

OLD MISSION SCHOOL

761 Broad Street

San Luis Obispo, CA 93401

(805)543-6019 Fax (805)543-6246

NEW STUDENT APPLICATION

Application Date _____

Application for (circle one):

For which school year? _____

Pre I (age 3) Pre II (age 4) TK K 1 2 3 4 5 6 7 8

Student Information

Name: _____ Gender: _____ Birthdate: _____

Birthplace: _____ Religion: Baptized Catholic Other faith (please list): _____

Current School: _____

Child lives with (check): Both Parents Mother Father Mother (part-time) Father (part-time)

Guardian Other: Explain _____

Child has a sibling presently attending Old Mission School (check one): Yes No

Parent/Guardian Information

(circle one) Father / Step-Father / Guardian

Dr./Mr. _____ Birthdate: _____

Birthplace: _____ Religion: Baptized Catholic Other faith (please list): _____

Home Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer: _____ Occupation: _____

(circle one) Mother / Step-Mother / Guardian

Dr./Mrs. _____ Birthdate: _____

Birthplace: _____ Religion: Baptized Catholic Other faith (please list): _____

Home Address: _____ Home Phone _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer: _____ Occupation: _____

Registered In: Old Mission Parish St. Elizabeth Ann Seton Parish

Nativity Parish St. Timothy Parish Year registered in parish: _____

Other Parish (please list): _____

No Parish Affiliation

Registration Information (Please initial each statement):

_____ I/We understand that my/our child will not be placed in the eligibility pool unless the required fees, certificates, and academic records accompany this form.

_____ I/We understand that the \$65.00 application fee is non-refundable.

_____ I/We agree to abide by all policies and procedures outlined in the Old Mission School Family Handbook and yearly supplements, as amended from time to time.