



ST. LOUISE DE MARILLAC SCHOOL APPLICATION

Child's Last Name _____ First Name _____ Middle Name _____ Grade ____ in Sept. of _____

Street Address _____ City _____ Zip _____ Phone Number _____

Place of Birth _____ Birthdate (Mo/Day/Yr) _____ Social Security No. _____ Sex _____ Religion _____

Student lives with _____ Phone Number _____

Parish where you are Registered _____
Name _____ Address _____ City _____ Zip _____

BAPTISM **FIRST COMMUNION** **CONFIRMATION**

Parish: _____
City/State: _____
Date: _____

School Presently Attending: _____
Address: _____

LIST BROTHERS AND SISTERS OF APPLICANT AND THEIR RESPECTIVE AGES:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

FATHER'S FULL NAME **MOTHER'S FULL NAME**

First _____ Middle _____ Last _____ First _____ Maiden _____ Last _____
Religion _____ Birthplace _____ Religion _____ Birthplace _____

Check, if appropriate
Deceased ____ Separated ____ Divorced ____
Remarried ____ Single Parent ____

Check, if appropriate
Deceased ____ Separated ____ Divorced ____
Remarried ____ Single Parent ____

Employed by: _____
Occupation: _____
Phone Number: _____

Name of Stepfather/Stepmother/Guardian, if appropriate _____

SHOULD YOUR CHILD BE ACCEPTED TO ST. LOUISE DE MARILLAC SCHOOL, DO YOU PROMISE:

- 1. To pay your tuition and fees in accord with the school's policy? _____
- 2. To support the school by attending various activities, educational and informative meetings and by complying with the volunteer program? _____
- 3. To participate in the Parent's Club activities? _____

Signature of Parent/Guardian _____ Date: _____



ST. LOUISE DE MARILLAC SCHOOL
1728 East Covina Boulevard
Covina, California 91724
626.966.2317

Authorization for Release of Student Records according to California State Law SB 1845 and Federal Law HR 69.

I hereby authorize: _____
(Name of School)

Address of School

Phone Number of School

to release the Permanent School Records on file for:

Name of Student

Date of Birth

to: ST. LOUISE DE MARILLAC SCHOOL
1728 E. Covina Blvd.
Covina, CA 91724-1640

Signature of Parent or Guardian

Date