OUR LADY OF ANGELS SCHOOL

1328 cabrillo avenue • burlingame ca 94010 • 650.343.9200 • fax 650.343.5620

# GRADES 1-8 STUDENT APPLICATION 2024 – 2025 SCHOOL YEAR

## Please submit the following with your completed application, **no later than January 31, 2024**:

* 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:\_\_\_\_\_\_\_\_\_\_\_

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 (Print Clear)

**MARITAL STATUS:** ⬜ Married ⬜ Divorced ⬜ Separated

 ⬜ Single Parent ⬜ Mother Remarried ⬜ Father Remarried

⬜ Mother Deceased ⬜ Father Deceased

**CHILD RESIDES WITH**: ⬜ Both Parents ⬜ Mother ⬜ Father ⬜ Stepmother ⬜ Stepfather ⬜ Guardian

**SACRAMENT INFORMATION: *\*Attach Certificates***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Grad. Year

Name Grad. Year

Siblings currently enrolled in OLA:

Name Grade

Name Grade

Name Grade

**ETHNICITY:**

⬜ Hispanic ⬜ Non-Hispanic

**RACE:**

(one or more catagories may be selected)

⬜ American Indian or Alaska Native ⬜ Asian ⬜ Black

⬜ Pacific Islander ⬜ White ⬜ Other Race

*Non-Discrimination Policy: Our Lady of Angels School is a Catholic school under the direction of the Archdiocese of San Francisco. The Catholic schools in the Archdiocese of San Francisco, mindful of their mission to be witness to the love of Christ for all, admit students of any race, color, and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the student at the schools. The Catholic schools in the Archdiocese of San Francisco do not unlawfully discriminate on the basis of race, color, and national and/or ethnic origin, age, sex, or disability in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs. However, it must be noted that Our Lady of Angels School gives preference in admissions to Catholic students of families registered and participating in the parish; secondly, to Catholic students registered and participating in other parishes; and thirdly, to non-Catholics.*

For School Use Only:

Tested

Accepted Not Accepted

Received by Date