



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.**

.....

APPLICATION FEE: CHECK CASH CREDIT CARD

PAYMENT RECEIVED BY: _____

ASSESSMENT/INTERVIEW DATE: _____ BY: _____

ACCEPTANCE NOTIFICATION:

LETTER _____ TELEPHONE _____ E-MAIL _____

BY: _____

GRADE _____ START DATE _____