



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



ENROLLMENT APPLICATION  
 KINDERGARTEN - EIGHTH GRADE  
 2021-2022

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 \_\_\_\_\_

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

( )

( )

( )

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_