



# Our Lady of Mercy School

7 Elmwood Drive, Daly City, CA 94015  
(650) 756-3395

## STUDENT APPLICATION

SCHOOL YEAR \_\_\_\_\_ GRADE \_\_\_\_\_

### STUDENT INFORMATION

**PLEASE PRINT ALL INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME	GENDER M ___ F ___
DATE OF BIRTH (00/00/0000)	PLACE OF BIRTH  CITY, STATE OR COUNTRY)	CITIZENSHIP United States ___ Other ___  Country	RELIGION
BAPTISM  DATE:	CHURCH	CITY, STATE	VERIFICATION OF BAPTISM
FIRST HOLY COMMUNION  DATE:	CHURCH	CITY, STATE	VERIFICATION OF FHC
CONFIRMATION  DATE:	CHURCH	CITY, STATE	VERIFICATION OF CONFIRMATION

### FAMILY INFORMATION

**PLEASE PRINT ALL INFORMATION**

FATHER'S FULL NAME	MOTHER'S FULL NAME	GUARDIAN'S FULL NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
PRIMARY CONTACT TELEPHONE	PRIMARY CONTACT TELEPHONE	PRIMARY CONTACT TELEPHONE
OCCUPATION/EMPLOYER	OCCUPATION/EMPLOYER	OCCUPATION/EMPLOYER
BUSINESS TELEPHONE	BUSINESS TELEPHONE	BUSINESS TELEPHONE
E-MAIL ADDRESS	E-MAIL ADDRESS	E-MAIL ADDRESS

FATHER'S BIRTHPLACE	MOTHER'S BIRTHPLACE	GUARDIAN'S BIRTHPLACE
FATHER'S RELIGION/FAITH	MOTHER'S RELIGION/FAITH	MOTHER'S RELIGION/FAITH
FAMILY PARISH OF CHOICE		ADDRESS

Student Lives with:

Both Natural Parents  Parent/Step-Parent  Guardian – Relationship \_\_\_\_\_  
 Mother Only  Father Only Is there a Joint Custody Document?  Yes  No

**ETHNIC HERITAGE**

Hispanic/Latin  Asian  Native Hawaiian/Pacific Islander  Native Alaskan  
 African American-Black  White  Multi-Racial: \_\_\_\_\_

Is your child fluent in English? Yes  No  My child also speaks: \_\_\_\_\_  
Primary Language spoken in the home: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Please explain any joint custody arrangements, Court-ordered Visitation Agreements, Custodial Rights:

\_\_\_\_\_  
\_\_\_\_\_

**If your child is placed in Our Lady of Mercy School, a copy of any and all legal documents must be submitted to the School Office.**

List any and all medications that your child takes on a regular basis:

\_\_\_\_\_

Has your child ever been assessed for  Vision Correction  Hearing Loss  ADHD  
 Speech & Language Development  PDD  Autism  Occupational Therapy

Does your child have an Individualized Education Program (IEP) from a school district? Yes  No   
Identify and describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any diagnosed and/or identified special needs? Yes  No   
Identify and describe: \_\_\_\_\_

\_\_\_\_\_

Has your child been prescribed any classroom or learning accommodations? Yes  No

Explain: \_\_\_\_\_

**If your child is placed in Our Lady of Mercy School, copies of all diagnoses and prescribed accommodations must be submitted.**

Is your child currently attending another school? Yes  No

If Yes, Current Grade \_\_\_\_\_ and School \_\_\_\_\_

Address: \_\_\_\_\_ **Attach a copy of the most recent Report Card.**

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APPLICATION FEE: CHECK  CASH  CREDIT CARD   
PAYMENT RECEIVED BY: \_\_\_\_\_

ASSESSMENT/INTERVIEW DATE: \_\_\_\_\_ BY: \_\_\_\_\_

ACCEPTANCE NOTIFICATION:  
LETTER \_\_\_\_\_ TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
BY: \_\_\_\_\_

GRADE \_\_\_\_\_ START DATE \_\_\_\_\_