

# St. Thomas the Apostle School

3801 Balboa Street, San Francisco, CA 94121

Phone (415) 221-2711 Fax (415) 221-8611

## ADMISSION APPLICATION

Applying for Grade: \_\_\_\_\_ School Year 20\_\_ - 20\_\_ Application Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Street Apt. # City Zip Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen? yes / no  
month / day / year city / state / country please circle one

Prior School Name: \_\_\_\_\_ Prior School Phone #: \_\_\_\_\_

Prior School Address: \_\_\_\_\_  Boy /  Girl please check one

Parent A Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Street Apt. # City Zip Code

Place of Birth: \_\_\_\_\_ US Citizen? yes / no Religion: \_\_\_\_\_  
city / state / country please circle one

Occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Street City Zip Code

Work Phone #: ( ) \_\_\_\_\_ extension # \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Parent B Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Street Apt. # City Zip Code

Place of Birth: \_\_\_\_\_ US Citizen? yes / no Religion: \_\_\_\_\_  
city / state / country please circle one

Occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Street City Zip Code

Work Phone #: ( ) \_\_\_\_\_ extension # \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

### LIST NAMES OF BROTHERS AND SISTERS

Name <small>(first and last)</small>	Sex	Age	School	Grade
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_____				
_____				
_____				

Student Name: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_  
Last First Middle Initial

**If student is Catholic, complete the following:**

Baptismal Date: \_\_\_\_\_ Church Baptized at: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street City Zip Code

We are practicing Catholic parishioners of \_\_\_\_\_ Church.

The Parish closest to our home is \_\_\_\_\_

**Please check the student's ethnic heritage.**

- |                                       |                                       |                |
|---------------------------------------|---------------------------------------|----------------|
| _____ African American                | _____ American Indian                 | _____ Chinese  |
| _____ Filipino                        | _____ German                          | _____ Hispanic |
| _____ Japanese                        | _____ Korean                          | _____ Russian  |
| _____ Vietnamese                      | _____ Other (please list) _____       |                |
| _____ Other Asian (please list) _____ | _____ Other White (please list) _____ |                |

Language spoken at home: \_\_\_\_\_

**Why did you choose St. Thomas the Apostle School?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Parents and students selecting St. Thomas the Apostle School agree to actively support and cooperate with the philosophy and policies of the school.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For School Office Use Only**

- |                             |                       |
|-----------------------------|-----------------------|
| _____ Birth Certificate     | _____ Application Fee |
| _____ Baptismal Certificate | _____ Date Paid       |
| _____ Immunization Record   | _____ Check Number    |