



APPLICATION FOR ADMISSION



909 Oceana Boulevard
 Pacifica, CA 94044
 (650) 359-4544
 (650) 359-4558 (fax)

A non-refundable application fee of \$40.00 must be returned with application.

Applying for Grade:	K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Year: _____																																												
Applicant Information	<p>Name: _____ Last First Middle</p> <p>Address: _____ Number & Street City State Zip</p> <p>Home Phone: _____</p> <p>Social Security Number: _____ Male: <input type="checkbox"/> Female: <input type="checkbox"/></p> <p>Date of Birth: _____ Place of Birth: _____ City/State/Country</p>																																												
Religious Information	<p>Religion: _____ Parish Registered In: _____</p> <p><u>Sacraments Received:</u> <u>Date:</u> <u>Place(City/State/County)</u></p> <p><input type="checkbox"/> Baptism _____</p> <p><input type="checkbox"/> Holy Communion _____</p> <p><input type="checkbox"/> Confirmation _____</p>																																												
Family Information	<p>Number of Brothers: _____</p> <p>Number of Sisters: _____ Student's Place According to Birth: _____</p> <p>Language Spoken in the Home: _____</p>																																												
Ethnic Background	<p>In order to provide the Archdiocese of San Francisco with ethnic background information, please check the appropriate spaces:</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="padding: 2px 10px;">Applicant</td> <td style="padding: 2px 10px;">Mother</td> <td style="padding: 2px 10px;">Father</td> <td style="padding: 2px 10px;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Native American</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Chinese</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Japanese</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Filipino</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other Asian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>African American</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hispanic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Native Hawaiian/Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>White</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Multi-Racial</td> </tr> </table>	Applicant	Mother	Father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi-Racial
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**Father's
Information**

Living: Deceased: U.S. Citizen(Y/N)?

Name: _____
Last First Middle

Address: _____
Number & Street City State Zip

Business Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ Religion: _____

Date of Birth: _____ Place of Birth: _____
City/State/Country

Occupation: _____

Employer: _____

Employer Address: _____
Number & Street City State Zip

**Mother's
Information**

Living Deceased U.S. Citizen(Y/N)

Name: _____
Last First Middle

Address: _____
Number & Street City State Zip

Business Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ Religion: _____

Date of Birth: _____ Place of Birth: _____
City/State/Country

Occupation: _____

Employer: _____

Employer Address: _____
Number & Street City State Zip

