

# **Saint Rose Catholic School**

St. Rose Catholic Preschool – License #493009536

Website: [www.strosecatholicsschool.org](http://www.strosecatholicsschool.org)

4300 Old Redwood Hwy

Santa Rosa, CA 95404

707-545-0379

[strosoffice@strosecatholicsschool.org](mailto:strosoffice@strosecatholicsschool.org)



## **BEFORE COMPLETING THIS APPLICATION, PLEASE READ CAREFULLY**

### **School Student Non-Discrimination Policy**

The school, mindful of its mission to be a witness to the love of Christ for all, admits students regardless of race, color, national origin, and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

The school does not discriminate based on race, color, disability, medical condition, sex, or national and/or ethnic origin in the administration of educational policies and practices, scholarship programs, and athletic and other school-administered programs, although certain athletic leagues and other programs may limit participation.

While the school does not discriminate against students with special needs, a full range of services may not always be available to them. Decisions concerning the admission and continued enrollment of a student in the school are based upon the student's emotional, academic, and physical abilities and the resources available to the school in meeting the student's needs.

**St. Rose students in TK – Eighth grade wear a school uniform that parents purchase from the school uniform store. Details regarding the school uniform are provided to parents after acceptance and during the enrollment process.**

**All required documents and application fee of \$30 per applicant must be emailed or delivered to the school within 8 days of submitting the application online. Applications will not be reviewed until all applicable information has been received.**

### **Age Requirements:**

- Preschool PK3 = 3 years old and toilet training has begun. (Program options)
- Preschool PK4 = 4 years and toilet trained (Program options)
- TK (Transitional Kindergarten) = Children whose 5<sup>th</sup> birthday falls after September 1<sup>st</sup>, between September 2<sup>nd</sup> – June 2<sup>nd</sup> of the entry year. (TK is a FULL day a week program, M-F)
- KINDERGARTEN ENTRY = 5 years old by September 1<sup>st</sup> of the entry year. (St. Rose follows CA state law which requires student entering Kindergarten turn 5 on or before September 1<sup>st</sup> of entry year)

**Kindergarten physicals must occur AFTER MARCH 15<sup>th</sup> of the entry year for the exam to qualify for 1<sup>st</sup> grade entry.**

## IMMUNIZATION REQUIREMENTS

Immunizations are required before starting pre-kindergarten (childcare) and at each age checkpoint after entry. CA State Law requires schools, public and private, to refuse attendance to children until all requirements have been met. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-immunizations.aspx>

The State of California has eliminated the personal and religious beliefs exemption. As of January 2021, all medical exemptions can only be issued through the CDPH and CAIR-ME, <https://cair.cdph.ca.gov/exemptions/home>

Prior to 7th grade entry, the State of CA requires students provide verified immunization records for: <https://eziz.org/assets/docs/IMM-222School.pdf>

- Tetanus, Diphtheria, Pertussis (Tdap) - 1 dose prior to entry into 7th grade.
- Varicella (Chickenpox) 2 doses usually given at ages 12 months and 4-6 years.

### APPLICATION REQUIREMENTS (Preschool, TK – 8<sup>th</sup> Grade)

**ALL Applicants must provide** the items listed below either by dropping them off to the main school office, mailing to the school, or emailing to the school registrar within 8 days of submitting the application.

**Applications will not be reviewed or placed on the waitlist if incomplete.**

**Note: Preschool Applicants (PK3 & PK4) must complete Preschool Program selection form and include with application submission.**

- Copy of Birth Certificate
- Copy of updated immunization records
- Recent Wallett size photo of your child
- \$30 application fee
- Copies of most recent report cards & test scores (1st - 8th)
- Copy of Baptismal / First Communion Certificates if Catholic

**TO EMAIL DOCUMENTS SEND TO THE SCHOOL REGISTRAR AT:** [k\\_paul@sonic.net](mailto:k_paul@sonic.net)

### TO DROP OFF OR MAIL DOCUMENTS:

ST. ROSE SCHOOL/ 4300 OLD REDWOOD HWY / SANTA ROSA, CA 95403

**TO FAX DOCUMENTS:** 707-545-7150

**TO REACH THE SCHOOL REGISTRAR PLEASE EMAIL TO:** [k\\_paul@sonic.net](mailto:k_paul@sonic.net) / 707-545-0379

**ST. ROSE SCHOOL STUDENT APPLICATION**

APPLICATION IS INCOMPLETE UNLESS ALL FIELDS WITH \* ARE COMPLETED AND ALL REQUIRED DOCUMENTS ARE ATTACHED.

