

St. Lucy Parish School

76 Kennedy Avenue
Campbell, CA 95008
(408) 871-8023 ✉ www.stlucyschool.org

Application Form: 2008-2009

St. Lucy School does not illegally discriminate on the basis of race, color, national or ethnic origin, age, sex or disability in the admission of students or the administration of educational policies, scholarships and other school-administered programs.

Instructions: Please print. Complete all sections. Indicate "N.A." if something does not apply. Please fill out one application per child. Each application must be accompanied by a non-refundable fee of \$40.00, in the form of a check, made payable to St. Lucy Parish School.

Date _____ Grade Applying For in '08 - '09 _____ Child's Current Age _____

Child's Name _____
Last First Middle

Address _____ Phone (____) _____
Number and Street City Zip Code

Date of Birth ____/____/____ Gender M F Place of Birth _____
Month Day Year City, State/Country

Child's Citizenship U.S., Native-born U.S., Naturalized Other _____

Child's Ethnic Background Hispanic Chinese Pacific Islander
 Caucasian Japanese American Indian
 Black Korean Other _____
 Vietnamese Filipino Select all that apply

Language Spoken at Home English Other _____

Siblings Applying For (Circle): K-1-2-3-4-5-6-7-8

Current and Prior Schooling (Please include preschool and kindergarten.)

<u>School</u>	<u>Address</u>	<u>Grade(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child been retained? Yes No If yes, what grade? _____

Has your child ever been identified or tested for special needs? Yes No
 Speech Hearing Learning Other _____

FAMILY INFORMATION

Child is living with: Both Parents Mother Father
 Foster Parent Guardian Other _____

If shared custody, please explain custody arrangement: _____

Father (Natural)

Name _____
First Last

Address _____

City/St/Zip _____

Home Phone (____)_____

Birthplace _____

Religion _____

Occupation _____

Title _____

Work Phone (____)_____

E-mail _____

Mother (Natural)

Name _____
First Last

Address _____

City/St/Zip _____

Home Phone (____)_____

Birthplace _____

Religion _____

Occupation _____

Title _____

Work Phone (____)_____

E-mail _____

**Adoptive Parent, Step-parent,
Foster Parent, Guardian**

Name _____
First Last

Address _____

City/St/Zip _____

Home Phone (____)_____

Birthplace _____

Religion _____

Occupation _____

Title _____

Work Phone (____)_____

E-mail _____

Child's Religion _____ If Catholic, Parish of Residence _____

<u>Record of Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State/Country</u>
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

For St. Lucy parishioners, please provide your weekly envelope number. _____

Please give your reasons for selecting St. Lucy School. _____

How did you hear about St. Lucy Parish School? (Check all that apply.)

Sibling Parishioner Friend Flyer Newspaper Website Other _____

I certify that the above information is correct to the best of my knowledge. I understand and accept the financial obligations to the school and will pay tuition on time. I agree to cooperate with the school in implementing its policies.

Parent's Name (please print)

Parent's Signature

Date

Thank you for your completed application to St. Lucy Parish School.
Please return to school office no later than January 31, 2008.