

Archdiocese of Los Angeles
APPLICATION FOR ENROLLMENT 2009-10
Saint Sebastian School

Date _____

Grade in September, 2009 _____

PLEASE PRINT OR TYPE!

Pupil Information

Child's Last Name First Middle Month/Day/Year of Birth Place of Birth

Child's Address (Street, City Zip Code) Child's Home Phone

How did you hear about St. Sebastian School? _____

If someone referred you to St. Sebastian, who was it? _____

Does this student have an IEP? Yes No

Family Information

Yes, I give permission for our family name, address, phone, and email to be printed in the school directory.

No, I do not give permission for our family information to be printed in the school directory.

Parent Signature: _____

Father's/Guardian's Name , First, Middle

Father's/Guardian's Birthplace

Father's/Guardian's Address(Street, City, Zip)

Father's/Guardian's Occupation

Father's Employer

Work Phone #

Father's Cell Phone

Father's email address

Father's Religion

(Please continue...)

Mother's/Guardian's Name , First, Middle

Mother's/Guardian's Religion

Mother's/Guardian's Address(Street, City, Zip)

Mother's/Guardian's Occupation

Mother's Employer

Work Phone #

Mother's Cell Phone

Mother's email address

Mother's Religion

Parish Information

Resident in this Parish? Yes No If yes, are you registered at the rectory? Yes No

If not, in what Parish do you reside? _____

Sacramental Information

Baptism _____ Church _____
Date Name Address (Street, City, Zip)

First Communion _____ Church _____
Date Name Address (Street, City, Zip)

Releasing School Information

Name of Last School Attended

Grades Attended

Address: Street

City

State

Zip