

OUR LADY OF ANGELS SCHOOL

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

KINDERGARTEN APPLICATION: 2018 – 2019 SCHOOL YEAR

Applicants are to be 5 years of age on or before September 1, 2018 to be considered for entrance.

Please submit the following with your completed application:

- ◆ Non-refundable Application Fee of \$75.00
- ◆ Attach a copy of your child's Birth and Baptismal Certificates.
- ◆ Include a recent family photograph.
- ◆ Return to school office no later than **Friday, January 12, 2018**

Please complete each of the sections below. PLEASE PRINT

APPLICANT INFORMATION:

Female Male

Child's Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ Zip _____

Home Phone Number _____ **Pre-School Currently Attending** _____

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

PARENT INFORMATION:

Father

Mother

Full Name _____
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 _____

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 _____
