

St. Isidore School

435 La Gonda Way • Danville, California
(925) 837-2977 • FAX (925) 837-2407

CONFIDENTIAL APPLICATION FOR REGISTRATION

TO BE COMPLETED BY THE PARENT OR GUARDIAN

PLEASE PRINT OR TYPE

Candidate for Grade _____ in Fall, 200 _____

FULL LEGAL NAME OF APPLICANT

Last Name

First Name

Middle Name

APPLICANT'S HOME ADDRESS

Street Address

City

State

Zip-Code + 4

Telephone Number

Birthdate

Birthplace

Social Security #

PRESENT SCHOOL

School Name

Catholic

Private

Independent

Principal/Teacher

Telephone Number

()

If less than one year at present school, please give the name and address of the applicant's previous school.

Baptism: _____ / _____ / _____ in _____
Month Day Year Church City State Zip

First Communion: _____ / _____ / _____ in _____
Month Day Year Church City State Zip

Are you currently registered in a parish? Yes No If yes, which parish? _____

Do you and your child regularly attend Sunday Mass? Yes No

In which parish organizations do you and your family participate? _____

Does your child attend CCD classes? Yes No If Yes, which parish? _____

(Please check where appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Lives with Mother | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Lives with Father | <input type="checkbox"/> Parents separated |
| <input type="checkbox"/> Lives with guardian(s) | <input type="checkbox"/> Parents divorced |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Legal custody: _____ |

The following information is necessary to determine the family tuition rate:

In which parish is your residence located?

How long have been in the parish? _____

Do you contribute to the support of your parish? _____
 Yes No Envelope # _____

Parents' Marriage:

_____ / _____ / _____
Month Day Year

Church _____

City _____ State _____ Zip _____