\*FOR SCHOOL YEAR \_\_\_\_ / \_\_\_\_ \*ENTERING GRADE: PK3  PK4  TK  K  OR Grade \_\_\_\_

*CHILDS FIRST NAME	*Initial	*CHILDS LAST NAME	*Birthdate 00/00/0000 ____ / ____ / ____	*GENDER Circle one M or F
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*CHILDS HOME ADDRESS	*CITY	*ZIP
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*Name of school child is currently attending	* Has child been baptized at a Catholic Church? <input type="radio"/> YES <input type="radio"/> NO
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**IF APPLICABLE:**

Baptismal Date _____	First Eucharist Date _____	*PARENTS' RELIGION if NOT Catholic Use N/A if not affiliated with religion
Church: _____	Church: _____	Mother _____
City / State _____	City / State _____	Father _____

**\*PARENTS / LEGAL GUARDIAN INFORMATION / Provide complete information for BOTH. (Use N/A if not applicable)**

**FATHER Parent/ Legal Guardian**

**\*ALL FIELDS REQUIRED**

*First & Last Name	*Daytime CELL Phone #	*Email address
*Mailing Address (IF DIFFERENT THAN CHILD'S)	*City / ZIP	*OCCUPATION / (REQUIRED)
*EMPLOYER / BUSINESS NAME & ADDRESS (REQUIRED)	*WORK PHONE #	

**MOTHER Parent/ Legal Guardian**

**\*ALL FIELDS REQUIRED**

*First & Last Name	*Daytime CELL Phone #	*Email address
*Mailing Address (IF DIFFERENT THAN CHILD'S)	*City / ZIP	*OCCUPATION / (REQUIRED)
*EMPLOYER / BUSINESS NAME & ADDRESS (REQUIRED)	*WORK PHONE #	

**IF BOTH PARENTS / LEGAL GUARDIANS ARE PRESENT IN CHILD'S LIFE, ALL INFORMATION MUST BE COMPLETED ABOVE.**

IF A PARENT / GUARDIAN IS NOT PRESENT IN THE CHILD'S LIFE, LIST AS N/A



**ST. ROSE CATHOLIC PRESCHOOL PROGRAM SELECTION FORM  
FOR PRESCHOOL (PK3 & PK4) APPLICANTS ONLY  
NOT FOR STUDENTS ENTERING TK - EIGHTH GRADE**

**PRESCHOOL PROGRAM SELECTION FORM MUST BE SUBMITTED with APPLICATION FOR PK3 & PK4 STUDENTS**

Preschool hours of operation are Monday-Friday 7:30 a.m. - 5:00 p.m.  
Please check your program selection for PK3 & PK4:

	<b>5 FULL TIME DAYS (7:30 – 5:00)</b>
	<b>5 HALF DAYS (7:30 – 12:30)</b>
	<b>4 FULL TIME DAYS (7:30 – 5:00) MON-THURS OR TUES-FRI</b>
	<b>4 HALF DAYS (7:30 – 12:30) MON-THURS OR TUES-FRI</b>
	<b>3 FULL TIME DAYS (7:30 – 5:00) MON-WED OR WED-FRI</b>
	<b>3 HALF DAYS (7:30 – 12:30) MON-WED OR WED-FRI</b>

TK is 5 full days a week, M – F, 8:10AM – 2:45PM.  
Before and after TK childcare is available for additional fee.  
Families who are accepted will receive updated tuition schedule with annual tuition contract.

