



St. Didacus Parish School
 4630 - 34th Street
 San Diego, California 92116
 (619) 284-8730



ENROLLMENT APPLICATION
 KINDERGARTEN - EIGHTH GRADE
 2020-2021

Child's Name _____
 (Please Print) Last First Middle

Date of Birth: ____ / ____ / ____ Applying For Grade (Circle One): K 1 2 3 4 5 6 7 8
 Month Day Year

(Child must be five on or before September 1st to enter Kindergarten.) Procedure after school dismissal child will be going home by ()
 Walk home () Extended Day Care () Parent or Guardian Pick up () Other _____

Place of Birth: _____ U.S. Citizen? Yes/No (Please Circle One)

Previous School:
 Name: _____ Grade: _____ Phone Number: () _____

Street Address _____ City _____ State _____ Zip Code _____

Primary Home Address: _____
 Street Address _____ City _____ State _____ Zip Code _____
 () () ()
 Phone Number _____ Cell Phone Number _____ Beeper Number _____

Name of Responsible Adult(s) Living At This Address: _____ Relationship to child: _____

Parent 1's Name: _____
 Last First Middle

Parent 1's Occupation: _____ Company: _____
 Work Phone No./Ext: _____ Address: _____

Email: _____

Parent 1's Home Address, if different from primary address of child:

 Street Address _____ City _____ State _____ Zip Code _____
 () () ()
 Phone Number _____ Cell Phone Number _____ Beeper Number _____

Please Check What Applies: Married Separated Father Deceased Mother Deceased
 Divorced Single Re-Married Other: _____

Religion _____ Parish _____ U.S. Citizen _____

Parent 2's Name: () _____
 Mother's Maiden Name, Last First

Parent 2's Occupation: _____ Company: _____
 Work Phone No./Ext: _____ Address: _____

Email: _____

Parent 2's Home Address, if different from primary address of child:

Street Address

City

State

Zip Code

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Phone Number

Cell Phone Number

Beeper Number

Please Check What Applies: Married Separated Father Deceased Mother Deceased
 Divorced Single Re-Married Other: _____

Religion _____

Parish _____

U.S. Citizen _____

CHILD'S INFORMATION

CHILD'S RELIGION (Please Specify One):

- Roman Catholic Lutheran Jewish Muslim
 Protestant Presbyterian Islamic Baptist
 Unitarian Buddhist Episcopal Methodist
 Other (Please specify): _____

IF CHILD IS ROMAN CATHOLIC, PLEASE COMPLETE:

Baptism Date: _____ Parish: _____

City: _____ State: _____

Reconciliation Date: _____ Parish: _____

City: _____ State: _____

First Communion Date: _____ Parish: _____

City: _____ State: _____

Ethnic Background: *(Requested For Diocesan Statistical Reporting Only)*

- American Indian Black Hispanic Asian Native Hawaiian/Pacific Islander White Multi-Racial

For accuracy, grace, and simplicity, we need one last name for a central reference point for this student. Every effort is made to address the adult actually responsible in different areas, e.g., tuition, health, scrip, etc., but having one name for tracking purposes will ensure that all families have been included, without repetitions or misunderstandings.

"KEY NAME" FOR THIS CHILD: _____

FOR OFFICE USE ONLY

- Immunization Records Received Baptismal Records Received
 Birth Certificate Date of Entrance: ____ / ____ / ____