SAINT CHARLES BORROMEO ACADEMY (TK-8th Grade) APPLICATION FOR ADMISSION 2024-2025

Today's Date:

Application Information					
Application for Grade:					
Child's Full Name:					
Gender:Male	Female		Date of Birth:	(MM/DD/YY	YY)
Religion:		Baptized: Y N (please circle one)	
Mailing Address:	City:	State	j:	Zip:	
Home Address (if different tha	n mailing address): _			City:	
State: Zip	:				
Primary Contact Phone (circle)	: Mother/Father Pho	ne Type (circle): ce	ll/home/work		
Family Information					
Name of father or legal guardia	nn:				
Father's Home Address:	City:	State	j:	Zip:	
Father's Email Address:					
Father's Cell Phone Number: _					
Father's Occupation:		Name of Com	pany:		
Father's Religion:		Alumni of Sa	aint Charles Borr	omeo Academy? Y/N	
Catholic School Employee: Y/N					
Name of mother or legal guard	ian:				
Mother's Home Address:	City:	Stat	:e:	Zip:	
Mother's Email Address:					
Mother's Cell Phone Number:					
Mother's Occupation:		Name of Com	pany:		
Mother's Religion:		Alumni of S	Saint Charles Bor	romeo Academy?	Y/N
Catholic School Employee: Y/N					
				Widowed	
Applicant lives with:					
Other Primary Caregiver in the	home:				

Language spoken at home, other than English:					
RELIGIOUS HISTORY OF	- STUDENT				
Religious Affiliation:	Hom	ne Parish:			
Catholic: Y/N Ch	urch of Baptism:				
Church of First Commun	nion:				
Are you a registered and	d a regularly participating men	nber of the Saint Cha	arles Borromeo Parish? Y/N		
SCHOOL HISTORY					
Current School:			Years attended:		
Address:	City:	State:	Zip:		
Name of Preschool:					
Address:	City:	State:	Zip:		
CUIDANCE INFORMATI	ION				
Has the applicant ever s		No	If yes, which grade?		
			If yes, which grade?		
	been subject to probation, sus				
Please briefly explain:					
Does the applicant have	e an IEP or a diagnosis for a lea	rning disability? Yes	SNo		
Has the applicant ever b	been recommended for an edu	ucational evaluation	or outside services (i.e. speech, OT, etc.)Y/N		
Please briefly explain:					
Is the applicant currentl	ly receiving any academic serv	ices? Y/N			
Please briefly explain:					
Please provide relevant	paperwork/documents (i.e. IE	P) with application.			

STUDENT BACKGROUND	
Permission to contact child's current school? Yes	No
Contact Name:	Phone Number:
STUDENT MEDICAL INFORMATION	
Allergies Y/N	
Attention Deficit Disorder (ADHD) Y/N	
Bone and Joint Illness Y/N	
Convulsions or Fainting Y/N	
Diabetes Y/N	
Eyeglasses Y/N	
Emotional Illness Y/N	
Hearing Difficulty Y/N	
Speech Difficulty Y/N	
Visual Difficulty Y/N	
Other (specify)	
Optional Questions	
How did you haar about our school?	
How did you hear about our school?	

Sibling 1 Name (First/Middle/Last):

Sibling 1 Age:	Sibling 1 School:
Sibling 2 Name (First/Middle/Last):	
Sibling 2 Age:	Sibling 2 School:
Sibling 3 Name (First/Middle/Last):	
Sibling 3 Age:	Sibling 3 School:
Sibling 4 Name (First/Middle/Last):	
Sibling 4 Age:	Sibling 4 School:
Sibling 5 Name (First/Middle/Last):	
Sibling 5 Age:	Sibling 5 School:

ADMISSION PROCESS

1.	Application	must be tur	ned in with	ALL of the	following	items:
----	--------------------	-------------	-------------	-------------------	-----------	--------

- Report Card (current and previous year)
- Baptismal Certificate
- Birth Certificate
- Current Immunizations (needs to be up to date)
- 2. \$105 Application Fee Per Student (non-refundable) due with application
- 3. Parent School Tour
- 4. Letter of Recommendation Form Prior School
- 5. Standardized Test Scores (Grades 2-7)
- 6. Family Interview
- 7. Custody Paperwork (if applicable)
- 8. Application for Active Parishioner Discount

For questions please email Amy at aparmigiani@saintcharlesacademy.com .

The above information is true and correct to the best of my/our knowledge.

Signature:	 	
Print Name:	 	
Date (MM/DD/YYYY):		

RELEASE OF SCHOOL RECORDS

TO: Admissions/Student Records		
School:		
Address:		
City, State, Zip:		
I/We hereby authorize the release of all school rand any other developmental information regar		
Student Name	<u>Grade</u>	<u>Date of Birth</u>
Please forward the above requested information	n as soon as possible to:	
	Charles Borromeo Academy 2808 Cadiz Street San Diego, CA 92110	
	Or <u>eva@saintcharlesacademy.co</u>)223-8271 or Fax: (619)223-2	
Parent/Guardian Signature		 Date

RECOMMENDATION FORM (Grades 2-7)

Student's Name						
First	Mic	ddle	La	st		
Applying for grade	in Septemb	er 2023.				
Recommendation by:			Administr	ator Teacher		
Saint Charles Borromeo Academy is a Catholic coeducational elementary school in San Diego serving grades preschool to grade 8. The student whose name appears above is applying for admission to Saint Charles Borromeo Academy. Your candid appraisal of his/her academic performance, intellectual promise, and special gifts will help our Admission committee in making a decision about admitting this student.						
STUDENT RATING			_			
Work and study habits:	Excellent	Good	Average	Below Average		
Effort:	Excellent	Good	Average	Below Average		
Intellectual ability:	Excellent	Good	Average	Below Average		
Achievement related to ability:	Excellent	Good	Average	Below Average		
Conduct and attitude:	Excellent	Good	Average	Below Average		
Maturity in terms of grade:	Excellent	Good	Average	Below Average		
Social adjustment:	Excellent	Good	Average	Below Average		
Punctuality:	Excellent	Good	Average	Below Average		
Self Confidence:	Excellent	Good	Average	Below Average		
Parent's cooperation with school:	Excellent	Good	Average	Below Average		
FURTHER COMMENTS						
Special talents/aptitudes:						
(For additional comments, use the back of this sheet)						
Has the student been suspended from school or been subject to serious disciplinary actions? Y/N						
If yes, please explain:						
How long have you known this student?						
In what grade(s) and subject(s) have	you taught him, he	er?				
School Name:		Scho	ool Telephone	::		