|  |
| --- |
| Student Information |
| TODAY’S DATE | GENDER[ ]  Male [ ]  Female | GRADE ENTERING[ ] K [ ] 1st[ ] 2nd[ ] 3rd[ ] 4th[ ] 5th[ ] 6th[ ] 7th  |
| Last Name (as listed on birth certificate) | First Name | Middle Name | Preferred Name |
| **School Year**: (ex; 2019-2020) | DATE OF BIRTH (DOB) | CITY, STATE OF BIRTH |
| UNITED STATES CITIZEN?[ ]  Yes [ ]  No | IF NO, PLEASE IDENTIFY COUNTRY OF CITIZENSHIP |
| What language did your child learn when they first began to talk?  | What language does your child most frequently use at home? | What language do you use most frequently to speak to your child? |
| SACRAMENTS COMPLETED | DATE OF COMPLETION | CHURCH, CITY, STATE |
| [ ] Baptism\* |  |  |
| [ ] First Communion\* |  |  |
| [ ] Confirmation |  |  |
| \*\*Copy of Baptismal and First Holy Communion Certificate Required, unless already submitted in prior school year\*\* |
| Schools Previously Attended |
| SCHOOL | ADDRESS (CITY, STATE, ZIP) | DATES ATTENDED |
|  |  |  |
|  |  |  |
|  |  |  |
| HAS THE APPLICANT EVER SKIPPED OR REPEATED A GRADE?[ ]  Repeated [ ]  Skipped [ ]  Neither | WHICH GRADE AND WHY |
| Residence Information (where applicant lives) |
| ADDRESS | CITY | STATE | ZIP |
| HOME PHONE | SECONDARY PHONE | MOBILE PHONE |
| FAMILY E-MAIL (MOST OFTEN CHECKED) | MAY WE SEND PERIODIC E-MAILS TO THIS E-MaIL ADDRESS?[ ]  Yes [ ]  No |

|  |
| --- |
| Parent or Guardian Information |
| APPLICANT LIVES WITH (CHECK ALL THAT APPLY)[ ] Both Parents (Biological) [ ] Single Parent [ ] Grandparent(s) [ ] Guardian(s) [ ] Blended Family[ ] Mother Remarried [ ] Father Remarried [ ] Mother Deceased [ ] Father Deceased [ ] Other |
| Parent Information[ ] Biological Father [ ] Stepfather [ ] Guardian | Parent (2) information[ ] Biological Mother [ ] Stepmother [ ] Guardian |
| [ ] Mr. [ ] Dr. | [ ] Miss [ ] Mrs. [ ] Ms. [ ] Dr. |
| NAME (LAST, FIRST, MIDDLE INITIAL) | NAME (LAST, FIRST, MIDDLE INITIAL) |
| ADDRESS (IF DIFFERENT FROM ABOVE) | ADDRESS (IF DIFFERENT FROM ABOVE) |
| CITY | STATE | ZIP | CITY, | STATE | ZIP |
| HOME PHONE | WORK PHONE | HOME PHONE | WORK PHONE |
| MOBILE PHONE |  | MOBILE PHONE |  |
| OCCUPATION | EMPLOYER | OCCUPATION | EMPLOYER |
| PLACE OF BIRTH | RELIGION | PLACE OF BIRTH | RELIGION |
| LA PURÍSIMA ALUMNI?[ ]  Yes [ ]  No | YEAR GRADUATED | LA PURÍSIMA ALUMNI?[ ]  Yes [ ]  No | YEAR GRADUATED |
| Sibling Information |
|  | NAME | DATE OF BIRTH  | GENDER |
|  |  |  | [ ]  Male [ ]  Female |
|  |  |  | [ ]  Male [ ]  Female |
|  |  |  | [ ]  Male [ ]  Female |
|  |  |  | [ ]  Male [ ]  Female |
|  |  |  | [ ]  Male [ ]  Female |

|  |
| --- |
| Religious Information |
| IS THE FAMILY A REGISTERED MEMBER OF LA PURÍSIMA PARISH?[ ]  Yes [ ]  No | ENVELOPE NUMBER | DOES THE FAMILY ATTEND MASS REGULARLY?[ ]  Yes [ ]  No |
| IF NOT A MEMBER OF LA PURÍSIMA PARISH, WHICH CATHOLIC CHURCH ARE YOU REGISTERED? | ENVELOPE NUMBER |
| HOW HAVE YOU BEEN ACTIVE IN THE PARISH? |
| IF FAMILY IS NOT CATHOLIC, WHAT DENOMINATION | PLACE OF WORSHIP (CHURCH, TEMPLE, MOSQUE) |
| Referral Information (IF APPLICABLE) |
| HOW DID YOU HEAR ABOUT LA PURÍSIMA CATHOLIC SCHOOL? [ ]  Family [ ]  Newspaper [ ]  Website [ ]  Church [ ]  Alumni [ ]  Staff [ ]  Other: |
| For Office Use Only |
| DATE APPLICATION RECEIVED: | RECEIVING EMPLOYEE NAME: | **SCHOOL YEAR:**  |
| registration FEE RECEIVED | PAID WITH[ ]  Cash [ ]  Check #: | AMOUNT |
| non-parish supporting FEE RECEIVED | PAID WITH[ ]  Cash [ ]  Check #: | AMOUNT |
| COPY OF BIRTH CERTIFICATE[ ]  Yes [ ]  No | COPY OF BAPTISMAL CERTIFICATE[ ]  Yes [ ]  No | COPY OF FIRST HOLY COMMUNION CERTIFICATE[ ]  Yes [ ]  No | COPY OF CONFIRMATION CERTIFICATE[ ]  Yes [ ]  No |
| REPORT CARD[ ]  Yes [ ]  No | STANDARDIZED TEST SCORES[ ]  Yes [ ]  No | HEALTH RECORD[ ]  Yes [ ]  No |
| MEETING WITH PASTOR |
| MEETING WITH PRINCIPAL |