

ST. FRANCIS OF ASSISI SCHOOL

866 Oak Grove Road, Concord, CA 94518

(925) 682-5414

CONFIDENTIAL APPLICATION FOR REGISTRATION

TO BE COMPLETED BY THE PARENT OR GUARDIAN

PLEASE PRINT OR TYPE

Candidate for Grade _____ in Fall, 2018

FULL LEGAL NAME OF APPLICANT

APPLICANT'S HOME ADDRESS

_____ @ _____

Birth Date / /

Birthplace _____

Social Security# / /

ETHNIC DATA (Optional – Used for Diocesan Statistics Only) Fill in as many as appropriate

Ethnicity: Hispanic/Latino Yes No Ethnicity Missing

Race: American Indian or Alaska Native Black or African American White Two or more Races

Chinese Japanese Korean Vietnamese Asian Indian Laotian Cambodian Hmong Other Asian

Filipino Hawaiian Guamanian Samoan Other Pacific Islanders

PRESENT SCHOOL

School Name and Address _____

Catholic

Private

Independent

If less than one year at present school, please give the name and address of applicant's previous school

School Name and Address _____
PRESCHOOL (Entering K Only)

Academic

Non-Academic

Baptism: / /

Month Day Year

Church _____

City State Zip _____

First

Communion: / /

Month Day Year

Church _____

City State Zip _____

Are you currently registered in a parish? Yes No If yes, which parish? _____

Do you and your child regularly attend Sunday Mass? Yes No

In which parish organization do you and your family participate? _____

Does your child attend Religious Ed classes? Yes No If yes, which parish? _____

In which parish is your residence located? _____ How long in parish? _____

Do you contribute to the support of the parish? Yes No Envelope # _____

Parents' Marriage:

Church _____

/ /

City _____ State _____ Zip _____

Please Print

Please check where appropriate

Lives with both Parents Lives with Mother Lives with Father
 Mother deceased Father deceased Parents separated
 Parents divorced Lives with Guardians Other

Father's Name _____ Home Address _____ If different _____ From applicant _____ Occupation _____ Business Name _____	Religion _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Home Telephone () _____ Work Telephone () _____ Father's Email _____				
Mother's Name _____ Home Address _____ If different _____ From applicant _____ Occupation _____ Business Name _____	Religion _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Home Telephone () _____ Work Telephone () _____ Mother's Email _____				
Applicant's Siblings:					
NAME	AGE	SCHOOL (if any)	GRADE	BAPTIZED	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

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

Does your child have an IEP, 504 or any other academic or medical needs?

All information gathered confidentially with reference to you child's application will be used solely by the principal and the delegates in the admission process. By signing this application: (1) you are authorizing your child's school(s) to release academic records and test scores to Saint Francis of Assisi School for the purpose of evaluating his/her application for admission, (2) you are waiving any rights 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 Francis of Assisi 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 current and last year's report cards and last two years of standardized testing if applicable.

 Father/Guardian Signature and Date

 Mother/Guardian Signature and Date

