

**St. Nicholas School**  
**Application for Admission**  
**Grades K-8**  
**2019 – 2020**



9501 Balboa Blvd.  
Northridge, California 91325  
(818) 886-6751  
[www.stnicholaseducation.com](http://www.stnicholaseducation.com)

ΑΙΕΝ ΑΡΙΣΤΕΥΕΙΝ: "ON-GOING EXCELLENCE"





# St. Nicholas School

## Admission Checklist 2019-2020

**Please call the School Office to set-up an appointment with the school office to submit the following forms:**

- Application for Admission
- Authorization for Release of School Records
- Teacher Recommendation Form
- Immunization Record
- Report of Health Examination for School Entry (Kindergarten)
- Birth Certificate or Passport (Kindergarten - 5 years by Sep. 1)
- Medical History & Health Information
- Application Fee (\$100)



# St. Nicholas School

## Application for Admission 2019-2020

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Number and Street City State Zip Code

Grade \_\_\_\_\_ in September 2019    Male     Female     Birthday \_\_\_\_\_

Home Phone \_\_\_\_\_    Child's Religion \_\_\_\_\_

School Attending \_\_\_\_\_    Current Grade \_\_\_\_\_

School Address \_\_\_\_\_  
Number and Street City State Zip Code

School Phone \_\_\_\_\_    Principal \_\_\_\_\_

St. Nicholas Church Member?    Yes     No     Greek Spoken?    Yes     No

Siblings at St. Nicholas?    Yes     No     Name(s) \_\_\_\_\_

Has applicant been recommended for diagnostic testing?    Yes     No     By Whom? \_\_\_\_\_

If yes, was diagnostic testing completed?    Yes     No     Date Completed \_\_\_\_\_

Mother's Name \_\_\_\_\_    E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_    Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Number and Street State Zip Code

Father's Name \_\_\_\_\_    E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_    Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Number and Street State Zip Code

Heard about St. Nicholas School through:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Friend _____            | <input type="checkbox"/> Banner      | <input type="checkbox"/> Brochure         |
| <input type="checkbox"/> Greek Festival          | <input type="checkbox"/> Website     | <input type="checkbox"/> Parent is Alumni |
| <input type="checkbox"/> Parent is Church Member | <input type="checkbox"/> Other _____ |   |

I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at St. Nicholas School. My signature below indicates that all information contained in this application is correct, complete, and honestly presented.

**I UNDERSTAND AND AGREE THAT REGISTRATION FEES AND TUITION ARE  
NON-REFUNDABLE.**

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Signature of Mother or Guardian

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Date

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Signature of Father or Guardian

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Date

**NOTICE OF NON-DISCRIMINATION POLICY AS TO STUDENTS**

St. Nicholas School, 9501 Balboa Blvd., Northridge, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at St. Nicholas School. St. Nicholas School does not discriminate on the basis of race, color, and/or national and ethnic origin in the administration of its education policies, admissions policies, scholarship, athletic and other school-administered programs.



# St. Nicholas School

## Release of School Records

### AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Teacher evaluations, transcripts and records of standardized testing are a part of the admissions application to St. Nicholas School.

Name of Student \_\_\_\_\_ Present Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Current School Name

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
School Office Phone

**In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to St. Nicholas School COPIES of all school records, including transcripts, standardized test results, attendance, and any other developmental information regarding the pupil named above.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please mail to:**

**Admissions Office  
St. Nicholas School  
9501 Balboa Blvd.  
Northridge, CA 91325**



# St. Nicholas School Teacher Recommendation Form

This form must be mailed directly to St. Nicholas School from the recommending teacher.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle Initial

### To the Parent:

As part of the admission process at St. Nicholas School, we must receive a candid assessment of the applicant. For applicants entering first grade through fifth grade, a teacher recommendation form must be completed by the applicant's primary teacher. For sixth through eighth grade candidates, teacher recommendation forms must be completed by the applicant's English and math teachers. I hereby waive my right to access this recommendation on my behalf.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Academic Assessment

Please Circle the number that best applies in each category	Weak	Fair	Good	Excellent	Exceptional
Motivation	1	2	3	4	5
Critical and abstract thinking skills	1	2	3	4	5
Intellectual aptitude	1	2	3	4	5
Growth potential	1	2	3	4	5
Attention span	1	2	3	4	5
Listening skills	1	2	3	4	5
Follows directions	1	2	3	4	5
Work habits	1	2	3	4	5
Study habits	1	2	3	4	5
Organization skills	1	2	3	4	5
Self-discipline	1	2	3	4	5
Social development	1	2	3	4	5
Leadership	1	2	3	4	5
Self-confidence	1	2	3	4	5
Creativity and originality	1	2	3	4	5
Respect for authority	1	2	3	4	5
Considerate of peers	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Integrity	1	2	3	4	5
Attendance	1	2	3	4	5

1.) In what areas has the student been recognized for any outstanding academic, athletic, and/or artistic performance?

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2.) In what areas do you feel this student needs improvement?

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3.) Has the student been subjected to any serious disciplinary procedures (i.e. suspension, expulsion, etc.)?

Yes  No Explain: \_\_\_\_\_

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4.) What observations may help us to know more about this student?

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5.) Check the words that describe the student.

