

PREVIOUS SCHOOL EXPERIENCE

Include Preschool, Kindergarten, Elementary (list most recent school first):

School Name	Address	City/State	Telephone	Grade(s)

Has the student ever been retained? Yes No If yes, what grade/year? _____

Has the student had special testing? Yes No If yes, please describe:

Is your student currently attending a Catholic School in the San Jose Diocese? If yes, which School?

STUDENT'S SACRAMENTAL RECORD

	BAPTISM	FIRST EUCHARIST	CONFIRMATION
Date			
Church			
City/State/Country			

Has your child received the Sacrament of Reconciliation? Yes No

PARISH INFORMATION

We are registered in _____ Parish. We live in the boundaries of _____ Parish.

We attend church in _____ Parish.

SIBLING INFORMATION (Please list all other children in the family)

Name	Age	Grade	Present School

Reason for applying to St. Simon School:

How will you be involved in the religious education of your child?

I attest that the above information is true and correct to the best of my knowledge.

Signature of Parent

Date

