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# OUR LADY OF ANGELS SCHOOL

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

## GRADES 1-8 STUDENT APPLICATION 2023 – 2024 SCHOOL YEAR

Please submit the following with your completed application, **no later than January 27, 2023:**

- ◆ Non-Refundable Application Fee of \$75.
- ◆ Copies of your child's birth certificate and baptismal certificates.
- ◆ Most recent Report Card.
- ◆ Most recent Standardized Test scores.
- ◆ Recent family photograph.

### APPLICANT INFORMATION: Please print.

Female

Male

Application for Grade: \_\_\_\_\_

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Child's Last Name

First Name

Middle Name

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Street Address

City

Zip

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Home Phone Number

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Date of Birth Month/Day/Year

Birthplace: City/State

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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:

Married

Divorced

Separated

Single Parent

Mother Remarried

Father Remarried

Mother Deceased

Father Deceased

**CHILD RESIDES WITH:**

Both Parents  
 Stepmother

Mother  
 Stepfather

Father  
 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

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For School Use Only:

Tested \_\_\_\_\_

Accepted \_\_\_\_\_

Not Accepted \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_