



# ST. LA SALLE SCHOOL NEW STUDENT APPLICATION FOR ADMISSION TK - 8TH GRADE



**St. La Salle School 404 E. Manning Ave. Reedley, Ca. 93654 (559) 638-2621**

**PLEASE PROVIDE:**

- Birth Certificate
- Baptism Certificate
- Immunization Records
- Report Cards (Past two years and current year)

**APPLYING FOR SCHOOL YEAR** \_\_\_\_\_

*To be completed by the school office:*

Date Application Received: \_\_\_\_\_

Date Registration Deposit Received: \_\_\_\_\_

**REGISTRATION FEE: \$170.00 EACH STUDENT IS REQUIRED WITH THIS FORM (Registration Fees & Deposits are non-refundable)**

**APPLYING FOR GRADE** \_\_\_\_\_

**STUDENT INFORMATION:**

**CHILD'S NAME:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SEX** \_\_\_\_\_  
Last First Middle

**HOME ADDRESS:** \_\_\_\_\_  
Street & Number City Zip

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_ **FAMILY E-MAIL:** \_\_\_\_\_

**BIRTHPLACE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
City State/Country

**PLEASE CHECK ALL THAT APPLY TO YOUR CHILD: THIS INFORMATION IS CONFIDENTIAL**

**Ethnic Background:**

- Hispanic
- Caucasian
- African American
- Pacific Islander
- Filipino
- American Indian
- Alaskan Native
- Asian (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Living With:**

- Both Parents
  - Father
  - Mother
  - Legal Guardian
  - Foster Parent
  - Shared Custody
  - Other (specify) \_\_\_\_\_
- Religion:**
- Catholic
  - Christian
  - Other (Specify) \_\_\_\_\_

**Language Spoken at Home:**

- English
- Spanish
- Other (specify) \_\_\_\_\_

**Students Citizenship:**

- U.S. Citizen
- Non-U.S. Citizen (specify): \_\_\_\_\_

**Student Visa:**  Yes  No

**If Catholic, what Parish do you attend?**  
(Please include city the parish is in)

**Parental Information:**

- Father:**
- Married
  - Single
  - Separated
  - Legal Guardian
  - Remarried
  - Divorced
  - Deceased
- Mother:**
- Married
  - Single
  - Separated
  - Legal Guardian
  - Remarried
  - Divorced
  - Deceased

**IF CHILD IS NOT LIVING WITH PARENT(S):** (If this part of the application doesn't apply to your student just leave it blank)

**LEGAL GUARDIAN** \_\_\_\_\_ **RELATIONSHIP TO CHILD:** \_\_\_\_\_  
Last First Middle

**ADDRESS** \_\_\_\_\_  
Street & Number City Zip

**HOME PHONE** (\_\_\_\_\_) \_\_\_\_\_ **WORK PHONE** (\_\_\_\_\_) \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_  
Name of Business Type of Work

**WORK ADDRESS** \_\_\_\_\_  
Street & Number City Zip

**FAMILY INFORMATION:**

**FATHER'S NAME**

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*

ADDRESS \_\_\_\_\_  
*Street & Number* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_  
*Name of Business* \_\_\_\_\_ *Type of Work* \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
*Street & Number* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No RELIGION \_\_\_\_\_

**IDENTIFICATION: This information is strictly confidential**

CA DRIVER'S LICENSE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**MOTHER'S NAME**

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*

ADDRESS \_\_\_\_\_  
*Street & Number* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_  
*Name of Business* \_\_\_\_\_ *Type of Work* \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
*Street & Number* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No RELIGION \_\_\_\_\_

**IDENTIFICATION: This information is strictly confidential**

CA DRIVER'S LICENSE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**WHO WILL BE RESPONSIBLE FOR PAYMENT OF TUITION?**

\_\_\_\_\_  
**WHO SHOULD RECEIVE STUDENT'S RECORDS?** \_\_\_\_\_

**MAILING ADDRESS (ES), if different from above**

\_\_\_\_\_ *Name* \_\_\_\_\_ *Street & Number* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

**OTHER FAMILY MEMBERS WHO ARE ATTENDING ST. LA SALLE SCHOOL**

_____	_____	_____	_____
<i>Name</i>	<i>Grade</i>	<i>Name</i>	<i>Grade</i>
_____	_____	_____	_____
<i>Name</i>	<i>Grade</i>	<i>Name</i>	<i>Grade</i>

**OTHER FAMILY MEMBERS WHO HAVE ATTENDED ST. LA SALLE SCHOOL**

_____	_____	_____	_____
<i>Name</i>	<i>Years</i>	<i>Name</i>	<i>Years</i>
_____	_____	_____	_____
<i>Name</i>	<i>Years</i>	<i>Name</i>	<i>Years</i>

**RECORD OF SACRAMENTS**

	<b>BAPTISM</b>	<b>FIRST RECONCILIATION</b>	<b>FIRST COMMUNION</b>	<b>CONFIRMATION</b>
<b>Date</b>	_____	_____	_____	_____
<b>Church</b>	_____	_____	_____	_____
<b>City</b>	_____	_____	_____	_____
<b>State</b>	_____	_____	_____	_____

**PREVIOUS SCHOOL ATTENDED: List school(s)**

<b>SCHOOL NAME</b>	<b>ADDRESS (Street, City, Zip)</b>	<b>PHONE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PUBLIC SCHOOL DISTRICT WHERE LIVING:** \_\_\_\_\_

**NAME OF PUBLIC SCHOOL CHILD WOULD ATTEND:** \_\_\_\_\_

**REASON FOR INTEREST IN ST. LA SALLE SCHOOL:** \_\_\_\_\_

**HAS CHILD RECEIVED EDUCATIONAL AND/OR BEHAVIORAL ASSESSMENTS?** \_\_\_\_ Yes \_\_\_\_ No

If YES, explain and provide report \_\_\_\_\_

**HAS CHILD RECEIVED SPECIALIZED SERVICES ON/OFF SCHOOL SITE?** \_\_\_\_ Yes \_\_\_\_ No

**HAS CHILD BEEN RETAINED?** \_\_\_\_ Yes \_\_\_\_ No      **If Yes, what grades?** \_\_\_\_\_

**HAS CHILD BEEN ADVANCED?** \_\_\_\_ Yes \_\_\_\_ No      **If Yes, what grades?** \_\_\_\_\_

**DOES CHILD HAVE HEALTH / MEDICAL / EMOTIONAL ISSUES?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain** \_\_\_\_\_

**HOW DID YOU LEARN ABOUT ST. LA SALLE SCHOOL? (Please check all that apply)**

- Newspaper Advertisement
- Posted Flyer (location)?
- Website
- Facebook
- Alumni referral

**Name of referring alumni** \_\_\_\_\_

- Current family referral

**Name of referring family** \_\_\_\_\_

- Other \_\_\_\_\_