



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 _____

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

In order to help us know you and your child better, please answer the following:

WHY HAVE YOU CHOSEN ST. LOUISE SCHOOL FOR YOUR CHILD'S EDUCATION?

PLEASE SHARE WITH US A BRIEF DESCRIPTION OF YOUR CHILD.



ST. LOUISE DE MARILLAC SCHOOL
1728 Covina Boulevard
Covina, CA 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 # 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 _____



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