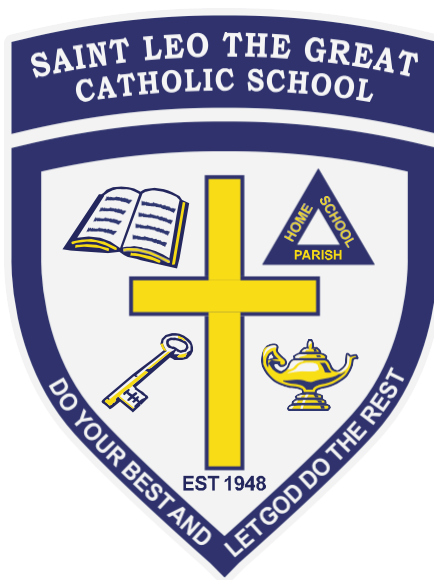


Application for Admission to
School of Saint Leo the Great
GRADES TWO THROUGH EIGHT
2020-2021





SCHOOL OF SAINT LEO THE GREAT

4238 Howe Street • Oakland CA 94611 • (510) 654-7828 • Fax: (510) 654-4057
www.stleothegreat.org

Dear Parents,

Welcome to Saint Leo the Great School! I am excited that you are considering Catholic education for your child. Excellence in Catholic education consists of three major components: spirituality integrated into the curriculum, high quality academic instruction, and a structured, nurturing environment. For over sixty years, Saint Leo the Great School's tradition of excellence has been achieved through a successful balance of these three important components, demonstrated by the accomplishments of our students and the satisfaction of our parents.

As I think about our school community, I feel we provide a strong foundation for children to succeed in today's fast-paced society. Our classes foster a feeling of family - a supportive climate of trust and understanding, community-based values, and teamwork. In this environment, children form positive and enduring relationships with classmates and teachers.

If I had to identify just one aspect of our school that sets it apart from so many others, it would be the feeling of hospitality and warmth we share with one another. We call ourselves a "family" at Saint Leo the Great School because we truly care for one another.

Thank you for your interest in Saint Leo the Great School. If you are considering giving your child the gift of Catholic education, we hope that you will choose to become a part of the Saint Leo family. If you have any questions, or if there is any way that we can assist you in this important decision, please feel free to contact us.

Faithfully,

Sonya Simril

Sonya Simril
Principal



SCHOOL OF SAINT LEO THE GREAT

APPLICATION CHECKLIST

- ☐ Completed Application Form
- ☐ Application Fee of \$50.00 (cash or money order)
- ☐ Copy of Birth Certificate
- ☐ Copy of Baptismal Certificate (Catholic applicant only)
- ☐ Immunization Certificate (Required by the State of California)
- ☐ Current physical exam
- ☐ Copy of standardized test scores
- ☐ Request for Release of Transcript Form. **This form must be signed by the parent or guardian and given to your child's current school.**
- ☐ Student Evaluation Form (For all applicants). **Please submit this form to your child's teacher.**
- ☐ Parish Verification Form (Catholic applicants only). **Please submit this form to your pastor to be signed and returned to Saint Leo the Great School.**

**ALL DOCUMENTS MUST BE RECEIVED BEFORE
FINAL ACCEPTANCE AND PLACEMENT CAN BE MADE**



SCHOOL OF SAINT LEO THE GREAT

APPLICATION FOR
ADMISSION 2020-2021

Please complete:

Date filed: ____/____/202____

Grade applying to: ____

Birth date: ____/____/____

Last Name: _____ First: _____ Middle: _____

Name child goes by: _____ Sex: M F

Address: _____ Home phone: _____

City: _____ State: _____ Zip: _____ Email (family): _____

Religion: _____ Parish: _____

County of Residence: _____ Public School District: _____

Place of Birth: _____ Ethnic background (for census information only): _____

Siblings at SLG: _____ Other siblings: _____

Primary language spoken at home: _____

Sacramental Information:

	<u>Date</u>	<u>Church</u>	<u>Location</u>
Baptism	_____	_____	_____
Penance	_____	_____	_____
First Communion	_____	_____	_____

How did you learn about SLG School? ☐ Parent referral _____ ☐ SLG website

☐ SLG parish ☐ Other: _____

Parent/Guardian Information:

