

St. Isidore School

435 La Gonda Way • Danville, California
(510) 837-2977 • FAX (510) 837-2407

CONFIDENTIAL APPLICATION FOR REGISTRATION

TO BE COMPLETED BY THE PARENT OR GUARDIAN

PLEASE PRINT OR TYPE

Candidate for Grade _____ in Fall, 200 _____

FULL LEGAL NAME OF APPLICANT	Last Name	First Name	Middle Name
	Street Address		City
	State	Zip-Code + 4	Telephone Number
APPLICANT'S HOME ADDRESS	Birthdate		Birthplace
			Social Security #
PRESENT SCHOOL	School Name		<input type="checkbox"/> Catholic <input type="checkbox"/> Private <input type="checkbox"/> Independent
	Principal/Teacher		Telephone Number ()
If less than one year at present school, please give the name and address of the applicant's previous school.			
Baptism: _____ / _____ / _____ in _____			
Month Day Year Church City State Zip			
First Communion: _____ / _____ / _____ in _____			
Month Day Year Church City State Zip			
Are you currently registered in a parish? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which parish? _____			
Do you and your child regularly attend Sunday Mass? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In which parish organizations do you and your family participate? _____			
Does your child attend CCD classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which parish? _____			
(Please check where appropriate)		The following information is necessary to determine the family tuition rate:	
<input type="checkbox"/> Lives with both parents	<input type="checkbox"/> Mother deceased	In which parish is your residence located?	
<input type="checkbox"/> Lives with Mother	<input type="checkbox"/> Father deceased	_____	
<input type="checkbox"/> Lives with Father	<input type="checkbox"/> Parents separated	How long have been in the parish? _____	
<input type="checkbox"/> Lives with guardian(s)	<input type="checkbox"/> Parents divorced	Do you contribute to the support of your parish? _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Legal custody: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Envelope # _____
Parents' Marriage: _____ / _____ / _____ Church _____			
Month Day Year City State Zip			

Please Print

Father's Name _____ Home Address _____ if different _____ from applicant _____ Business Name _____ Occupation _____	Religion _____ Home Telephone () _____ Work Telephone () _____																									

Mother's Name _____ Home Address _____ if different _____ from applicant _____ Business Name _____ Occupation _____	Religion _____ Home Telephone () _____ Work Telephone () _____																									
Applicant's Siblings: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: center;">NAME</th> <th style="text-align: center;">AGE</th> <th style="text-align: center;">SCHOOL (if any)</th> <th style="text-align: center;">GRADE</th> <th style="text-align: center;">BAPTIZED</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">Yes No</td> </tr> </tbody> </table>		NAME	AGE	SCHOOL (if any)	GRADE	BAPTIZED	_____	_____	_____	_____	Yes No	_____	_____	_____	_____	Yes No	_____	_____	_____	_____	Yes No	_____	_____	_____	_____	Yes No
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_____	_____	_____	_____	Yes No																						

We would like to know how you first became interested in or acquainted with Saint Isidore School. Also, please state why you wish to have your child attend our school.

All information gathered confidentially with reference to your child's application will be used solely by the principal and her delegates in the admissions process. By signing this application: (1) you are authorizing your child's school(s) to release academic records and test scores to Saint Isidore School for the purpose of evaluating his/her application for admission, (2) you are waiving any rights(s) you may otherwise have with regard to accessing the evaluation materials and/or recommendations before or after the admission decision is made; and (3) you are releasing every person and institution from any and all liability resulting from or pertaining to information received regarding this application. **Return this application to Saint Isidore School and include the following items; a copy of your child's birth certificate, a copy of your child's baptismal certificate, and a copy of your child's previous report card.**

 Father/Guardian Signature and Date

 Mother/Guardian Signature and Date