

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)
<input type="checkbox"/> Report of Health Examination (TK and K only) |
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Today's Date:

2023 – 2024 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
<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
Religion		Mobile Phone

Address / City / Zip (if different from above)	Email Address
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Birthplace (City / State / Country)	Birthdate	Occupation
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Legal Mother's Last Name	Mother's Maiden Name	First	Middle
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Deceased
<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased	
Religion		Mobile Phone	

Address / City / Zip (if different from above)	Email Address
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Birthplace (City / State / Country)	Birthdate	Occupation
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Briefly state why you would like your child to attend St. Dominic Savio School:

Parent / Guardian's Signature _____	Date _____	Parent / Guardian's Signature _____	Date _____
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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.