☐ Married ☐ Married separated ☐ Divorced ☐ Other

Who has legal custody? ☐ Both ☐ Father ☐ Mother ☐ Other

Child resides with: ☐ Both ☐ Father ☐ Mother ☐ Other

Mail report cards to: ☐ Both ☐ Father ☐ Mother ☐ Other

Send bills to: ☐ Both ☐ Father ☐ Mother ☐ Other

Father/Guardian:

Last Name: _____ First: _____ Middle: _____

Religion: _____ U.S. Citizen: ☐ Yes ☐ No Place of birth: _____Education: ☐ High School ☐ College Degree ☐ Masters Degree ☐ Doctoral Degree

Cell Phone: _____ Employer: _____ Occupation: _____

Business Phone: _____ Email Address: _____

If different from applicant's:

Home Address: _____

City: _____ State: _____ Zip: _____

Mother/Guardian:

Last Name: _____ First: _____ Middle: _____

Religion: _____ U.S. Citizen: ☐ Yes ☐ No Place of birth: _____Education: ☐ High School ☐ College Degree ☐ Masters Degree ☐ Doctoral Degree

Cell Phone: _____ Employer: _____ Occupation: _____

Business Phone: _____ Email Address: _____

If different from applicant's:

Home Address: _____

City: _____ State: _____ Zip: _____

Applicant's Education History:

Previous school attended: _____ Grade: _____

☐ Parochial ☐ Public ☐ Other

Address (if not in the California area): _____

City: _____ State: _____ Zip: _____

Other schools attended:

Name: _____ Grade: _____ Location: _____

Name: _____ Grade: _____ Location: _____

Name of Applicant: _____ Grade applying to: _____

Has your child been home schooled? ☐ Yes ☐ No

Which program did you follow? _____

Educational/psychological evaluations? ☐ Yes ☐ No If so, please give the date: _____

All educational/psychological evaluations should be submitted with the application.

Learning differences? ☐ Yes ☐ No

Has the applicant been diagnosed with any of the following? ☐ ADD ☐ ADHD ☐ Dyslexia ☐ Other
Please explain.

Socialization or behavioral problems? ☐ Yes ☐ No

Has the applicant had any previous unusual socialization or behavioral problems with other children? If yes, please explain. Please provide any other information regarding the child's educational background or social development that the school should know in order to evaluate its ability to serve the child's needs.

Medical conditions? ☐ Yes ☐ No

Does the applicant have any medical conditions that would prevent him/her from active participation in the school's physical education program or field trips? Has there been a need for any unusual medical care? If yes, please explain. Is applicant currently on any type of medication? If yes, please explain.

Parents' Goals and Assessments

In order for the admissions committee to evaluate your child and his/her needs in regard to the programs offered, please answer the following questions.

Type of Educational Program and Environment Sought for Your Child

Realizing that many variables are involved in the educational process, please explain the type of educational program and environment that you desire for you child. What goals or objectives would you like for the teacher to emphasize regarding your child?

Additional Information

Please provide any additional information regarding your family (adoption, divorce, separation, changes in school, deaths of relatives/friends) or child (fears, social problems, etc.) that would help us know and understand his/her educational or personal needs.



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For Grades 2-8

REQUEST FOR RELEASE OF TRANSCRIPT

Parents: Please complete this form and send it directly to your child's current school.

Student Name: _____

Current Grade: _____ Grade Applying to: _____

Name of Current School: _____

Current School Address: _____

City: _____ State: _____ Zip: _____

Current School Telephone: _____

*The student named above is applying for admission to School of Saint Leo the Great.
I authorize you to release the following:*

1. The student's grades for the last three completed terms at your school
2. Complete grade records
3. Scores of standardized and IQ testing
4. Report of psychological/psycho-educational evaluations
5. Health and immunization records
6. Disciplinary records
7. Special education reports and files

Please send the complete transcript to:

Admissions Committee
School of Saint Leo the Great
4238 Howe Street
Oakland, CA 94611

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date: _____



SCHOOL OF SAINT LEO THE GREAT

STUDENT EVALUATION FORM

GRADES 2-8

Name of Student _____ Date _____

School currently attending _____ Grade _____

I hereby authorize the release of all records and information requested below. Please send this form and all information directly to:

Admissions Committee
School of Saint Leo the Great
4238 Howe Street
Oakland, CA 94611

Signature of Parent or Guardian _____

To: Classroom Teacher

Thank you for taking your valuable time to complete this evaluation. Your observations are an important part of this student's application. All information will be held in confidence and only disclosed to members of the admission committee.

