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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | | | | | | | | | | | |
| TODAY’S DATE | | GENDER  Male  Female | | | | | | GRADE ENTERING  K 1st2nd3rd4th5th6th7th | | | | | | | | | | |
| 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 | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |

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| 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 | | | | | | | | | |