- |                                     |                                   |                                    |                                     |  |   |
|-------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Anxious  | <input type="checkbox"/> Cheerful  | <input type="checkbox"/> Congenial  | <input type="checkbox"/> Disobedient   | <input type="checkbox"/> Easily Discouraged     |
| <input type="checkbox"/> Honest     | <input type="checkbox"/> Passive  | <input type="checkbox"/> Irritable | <input type="checkbox"/> Nervous    | <input type="checkbox"/> Vivacious     | <input type="checkbox"/> Perfectionist          |
| <input type="checkbox"/> Persistent | <input type="checkbox"/> Poised   | <input type="checkbox"/> Athletic  | <input type="checkbox"/> Shy        | <input type="checkbox"/> Influential   | <input type="checkbox"/> Influential - negative |
| <input type="checkbox"/> Sociable   | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Sullen    | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Untrustworthy | <input type="checkbox"/> Self-centered          |

6.) How would you describe the student's parents' involvement in school activities?

- Appropriately involved     Overly involved     Rarely Involved     Only involved when necessary     No basis for judgement

7.) How would you describe the student's parents' cooperation with school personnel and policies?

- Outstanding Volunteer Leader     Good     Fair     Contentious/Critical     No basis for judgement

8.) Is education a priority for the parents?  Yes  No Is education a priority for the student?  Yes  No

**RECOMMENDATION**

- |                               |   |   |  |                                   |   |
|-------------------------------|---|---|--|-----------------------------------|---|
| <b>For academic promise</b>   | <input type="checkbox"/> Do not recommend | <input type="checkbox"/> Without enthusiasm | <input type="checkbox"/> Fairly Strong | <input type="checkbox"/> Strongly | <input type="checkbox"/> Enthusiastically |
| <b>For character promise</b>  | <input type="checkbox"/> Do not recommend | <input type="checkbox"/> Without enthusiasm | <input type="checkbox"/> Fairly Strong | <input type="checkbox"/> Strongly | <input type="checkbox"/> Enthusiastically |
| <b>Overall recommendation</b> | <input type="checkbox"/> Do not recommend | <input type="checkbox"/> Without enthusiasm | <input type="checkbox"/> Fairly Strong | <input type="checkbox"/> Strongly | <input type="checkbox"/> Enthusiastically |

In what capacity do you know this student? \_\_\_\_\_ How Long? \_\_\_\_\_

Teacher's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please mail this form directly to St. Nicholas School, Admissions Office at:

9501 Balboa Blvd. Northridge, CA 91325

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last  First  Middle  BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street  City  ZIP code  SCHOOL

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

#### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.  
**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DTTtd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

#### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

Examination shows no condition of concern to school program activities.

Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian  Date

Name, address, and telephone number of health examiner

Signature of health examiner  Date

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*

## **Kindergarten through 8<sup>th</sup> Grade Full Time**

REGISTRATION FEE	\$275	per child per year
YOUR CHILD BENEFITS FEE	\$285	per child per year
MIDDLE SCHOOL IPAD FEE	\$150	6th-8th grade (per child per year)
BOOSTER CLUB MEMBERSHIP	\$100	with no volunteer hours
	\$25	with volunteer hours *



	Tuition	Full Payment 5% discount	Two Payments 3% discount	Parish * 5% discount	Sibling Discount 10%
Child #1	\$7,810.00	\$390.50	\$234.30	\$390.50	
Child #2	\$7,810.00	\$390.50	\$234.30	\$390.50	\$ 781.00
Child #3+	\$7,810.00	\$390.50	\$234.30	\$390.50	\$781.00

\*Families who are members of St. Nicholas Church must have their monthly stewardship (financial commitment) paid current in order to receive the member rate. The tuition discount will be reflected beginning on the June statement.

### **Important Tuition Information**

- A Tuition Agreement must be signed for each school year by the parent(s)/legal guardian(s).
- Your Child Benefits Fee includes: technology, consumable workbooks, and classroom materials.
- All fees, advanced deposits, and tuition are non-refundable and non-excusable.
- All fees and tuition are paid through FACTS. You will receive an email invitation from FACTS regarding your tuition and incidental contracts. You must enroll in FACTS and set up your banking institution.
- Once enrolled, payment of the full annual tuition amount is the responsibility of the party/parties signing the Tuition Agreement. Tuition payments plans are set up by you through FACTS.
- Payment of the annual tuition, and all other fees are expected according to the terms of your designated monthly agreement.
- Tuition credit for absences, family vacations, non-operational days, and closed holidays will not be given.
- St. Nicholas School reserves the right to withhold student records, including, but not limited to report cards, if the status of an account is not current.
- Booster Club discounted membership fee is reliant upon the parent volunteering for a total of 10 hours throughout the school year. If the volunteer hours are not fulfilled, the family will be charged for \$10.00 per hour not met on their final invoice. Hours may include fundraisers, field trips & classroom activities.\*



# St. Nicholas School

## Daycare Information and Fees 2019-2020

Daycare is available before and after school hours. It is provided on a daily basis, as needed basis. Any student arriving before 8:00 a.m. will be charged for daycare.

<b>GRADE</b>	<b>PRESCHOOL</b>	<b>K - 8TH</b>
<b>Before School</b>	7:00 - 8:00 a.m. MUST BE SIGNED IN BY ADULT	7:00 - 8:00 a.m. MUST BE SIGNED IN BY ADULT
<b>After School</b>	3:15 - 6:00 p.m. MUST BE SIGNED OUT BY ADULT	3:15 - 6:00 p.m. MUST BE SIGNED IN OUT ADULT

### DAYCARE RATE SCHEDULE

<b>Daily Rates</b>	<b>Before School</b>	<b>After School</b>
One Child	\$6	\$12
Each additional Child	\$5	\$10

**LATE FEES:** No child may arrive before 7:00 a.m. If a child is NOT picked up and signed out by 6:00 p.m., there is a \$12 fee for every half hour, or any portion \$1 for every minute the child(ren) remains in school after 6:00 p.m. will be charged, per child.