

ARCHDIOCESE OF LOS ANGELES

Enrollment Application

St. Dominic Savio School



PLEASE PROVIDE ALL APPLICABLE DOCUMENTS WITH APPLICATION

Incomplete applications will **NOT** be processed until **ALL** documents are submitted

For office use only

- | | |
|--|---|
| <input type="checkbox"/> Signed Application
<input type="checkbox"/> Immunization Records (include grade 7 Tdap, if applicable)
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Baptismal Certificate (if baptized) | <input type="checkbox"/> Communion Certificate (if applicable)
<input type="checkbox"/> Current Report Card (grades 1-8)
<input type="checkbox"/> Current Standardized Testing (grades 1-8) |
|--|---|

Today's Date:

2025 – 2026 ACADEMIC SCHOOL YEAR

- | | | | | | |
|---|-----------------------|--|--------------------------------------|--|--|
| <input type="checkbox"/> New Family | Student(s) live with: | <input type="checkbox"/> Both natural parents in the same house | <input type="checkbox"/> Father Only | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Returning Family | | <input type="checkbox"/> Both natural parents in different houses | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Legal Guardian(s) |

Student's Primary Residence (Address / City / Zip)

REQUIRED: Student Ethnic Origin: Multi-Racial African American Asian Filipino Hispanic Native American White / Caucasian

<input type="checkbox"/> Male	Student Last Name	First	Middle
<input type="checkbox"/> Female			

Birthdate	Birthplace	Student's First Language	Language Spoken at Home

Grade Entering	Current School	School Address	School Phone Number

Baptism Date	Church	Church Address	Church Phone Number

1 st Communion Date	Church	Church Address	Church Phone Number

Legal Father's Last Name	First	Middle

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	Religion	Mobile Phone
<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased		

Address / City / Zip (if different from above)	Email Address

Birthplace (City / State / Country)	Birthdate	Occupation

Legal Mother's Last Name	Mother's Maiden Name	First	Middle

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	Religion	Mobile Phone
<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased		

Address / City / Zip (if different from above)	Email Address

Birthplace (City / State / Country)	Birthdate	Occupation

Briefly state why you would like your child to attend St. Dominic Savio School:

Parent / Guardian's Signature	Date	Parent / Guardian's Signature	Date
-------------------------------	------	-------------------------------	------

Non-Discrimination Policy

St. Dominic Savio School admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.