Personal Qualities

Attitude toward school	Excellent	Good	Fair	Poor
Citizenship	Excellent	Good	Fair	Poor
Cooperation	Always cooperates	Cooperates	Sometimes cooperates	Poor Cooperation
Emotional maturity	Very mature	Age appropriate	Sometimes immature	Very immature
Integrity	Highly trustworthy	Trustworthy	Usually trustworthy	Questionable
Leadership potential	Leader	Can follow or lead	Leads on occasion	Rarely leads
Reaction to criticism/setbacks	Excellent	Good	Fair	Poor
Responsible	Very responsible	Usually responsible	Sometimes responsible	Rarely responsible
Self confidence	Healthy self-image	Needs some support	Seems overconfident	Poor self-image
Self control	Excellent	Good	Fair	Poor
Sense of humor	Highly developed	Good	Fair Humor	Poorly developed
Warmth of personality	Always friendly	Usually friendly	Occasionally friendly	Rarely friendly

Classroom conduct: Discipline – please comment on the student's behavior/attitude: _____

Academic Skills	Excellent	Good	Fair	Poor	No basis for judgement
Critical/Abstract Thinking					
Skills Intellectual Curiosity					
Organizational Skills					
Motivation					
Determination					
Creativity					
Academic Potential					
Work Skills					
Class Participation	Joins in readily	Contributes occasionally	Wants to dominate	Rarely contributes	
Ability to work in a group	Consistently works well	Sometimes	Has difficulty	Has great difficulty	
Ability to work independently	Consistently works well	Needs help occasionally	Needs help frequently	Needs constant help	
Completes assignments on time	Consistently completes	Usually completes	Needs additional time	Has difficulty	
Follows directions	Easily and accurately	Occasionally needs help	Needs much explanation	Rarely	
Takes initiative	Always	Usually	Sometimes	Rarely	
Fine motor skills	Excellent	Good	Fair	Poor	
Attention span	Actively engaged	Attentive	Variable attention	Requires frequent redirection	

Social Skills

Peer relations	Role model	Healthy relationship	Occasional problems	Relates poorly
Relationships with adults	Courteous	Usually positive	Occasional problems	Shows little respect
Concern for others	Very considerate	Considerate	Usually considerate	Rarely considerate
Attitude toward school	Excellent	Good	Fair	Poor

English/Language Arts	Excellent	Above Average	Average	Poor/ Limited	No basis for judgment
Reading comprehension					
Written expression – Grammar					
Written expression – Composition					
Verbal expression					
Name of English/Language Arts textbooks/publishers:					

Math	Excellent	Above Average	Average	Poor/ limited	No basis for judgment
Knowledge of basic skills					
Ability to grasp new concepts					
Analytical ability					
Application of skills					

Name of Math textbooks/publishers: _____

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

Has the applicant ever been a recipient of a special services program? (i.e. gifted, learning disability resourcecenter, speech therapy, etc.) ☐ Yes ☐ No If yes, please explain: _____

Do you have any reason to question the applicant's academic or personal integrity? (If applicable) ☐ Yes ☐ No
If yes, please explain: _____

How long and in what capacity have you known the applicant? _____

Do the parents have a realistic picture of their child's ability? ☐ Yes ☐ No ☐ Sometimes

What is the parent's attitude toward the child's learning and study habits? _____

How well have the parents cooperated with school policies and teacher's suggestions? _____

Please describe the parental support/involvement: _____

Thank you for your time and evaluation of this applicant. May we contact you if we have any questions? ☐ Yes ☐ No

Evaluator's Name (please print): _____ Phone: _____

Evaluator's Signature: _____ Date: _____ Title: _____



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PARISH VERIFICATION FORM

2020 – 2021 SCHOOL YEAR

Saint Leo the Great School sets the tuition cost and fees each year.

An active Catholic family is a registered member of a parish who contributes their time, talent and financial resources to support the parish by the following: regular attendance at liturgy as verified by the use of offertory envelopes, appropriate level of financial support by yearly pledge, and parental volunteer involvement. Active membership is to be determined by the parish in which the family is a member.

Name of Catholic Parish _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Student (s) first and last name (s):

_____ Grade in 2020-2021

_____ Grade in 2020-2021

_____ Grade in 2020-2021

_____ Grade in 2020-2021

The information below should be completed by your Pastor:

Based on the contribution of time, talent and treasure, I consider this family to be:

_____ An active Catholic family

_____ A non-active Catholic family

_____ This is not a Catholic family

Comments from the Pastor

Pastor's Signature _____ Date _____