

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:

2022 – 2023 ACADEMIC SCHOOL YEAR

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|---|-----------------------|--|--------------------------------------|--|--|
| <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 <input type="checkbox"/> Female	Student Last Name	First	Middle
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"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Remarried	<input type="checkbox"/> Separated <input type="checkbox"/> Deceased
Religion		Mobile Phone

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

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
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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.