



SAINTS PETER AND PAUL SALESIAN SCHOOL

660 Filbert Street · San Francisco, California 94133 · (415) 421-5219 · fax (415) 421-1831

www.sspeterpaulsf.org

Dear Parents / Guardians,

Saints Peter and Paul Salesian School admits students of any race, color and national ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. Saints Peter and Paul does not discriminate on the basis of race, color or national origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Please take note of the following information:

1. Application Fee: A non-refundable application fee of \$75.00 is payable upon submission of the application form.
2. The application form is not an acceptance form and does not guarantee admittance to the school.
3. Kindergarten: Applicant will be interviewed for 15 minutes..
4. Grade 1 to Grade 8: Applicant will be required to spend half of a school day at Saints Peter and Paul in order for the grade level teachers to complete an overall assessment of the applicant's ability and current grade level.
5. On the appointment date, you must bring the following documents with you:
 - a) Birth certificate
 - b) Baptismal certificate (Catholic applicants)
 - c) First Communion certificate (Catholic applicants)
 - d) a copy of the latest report card (Gr. K – Gr. 8)
 - e) a copy of the standardized test results (Gr. 2 – Gr. 8)
 - f) a letter of recommendation from the applicant's present teacher
6. Age requirements for 2016-2017 school year:
 - a) *Kindergarten*: The applicant must be five years of age on or before September 1 of the school year
 - b) *First Grade*: The applicant must be six years of age on or before September 1 of the school year

Read carefully all that is entailed before signing and returning the application. We are a family here at Saints Peter and Paul, and we want you to be a part of that family through your cooperation and contact with the administration and faculty.

Please return this form, the \$75.00 application fee, and a recent family photo. We will call you to set up an appointment.

Sincerely,

Dr. Lisa Harris
Principal



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Useful Information

School Hours:

8:10 am to 3:15 pm, Mondays through Thursdays
8:10 am to 1:35 pm, Fridays

Financial Information:

Tuition information will be available in April 2016. Presently the tuition is \$8,250 per child for participating families and \$10,400 per child for non-participating families. The student education fee is \$1,060 for children in grade K-5 and \$1,260 for children in grade 6-8.

After School Care:



Presently the After School Care fee is \$290.00 a month regardless of the number of days in the month and/or the number of days the student attends. The hours are from after school to 5:30 pm. If the student is picked up after 5:30 pm, there will be an extra \$5.00 charge every 15 minutes, payable at the time of pickup.

2016-17 After School Care fee will be available in April 2016.

School Uniforms:

Uniforms may be purchased at Simply Uniforms on 7801 El Camino Real, Colma, CA 94014 – telephone number: (650) 757-5722.

Immunization/T.B. Screening:

Health Exam/Immunizations are required for school. Children must have a T.B. skin test given in the United States within 1 year before first admission to school in San Francisco.

A Tdap (tetanus, diphtheria and pertussis) vaccination is required for students entering the 7th or 8th grades.

Kindergarten / First Grade Health Examination:



A complete physical is required for children entering school. The physical examination for Kindergarten must be done between March and September of the same year that they enter school. First graders must have examinations done not more than 18 months prior to entry. Lack of evidence of a physical examination will result in denial of enrollment.



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APPLICATION FORM – SCHOOL YEAR 2016-2017

Applying for Grade: _____ Present Age: _____ Date of Birth: _____ Gender: ____M ____F

Child's Name: _____
Last First Middle

Child's Address: _____
Number & Street City State Zip Telephone Number

Present School: _____
Name Number & Street City State Zip Telephone Number

If Catholic, please list your Parish: _____ Child's Religion: _____

Baptism Date: _____ Church of Baptism: _____ City/State: _____

First Communion Date: _____ Church: _____ City/State: _____

Confirmation Date: _____ Church: _____ City/State: _____

Child's Home Conditions: ***Please check all that apply***

Two Parent Family ____ *Single Parent Family ____
Father Deceased ____ Father Separated ____ Father Remarried ____
Mother Deceased ____ Mother Separated ____ Mother Remarried ____

***For Single Parent Families, please indicate the custody arrangement (i.e., mother-father shared custody, mother full custody, father full custody): _____**

PARENT INFORMATION:

Father's Name: _____
Last First Place of Birth Religion

Occupation Business Name Number & Street City State Zip Telephone Number

Mother's Maiden Name: _____
Last First Place of Birth Religion

Occupation Business Name Number & Street City State Zip Telephone Number

Father's E-mail Address: _____ Mother's E-mail Address: _____
Please Print Please Print

PLEASE PROVIDE A RECENT FAMILY PHOTO ALONG WITH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE, BAPTISM CERTIFICATE AND IMMUNIZATION RECORDS. PLEASE INCLUDE A \$75.00 NON-REFUNDABLE APPLICATION FEE.

OFFICE USE ONLY:

Date Paid: _____ **Ck. #** _____ **Cash:** _____ **Appt. Date:** _____ **Time:** _____

Preliminary Scholastic and Health Report

Applicant is presently attending _____
Name of School

School's Address *School's Telephone Number*

Principal's Name *Homeroom Teacher's Name*

Applicant's progress in school is : Above average Average Below average

If below average, what are the weakest subjects ? _____

Has applicant been placed in a gifted program ? Yes No _____
Name of Program

Has applicant been placed in a special education program ? Yes No _____
Length of Time in the Program

Applicant's conduct is : Exemplary Satisfactory Unsatisfactory

If unsatisfactory, please explain : _____

Applicant's health is : Good Poor

Applicant has the following special medical and / or physical conditions : _____

Applicant requires the following medication regularly : _____

Siblings: _____
Name *Age* *Name of School*

Name *Age* *Name of School*

Name *Age* *Name of School*

Date *Signature* *Relationship to Applicant*