-4350 Fax-703-880-4320

Name of Student: _____ Date: _____

Key: 1 = Almost Always
2 = Sometimes
3 = Not yet

Social and Emotional Development:

1. Works and plays well with others
1 to 1 _____
Large Group _____
2. Waits for turn, teacher's attention _____
3. Participates in group activities _____
4. Exhibits independent behavior _____
Works alone for a period of time _____
Actively chooses and completes activities _____
Can take care of personal needs _____
5. Shares classroom toys _____
6. Cooperates in classroom routines (clean-up, etc.) _____
7. Accepts correction _____
8. Meets new people without considerable shyness _____
9. Makes transition from one activity to another without additional instruction _____

Language Development:

1. Follows 1, 2, or 3 step directions _____
2. Listens to stories, fellow classmates _____
3. Comfortably shares experiences with group _____
4. Speaks in simple sentences _____
5. Can retell stories, experiences _____
6. Recognizes name in print _____

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Fine Motor Development:

1. Uses scissors correctly _____
Can cut along lines of simple shapes _____
2. Uses correct grip with pencils, paint brushes, etc. _____
3. Can manipulate small pieces such as pegs, puzzles, etc. _____
4. Can print first name _____

Gross Motor Development:

1. Produces the following motions: _____
walks backwards _____
runs smoothly _____
marches _____
skips _____
gallops _____
walks heel-to-toe _____
walks on tiptoe _____
2. Bounces and catches ball _____

Conceptual Development:

1. Counts in sequence 1 to 10 _____
2. Recognizes letters of the alphabet _____
3. Recognizes shapes (circle those recognized):

Circle Triangle Square Rectangle

4. Recognizes colors (circle those recognized):

Red Blue Green Yellow
Brown Orange Purple Black

Learning Accommodations:

1. Has this student ever been tested for any learning needs, or has such testing ever been suggested for this student?
*Yes _____ No _____
2. Has this student ever received special services, or have special services ever been suggested for this student?
*Yes _____ No _____

*If "yes" was marked for either #1 or #2, please explain below and attach an extra sheet if necessary.

Pre-school Teacher/ Personnel Signature

Date

School

School Phone Number

School Address

Diocese of Arlington
Application for Admission

Application Date _____

Name of School _____ *School Year* _____ *Applying for Grade* _____

STUDENT DATA

Legal Name: Last _____ First _____ Middle _____ Nickname _____

Sex _____ Social Security Number _____ (Optional) Date of Birth _____ City & State of Birth _____
(mm / dd / yy)

Country of Birth (if outside United States of America) _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Public School System in which student resides _____ Public School Child Would Attend _____

Email where official school communication can be sent _____

Check all that apply: Only Child at this school? yes no Oldest Child at this school? yes no

If not oldest, name of oldest sibling at school _____ Grade _____

Previous Schools Attended:

Name of School	Dates	Grades	Location	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Religion: _____ Baptized? yes no

For Catholic Applicants:	Date	Church	City and State
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Family Background

Mother

Father

Full Name _____

Maiden Name _____

Country of Birth (if outside USA) _____

Home Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Work Email _____

Occupation _____

Employer _____

Religion _____

Parish _____

Primary language spoken in the home _____

Name and Address of person responsible Name _____

for tuition/fees payment: Address _____

Marital Status:

Married

Single

Separated

Divorced*

Mother deceased

Father deceased

Father Remarried

Mother Remarried

**Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

Grandparent Information:

Paternal: Name _____ Complete Address: _____ Phone _____

Maternal: Name _____ Complete Address: _____ Phone _____

Diocese of Arlington

Office of Catholic Schools
2006

To be considered for admission, the following documents, including a non-refundable application fee, must accompany this application:

1. Copy of Baptismal Certificate (Catholics only)
2. Immunization record
3. Copy of Custody decree (if applicable)
4. Copy of birth certificate must be presented to school personnel for verification.
5. Current report card including comments **and** the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available
7. A non-refundable application fee
8. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year, once an acceptance has been offered)**

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

OFFICE USE ONLY:

Application Date _____	Application Fee _____	Birth Certificate _____
Baptismal Certificate _____	Immunization Record _____	Physical Form _____
Custody Decree _____	Report Cards _____	Test Scores _____
Scholastic Form _____	Assessment/Interview _____	Confirmation of Parish Registration Form _____
In Parish _____	Out of Parish _____	Non Catholic _____
Date Accepted _____	Grade/Room Number _____ / _____	Teacher/Advisor _____ / _____

Diocese of Arlington

Office of Catholic Schools
2006