



# APPLICATION FOR ADMISSION

3886 Chestnut Ave., Concord, CA 94519 • 925-689-3990 • stagnesconcord.com

Date of application: \_\_\_\_\_ Sibling of current St. Agnes student? Yes  No

**2025-26** Grade applying for: K  1  2  3  4  5  6  7  8

## STUDENT INFORMATION

Child's name: \_\_\_\_\_

Last, First, Middle

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

Number, Street, City, ZIP

Male  Female Date of Birth \_\_\_\_\_ Catholic  Yes  No

Student is living with:  Both Parents  Father  Mother  Grandparent(s)  Guardian(s)

Student Race: **please check all that apply:**

Hispanic/Latino  American Indian/Alaska Native  Black/African American  White

Asian:  Chinese  Japanese  Korean  Vietnamese  Asian Indian  Laotian  Cambodian  
 Hmong  Filipino  Other Asian

Native Hawaiian/Pacific Islander:  Hawaiian  Guamanian  Samoan  Tahitian  Other Pac. Islander

Middle Eastern/North African  Two or more Races

## FAMILY INFORMATION

Father's name: \_\_\_\_\_

Last, First, Middle

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

Number, Street, City, ZIP (if different from above)

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's name: \_\_\_\_\_  
Last, First, Middle

Address: \_\_\_\_\_  
Number, Street, City, ZIP (if different from above)

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

## SACRAMENTAL INFORMATION

Religion: \_\_\_\_\_ Parish attending: \_\_\_\_\_

Baptism date: \_\_\_\_\_ Parish and city: \_\_\_\_\_

Reconciliation date: \_\_\_\_\_ Parish and city: \_\_\_\_\_

1st Eucharist date: \_\_\_\_\_ Parish and city: \_\_\_\_\_

Parish and city of parent's marriage: \_\_\_\_\_

Parish of current registration (if different than above): \_\_\_\_\_

Sunday envelope # (if used): \_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, Street, City, State, ZIP

Public school district in which you reside: \_\_\_\_\_

Public school your child would otherwise attend: \_\_\_\_\_

## OTHER INFORMATION

Does your child have any special needs:  No  Yes (please specify any special services, accommodations, IER, 504 therapies or diagnoses your child has/needs below)

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Did your child have any special testing:  No  Yes (please specify type, when, and where)

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Does your child have any medical condition of which we should be aware:  No  Yes (please specify)

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If your child has siblings, please provide the information below:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

## WHY DID YOU CHOOSE ST. AGNES FOR YOUR CHILD'S EDUCATION?

How did you hear about St. Agnes School?  Alumni  Friend  Social media  Advertising  Other

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Please share your reasons for sending your child to St. Agnes. If you prefer, you can submit as a separate sheet.

## APPLICATION AGREEMENT

The Catholic schools in the Diocese of Oakland, mindful of their mission to be witnesses to the love of Christ for all, admit students of any race, color, national origin, ancestry, religion, sex, sexual orientation, or disability to all the rights, privileges, programs, and activities generally accorded or made available to the students in the schools. The Catholic schools in the Diocese of Oakland do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, sexual orientation or disability, in the administration of educational policies, scholarship and loan programs, athletic and other school administered programs.

Applicants will be considered for admission based on the following order of priority:

- Siblings of current/continuing students
- Currently enrolled in the St. Agnes School preschool program
- St. Agnes or St. Bonaventure parishioners
- Catholic families from other parishes
- Non-Catholic families

By my signature, I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that my child will be scheduled for an interview and academic testing as part of the application process, and that no decision regarding an offer of enrollment will be made until the application process is complete.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_