

OUR LADY OF ANGELS SCHOOL

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1328 CABRILLO AVENUE • BURLINGAME CA 94010 • 650.343.9200 • FAX 650.343.5620

GRADES 1-8 STUDENT APPLICATION 2018 – 2019 SCHOOL YEAR

Please submit the following with your completed application:

- ◆ Non-Refundable Application Fee of \$75.
- ◆ Attach a copy of your child's birth certificate, and Sacrament records from parishes other than OLA.
- ◆ Most recent Report Card.
- ◆ Copy of most recent Standardized Test scores.
- ◆ Include a recent family photograph.

APPLICANT INFORMATION: Please print.

Female Male Application for Grade: _____

Child's Last Name First Name Middle Name

Street Address City Zip

Home Phone Number

Date of Birth Month/Day/Year Birthplace: City/State

School Currently Attending Address/City/State

PARENT INFORMATION:

	Father	Mother
Full Name	_____	_____
	Last/First/Middle Initial	Last/First/Middle Initial
Home Address	_____	_____
City/State/Zip	_____	_____
Home & Cell Phone	_____	_____
Birthplace	_____	_____
Religion	_____	_____
Occupation	_____	_____
Employer	_____	_____
Business Phone	_____	_____
Email	_____	_____

MARITAL STATUS:

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Remarried
<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased	

CHILD RESIDES WITH:

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian

SACRAMENT INFORMATION:

Baptism: Month/Day/Year

Church: City/State

First Reconciliation: Month/Day/Year

Church: City/State

First Eucharist: Month/Day/Year

Church: City/State

FAMILY INFORMATION:

Parish _____

City/State _____

Envelope Number _____

Years as Registered Parishioner _____

List participation in Parish Activities:
(Typed attachment is acceptable) _____

Relatives who attended OLA:

Name _____
Name _____

Grad. Year _____
Grad. Year _____

Siblings currently enrolled in OLA:

Name _____
Name _____
Name _____

Grade _____
Grade _____
Grade _____

ETHNICITY:

Hispanic Non-Hispanic

RACE:

(one or more categories may be selected)

American Indian or Alaska Native Asian Black
 Pacific Islander White Other Race

For School Use Only:

Tested _____

Accepted _____

Not Accepted _____

Received by _____

Date _____