**PRINT CHILDS FIRST / LAST NAME** \_\_\_\_\_

**CIRCLE GRADE ENTRY FOR 25-26**      **PK3 / PK4**

**Parent / Guardian Name – please print** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_



# St. Rose Catholic School

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS (INCOMING 1<sup>st</sup> – 8<sup>th</sup> students)

**PARENT to complete TOP PORTION, sign and return with application.**

Student Name: Print F/L \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Current School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of the student named above, hereby authorize the release of my child’s school records including achievement, enrollment, health and developmental data, to the person, institution, or agency named below:

TO THE PARENT: St. Rose Catholic School will send this request for the cumulative records of your student only when they have been accepted for enrollment into St. Rose Catholic School.

I understand that the records are released only on the condition that the receiving person or agency will not release these records without the written consent of the parent or legal guardian.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Student

### Named school above, please send transcript files to:

St. Rose School Registrar  
4300 Old Redwood Hwy.  
Santa Rosa, CA 95403

Questions, please contact KC Paul at: 707-545-0379 / [k\\_paul@sonic.net](mailto:k_paul@sonic.net)

(Retain in student’s cumulative record after forwarding copies of requested record)

## \*PARENT QUESTIONNAIRE / **ALL FIELDS REQUIRED**

How did you hear about us?

**CIRCLE those that apply:**       Referral     Media     Live in neighborhood     Other

Explain other below:

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If a referral, what is the name of the family/person who referred you? \_\_\_\_\_

### \*COMPLETE ALL THAT APPLY:

Are there other siblings that live in the home not enrolled at St. Rose?     **Yes**     **No**

If yes, name the siblings and the grade they are in below:

\_\_\_\_\_ Grade \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_

### \*FAMILY RELIGIOUS STATUS: CHECK WHICH APPLIES

- Our family is a registered, active member of a Catholic Parish  
 Our family is a non-active, non-registered, Catholic Family (Children are baptized Catholic)  
 Our family is a non-Catholic family

**Name of Catholic Parish if your family is registered and active:**

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If a registered active Catholic family, do you contribute financially to your parish?     YES     NO

If a registered active Catholic family do you & your child attend Mass regularly?     YES     NO

### \*CHILD'S LIVING ARRANGEMENT: CHECK ALL THAT APPLY

- Child Lives with both natural parents
- Child's parents are Divorced       Mother remarried     Father remarried  
 Child's Mother is deceased     Child's Father is deceased
- There is a shared custody arrangement

If a shared custody agreement, child lives with Father / Legal Guardian when?

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If a shared custody agreement, child lives with Mother / Legal Guardian when?

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There is a restraining order against a parent / guardian that applies to the child. (If there is a restraining order, the school will ask that the parent / legal guardian provide a copy to school office)

My child has an IEP. (An IEP does not mean your child will not be accepted. St. Rose must make certain we are able to provide the resources your child needs to achieve success. Administration will meet with parents to discuss your child's needs prior to acceptance.)

**CONTINUE TO NEXT PAGE**

**ANSWER ALL QUESTIONS - REQUIRED**

1. What are your reasons for wanting your child to attend St. Rose Preschool / Elementary School?
  
2. Do you discuss religion and or your faith with your child at home?
  
3. How does your family practice your faith?
  
4. To what parish or church do you belong and how have you contributed your time, talent, and treasure there?
  
5. Have you read our school handbook which is available on our website [www.strosecatholicsschool.org](http://www.strosecatholicsschool.org) and do you agree to abide by the policies stated there?
  
6. Are you prepared to undertake the financial responsibility of a Catholic education, which increases annually and includes tuition and fundraising?
  
7. Are you willing to participate in specific St. Rose Parish liturgies with your child's class occasionally?
  
8. Are you willing to become an active member of the St. Rose Parents' Association by contributing and supporting all our various fundraisers?
  
9. Are there any circumstances we should be aware of that would help your child to be more successful in school? IEP, learning disability, special resource needs, etc.

*PARENT / LEGAL GUARDIAN SIGNATURES:*

FATHER/GUARDIAN: \_\_\_\_\_ Date\_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_ Date\_\_\_\_\_