

**THE LAST DAY TO TURN IN AN APPLICATION IS
FEBRUARY 13, 2009**

**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.)

_____ Student takes admissions test.

Testing for Kindergarten students will be in the afternoon on Wednesday,
March 4 and Thursday, March 5. 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 7, 2009.
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 BY March 13, 2009

**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