



St. Genevieve Elementary School

14024 Community Street
Panorama City, CA 91402
P: 818.892.3802 F: 818.893.8143
W: spartansonline.org

GENERAL INFORMATION

“Our purpose, as Catholic Educators, is to serve as partners of the parents in educating our students to promote the welfare of society by preparing them to work to advance the reign of God.”

FULLY ACCREDITED

St. Genevieve Elementary School is a Roman Catholic Parish School, operating under the guidelines of the Department of Catholic Schools within the Archdiocese of Los Angeles. The school is fully accredited by the Western Association of Schools and Colleges (WASC), Western Catholic Education Association (WCEA) and the National Catholic Education Association (NCEA).

ACADEMICS

We offer a well-rounded academic program with its foundation rooted in the Catholic tradition. Religion is integrated throughout the day and reinforced through our Character Education Program. Our academic programs focus on Math, Reading, Writing, Science and Social Studies. Additionally, all students participate in Music, Physical Education and Fine Arts classes. Middle School students have the opportunity to participate in innovative electives such as Digital Arts, Robotics, and Foreign Language. Furthermore, St. Genevieve Elementary School offers a wealth of extracurricular activities including, but not limited to the following: Student Council, Yearbook, Choir, Drum line, Advanced Bands, Academic Decathlon and Sports, including volleyball, basketball and flag football.

St. Genevieve Elementary School offers 18 classes (grades K-8) as well as a licensed pre-school serving children aged 2 – 5. We work in conjunction with and under the same umbrella as St. Genevieve High School and share many opportunities for learning and celebrating Mass together over the course of the year.

PARENT INVOLVEMENT

Catholic education calls for parents to take an active role in their children’s education. For this reason, each family must complete between 40-50 hours, depending on their tuition plan, of service to the school, as well as, meet additional fundraising obligations.

AGE CRITERIA

Students applying to Kindergarten **MUST be 5 years old** by SEPTEMBER 1ST of the year they enter.

Students applying to First Grade **MUST be 6 years old** by SEPTEMBER 1ST of the year they enter.

TESTING

All students will be tested by appointment only.

Please contact the school office for an appointment.

SPECIAL CIRCUMSTANCE

St. Genevieve works hard to accommodate the diverse needs of our students. However, we ask that all parents disclose any and all special circumstances, including IEP (Individualized Education Plans) information during the application process so we may best assist your child.

REGISTRATION

All newly accepted students must be registered and the registration fee paid by the date listed on your child’s letter of acceptance.

Grade and classroom placement of your child is at the discretion of St. Genevieve Elementary School and is largely dependent on their admissions test, previous grades and ITBS scores (if applicable).



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PARENT INFORMATION

*Check that your application is complete and
return to St. Genevieve Elementary School Office.*

1. **Original** and **Copy** of Birth Certificate (COUNTY RECORD NOT HOSPITAL).
2. **Original** and **Copy** of Baptismal Certificate.
3. **Original** and **Copy** of First Communion, Reconciliation and Confirmation Certificate (if applicable).
4. **Copy** of child's most recent report card.
5. **Copy** of child's ITBS Tests (if applicable).
5. **Original** and **Copy** of immunization record. (No child will no accepted until immunization is complete and in accordance with STATE LAW).
6. The non-refundable testing fee must be returned along with application, (No child will be considered for entrance without being tested).
7. Recommendation form **mailed from current school.** (Grades 1-6)
8. Parents must make an appointment to be interviewed before the child is accepted.

***NOTE: Parents are responsible for photo copies. They must be clear and complete.
Originals will be returned once verified.***

FOR OFFICE USE ONLY

- | | | | |
|-----------------------|------------------------------|-----------------------------|---------------------------------------|
| 1. Birth Certificate: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Baptism: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ If Yes, date received Sacrament |
| 3. First Communion: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ If Yes, date received Sacrament |
| 4. Confirmation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ If Yes, date received Sacrament |
| 5. Report Card: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Health Record: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Attends CCD: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Out of Parish: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 9. In Parish: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 10. Testing Fee: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Date of Completed Application: _____ Office Initial: _____



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APPLICATION FOR ADMISSION

This form must be completed and returned with the application fee.
PLEASE PRINT OR TYPE

Child's Last Name		Present Grade	Grade in August
First Name	Middle	Sex	Date of Birth / /
Address		City	Zip Code State
Home Phone ()	E-mail Address		
Child's Place of Birth		Country	

Child Resides with: (Check where appropriate.) Both Parents Mother Only Father Only

Ethnic Origin Check where appropriate: Caucasian Hispanic Black Filipino Other Asian Multi-Racial

Main or 1st Language spoken at home: **2nd Language:**

School Child Currently Attending: **City:**

FATHER'S INFORMATION

Check where appropriate: Step-Father Legal Guardian

First Name		Middle	Last	
Address		City	Zip Code	State
Home Phone ()	Cell Phone ()	Religion		
Father's Place of Birth	City	State	Country	
Father's Employment Information	Occupation	Employer	Phone ()	
	Employee's Address		City	
Father's Marital Status	<i>Check where appropriate:</i> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased			

MOTHER'S INFORMATION

Check where appropriate: Step-Mother Legal Guardian

First Name		Middle	Last	
Address		City	Zip Code	State
Home Phone ()	Cell Phone ()	Religion		
Mother's Place of Birth	City	State	Country	
Mother's Employment Information	Occupation	Employer	Phone ()	
	Employee's Address		City	
Mother's Marital Status	<i>Check where appropriate:</i> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased			

List ALL Children Attending St. Genevieve Parish Schools (Pre-School, Elementary and High School)

NAME	GRADE

Please state your reasons for selecting St. Genevieve Elementary School for your child. *(Please Print)*

SACRAMENT INFORMATION

Baptism		<i>Check where appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Church	City	State	Zip
First Communion		<i>Check where appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Church	City	State	Zip
Confirmation		<i>Check where appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Church	City	State	Zip

PARISH INFORMATION

Are you currently a registered member of St. Genevieve Parish?		<i>Check where appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child attend CCD?		<i>Check where appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Parish		City	State	
Do you live within the geographical boundaries of St. Genevieve Parish?		<i>Check where appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, in what Parish do you reside?		Name	City	State



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PRINCIPAL RECOMMENDATION

*The following student has applied for admission to
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recommendation in an official envelope.*

CONFIDENTIAL INFORMATION.

Do not return the completed form to the applicant. Please mail it in an official school envelope.

Name of Applicant _____ Present Grade _____

Length of time in present school _____

PLEASE RATE ON A SCALE OF 1-5 (circle)

Low

High

Student's general attitude

1 2 3 4 5

School study habits/effort

1 2 3 4 5

Cooperation

1 2 3 4 5

Classroom behavior

1 2 3 4 5

Relationship with peers

1 2 3 4 5

Attendance/punctuality

1 2 3 4 5

Home study habits

1 2 3 4 5

Parental involvement in school activities

1 2 3 4 5

Parental support of school policies

1 2 3 4 5

COMMENTS: _____

PROGRESS: O=Outstanding G=Good S=Satisfactory P=Below Average/Poor VP=Very Poor

Religion _____ Reading _____ Math _____ Language _____

Spelling _____ Science _____ Social Studies _____

School Name _____ Telephone No. _____

Address _____ City _____ Zip _____

Principal's Name (Print) _____

Principal's Signature _____ Date _____