



Student Application and Registration Form

Please complete and return this form along with:

- 1) **Baptism Certificate** 2) **Birth Certificate** 3) **First Communion Certificate** 4) **California Immunization Card** 5) **Recent Report Card**

DATE							(Please complete back side)
STUDENT LEGAL NAME	LAST NAME	FIRST NAME		MIDDLE NAME		GRADE 2018-2019	
SEX: M OR F	PLACE OF BIRTH	DATE OF BIRTH		RELIGION		LANGUAGE SPOKEN AT HOME	
ADDRESS		CITY	STATE	ZIP			
CONTACT INFORMATION	HOME PHONE #	CELLPHONE # DAD		CELLPHONE # MOM		FIRST REQUEST FOR ADMISSION? YES ___ NO ___	
	EMAIL ADDRESS: HOME	EMAIL ADDRESS: WORK		EMAIL ADDRESS: WORK		PRIOR REQUEST DATE	
SACRAMENTS							
BAPTISM	CHURCH	CITY	STATE	ZIP	DATE	VERIFYING SIGNATURE	
RECONCILIATION	CHURCH	CITY	STATE	ZIP	DATE	VERIFYING SIGNATURE	
FIRST COMMUNION	CHURCH	CITY	STATE	ZIP	DATE	VERIFYING SIGNATURE	
FAMILY INFO							
FATHER	LEGAL LAST NAME	FIRST NAME		MIDDLE NAME		PLACE OF BIRTH	
	OCCUPATION	ADDRESS		CITY	STATE	WORK PHONE #	
IF DIFFERENT THAN STUDENT	HOME ADDRESS	CITY	STATE	ZIP	PHONE #	RELIGION	
MOTHER	LEGAL LAST NAME	FIRST NAME		MAIDEN NAME		PLACE OF BIRTH	
	OCCUPATION	ADDRESS		CITY	STATE	WORK PHONE #	
IF DIFFERENT THAN STUDENT	HOME ADDRESS	CITY	STATE	ZIP	PHONE #	RELIGION	



Our Lady of Guadalupe School
 920 W. La Habra Blvd., CA 90631 ~ Phone: 562-697-9726 ~ Fax: 562-905-0095 ~ www.olgvkings.org



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LAST SCHOOL ATTENDED	NAME	ADDRESS	CITY	STATE	PHONE #
PLEASE LIST OTHER FAMILY – RELATIVES CURRENTLY ATTENDING OUR LADY OF GUADALUPE SCHOOL:					
_____ ~ _____					
REFERRED BY CURRENT OUR LADY OF GUADALUPE SCHOOL FAMILY? NAME OF FAMILY _____					
DO YOU INTEND TO USE OUR EXTENDED DAYCARE PROGRAM? YES ___ NO ___ DON'T KNOW ___					
STUDENT'S ETHNIC BACKGROUND: ___ BLACK ___ FILIPINO ___ HAWAIIAN/PACIFIC ISLANDER ___ HISPANIC ___ KOREAN ___ NATIVE ALASKAN ___ NATIVE AMERICAN ___ VIETNAMESE ___ MULTI-RACIAL ___ OTHER ASIAN ___ CAUCASIAN					
OTHER SIBLINGS IN HOUSEHOLD: BROTHER(S): ___ AGES: ____, ____, ___ SISTER(S): ___ AGES: ____, ____, ___ STEP/HALF BROTHER(S): ___ AGES: ____, ____, ___ STEP/HALF SISTER(S) ___					
HOME SITUATION: PLEASE CHECK THE SITUATION THAT APPLIES:					

- ___ Living with both parents
- ___ Parents separated: living with mother
- ___ Parents separated: living with father
- ___ Parents divorced: living with mother alone or Mother and stepfather (circle one)
- ___ Mother deceased: living with father alone
- ___ Living with guardians who are relatives
- ___ Other _____

- ___ Living with single mother or father (circle one)
- ___ Father deceased: living with mother alone
- ___ Mother deceased: living with father alone
- ___ Parents divorced: living with father alone or Father and stepmother (circle one)
- ___ Living with foster mother and/or father (circle one)

OFFICE USE ONLY: Baptism Cert: _____	Immunization: _____	Reconciliation: _____	Communion _____	Report Card _____
Evaluation Date _____	Accepted: _____	Not Accepted _____	Reschedule Date _____	
Follow-Up Notes _____				