

ST. IRENAEUS PARISH SCHOOL NEW STUDENT APPLICATION 2019-2020

STUDENT INFORMATION

(Please complete both sides)

Legal Last Name	First	Middle	Gender	Birth City/Country	Birth Date	Ethnicity: Hispanic <input type="radio"/> Other <input type="radio"/>	Catholic <input type="radio"/> Non-Catholic <input type="radio"/>
Address		City	Zip	Home Telephone	Race: <input type="radio"/> Two/More Races <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> African American <input type="radio"/> Native Hawaiian/other Pacific Islander <input type="radio"/> American Indian/Native Alaska		
Grade in September	School Now Attending	City	Public School District Residing In	Local Public Elementary	Local Public Jr. High	City	
Sacraments:	Date	Church	City, State, Zip			Verifying Signature (Office Personnel)	
Baptism							
Reconciliation							
First Eucharist							

FAMILY INFORMATION

Primary Parent : Last Name	First	Middle	Religion (Circle One) Catholic <input type="radio"/> Non-Catholic <input type="radio"/>	Place Of Birth (City/State/Country)	Cell Phone Number	
Occupation	Business Address		City	State	Zip	Email (required; print clearly)
Marital Status (Circle One): Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Deceased <input type="radio"/>	Home Address (If different than student)		City	State	Zip	Business Phone
Parent: Last Name: Mother <input type="radio"/> Father <input type="radio"/>	First	Maiden Name	Religion (Circle One): Catholic <input type="radio"/> Non-Catholic <input type="radio"/>	Place Of Birth (City/State/Country)	Cell Phone Number	
Occupation	Business Address		City	State	Zip	Email (required; print clearly)
Marital Status (Circle One): Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Deceased <input type="radio"/>	If different than student - Home Address		City	State	Zip	Business Phone
#1 Step-Parent/Guardian Last Name	First	Middle	Religion (Circle One): Catholic <input type="radio"/> Non-Catholic <input type="radio"/>	Place Of Birth (City/State)	Cell Phone Number	
Occupation #1	If different than student - Home Address		City	State	Zip	Email (required print clearly)
#2 Step-Parent/Guardian Last Name	If different than student - Home Address		City	State	Zip	Cell Phone Number
Occupation #2						Email (required; print clearly)

HOME SITUATION: Where does child live during school time? (Check the family situation that applies)

- | | |
|---|---|
| 1. Living with both parents. <input type="radio"/>
2. Parents separated: living with <input type="radio"/> mother; living with <input type="radio"/> father.
3. Living with single <input type="radio"/> mother or <input type="radio"/> father.
4. Parents divorced; living with <input type="radio"/> mother / <input type="radio"/> father alone,
or with <input type="radio"/> mother / <input type="radio"/> father and <input type="radio"/> stepfather / <input type="radio"/> mother. | 5. Parent deceased - living with <input type="radio"/> mother / <input type="radio"/> father or step <input type="radio"/> mother / <input type="radio"/> father
6. Living with guardians who are relatives. Describe _____
7. Living with foster <input type="radio"/> mother and/or <input type="radio"/> father.
8. Other _____ |
|---|---|

If #2 through #4 is circled, who has custodial rights? _____ If child is accepted we MUST have legal papers on file at the school verifying the custodial parent.

NUMBER OF CHILDREN IN FAMILY _____ BOYS _____ GIRLS PARENT/GUARDIAN SIGNATURE _____ DATE _____

PREVIOUS SCHOOLS AND PROGRAMS:

Present Grade: _____

Has your son/daughter ever repeated a grade? _____ No _____ Yes If so, what grade? _____

Has your son/daughter ever been in special programs, either remedial or accelerated? If so, please explain:

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions. Thank you for your help.

Name of Student: _____ First _____ Grade _____ Age _____
1. Which language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home: _____
State of California Department of Education OPER-LS 77R

PARISH INFORMATION:

My family attends St. Irenaeus Church: Yes No Our parishioner number is: _____
Do you financially support St. Irenaeus Church regularly? _____ Yes _____ No
Do you worship regularly? _____ Yes _____ No
Are you personally involved at our Parish (i.e., activities, ministries?) _____ Yes _____ No
If "Yes", what areas or if "no, what areas interest you: _____

I currently attend another parish but plan on transferring to St. Irenaeus Church if we are accepted. Yes No
I attend another parish church: Name _____ City _____

Parent Signature _____ Date: _____

DEVELOPMENT OFFICE INFORMATION:

How did you hear about our school: current parishioner , family , friends/neighbors , other _____

A current St. I family who referred you: _____

Siblings in the home (not currently attending St. I): Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Did either parent graduate from St. Irenaeus School? Mother: No Yes St. I Class of: _____

Father: No Yes St. I Class of: _____

OFFICE USE ONLY:
Sibling _____ Birth Certificate _____ Immunization _____ Baptismal Certificate _____ Application Fee _____ Testing Fee _____