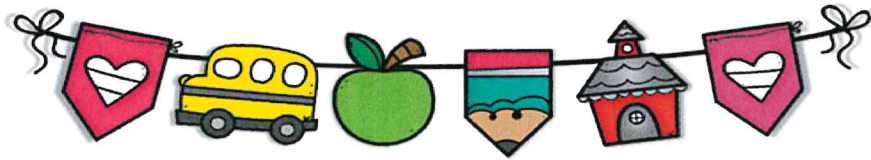


WELCOME TO KINDERGARTEN!



APPLICATION INFORMATION 2026 - 2027

Application/ Screening Fee is \$60.00- Please make checks payable to St. Stephen School. This fee will be non-refundable. Screening dates will be assigned after applications are received.

Friday, November 14, 2025

Deadline for Kindergarten Applications

Wednesday, December 3rd, 2025, 3:00p.m.- 3:50p.m.

Thursday, December 4th, 2025, 3:00p.m.- 3:50p.m.

Kindergarten Screening Days

Sunday, January 25, 2026

Open House- Families Welcome!

Thank you!

St. Stephen School

401 Eucalyptus Drive

San Francisco, CA. 94132

(415) 664-8331

Website: ststephenschool.org

Email: office@sfststephenschool.org

ST. STEPHEN SCHOOL KINDERGARTEN APPLICATION 2026-2027			Date _____		
			Grade Applying to KINDERGARTEN		
Child's Name Last First Middle			Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	Place of Birth
Address No. and Street City State Zip				Home Phone	
Who is the child living with? <input type="checkbox"/> Natural father and mother <input type="checkbox"/> Natural mother and step father <input type="checkbox"/> Natural father and step mother <input type="checkbox"/> Natural father and mother alternating between separate households Other _____					
FATHER (or male guardian) Last First Middle			U. S. Citizen	Religion	Place of Birth
Name of Employer, Business Address, City & Zip					Occupation
Father's Email			Business Phone	Cell Phone	
MOTHER (or female guardian) Last First Middle			U. S. Citizen	Religion	Place of Birth
Name of Employer, Business Address, City & Zip					Occupation
Mother's Email			Business Phone	Cell Phone	
PLEASE LIST THE NAMES AND RELATIONSHIPS OF OTHER ADULTS AND CHILDREN LIVING WITH THE CHILD _____ _____					
IS YOUR CHILD BAPTIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No Religion _____ BAPTISM DATE _____ PLACE _____ Church Address City State					
CHILDREN APPLYING TO KINDERGARTEN MUST BE ENROLLED IN A 5-DAY LICENSED AND/OR ACCREDITED PRESCHOOL PROGRAM. PRESCHOOL THE CHILD IS ATTENDING: NAME OF SCHOOL _____ NAME OF PRINCIPAL _____ ADDRESS OF SCHOOL _____ PHONE NUMBER OF SCHOOL _____ HOW MANY DAYS A WEEK IS YOUR CHILD IN PRESCHOOL? _____ PLEASE LIST ALL PRESCHOOLS THE CHILD HAS ATTENDED: _____ _____					

DO YOU HAVE ANY CHILDREN ALREADY ATTENDING ST. STEPHEN SCHOOL? IF YES, PLEASE LIST THEIR NAMES AND CURRENT GRADES

WHICH SCHOOLS ARE YOU APPLYING TO?

IF YOU ARE CATHOLIC, ARE YOU REGISTERED IN A PARISH? IF YES, WHICH ONE? IF YOU ARE REGISTERED AT ST. STEPHEN CHURCH, PLEASE INDICATE YOUR ENVELOPE NUMBER:

Envelope Number: _____

DID SOMEONE REFER YOU TO ST. STEPHEN SCHOOL? PLEASE LIST NAME(S).

THE ARCHDIOCESE BOARD OF EDUCATION REQUIRES US TO ASK YOU THE RACE OF THIS CHILD

Please check one box:

- ☐ Native American ☐ African American ☐ Multi-Racial/non-white ☐ Chinese ☐ Indo-Chinese
☐ Japanese ☐ Korean ☐ Other Asian ☐ Filipino ☐ White
☐ Nat Hawa/Pac Island/Samoan ☐ Latino

Please also check whether this child is: ☐ Hispanic or ☐ Non-Hispanic

PLEASE EXPLAIN WHY YOU ARE APPLYING TO ST. STEPHEN SCHOOL. PLEASE TAKE THE TIME TO FILL THIS SECTION OUT COMPLETELY. THANK YOU. (IF YOU NEED MORE ROOM PLEASE ATTACH PAGE)

[illegible]

