



Saint Ferdinand Catholic School
Application for Admission
Preschool & Transitional Kinder
1012 Coronel Street, San Fernando, CA 91340
School phone: (818) 361-3264 + www.stferdinand.com

Age of student in August of 2018: Year ____ Month ____ Today's Date _____

Class: Preschool Transitional Kinder Program: Morning Full Day

Student Information

 Last Name First Name Middle Birth-date

Student lives with: Both Natural Parents Father only Mother only Other: _____

Place of birth: _____
 City State Ethnicity Parish Envelope #

 Home Address City Zip code

 Mother's Cell Number Father's Cell Number Father's Work Number Mother's Work Number

 Home Phone Number Father's Email Address Mother's Email Address

 Present School Name Present School Address

Sacramental Information

 Baptismal Date Church Name Address City State Zip Code

Family information

Father _____
 First Name Middle Last Name Birthplace Religion

 Father's Occupation Employer

Marital Status: Single Married Remarried Divorced Widow

Mother _____
 First Name Maiden Name Last Name Birthplace Religion

 Mother's Occupation Employer

Marital Status: Single Married Remarried Divorced Widow

Please check the documents that you have submitted.

_____ Birth Certificate _____ Baptismal Certificate _____ Immunization Record _____ Smart Tuition Form

Please answer the following questions:

1. Are you married in the church? Yes / No Name of Church _____

2. Are you aware of any learning, physical or emotional difficulties in your child? _____

If yes, please explain: _____

3. Is your child taking any medication? _____ If yes, please name the medication. _____

4. Are you registered in St. Ferdinand Parish? Yes / No If yes, do you use envelopes? Yes / no Envelope # _____

5. List the names and grades of the other children you would like to enroll in Saint Ferdinand:

Name	Grade	Name	Grade

6. Why do you wish to enroll your child(ren) in St. Ferdinand Catholic Preschool/Transitional Kinder?

7. How did you hear about Saint Ferdinand Catholic Preschool / Transitional Kinder? _____

8. Who will be financially responsible for the school payments? _____

9. Are you aware that you will need to meet your responsibilities when due, including (1) payment of all tuition and fees on time, (2) all required fundraising for the school, (3) attending all required parent meetings, (4) completing all parent service hours & fiesta hours for the school, (5) purchasing the necessary school supplies and (6) purchasing the school uniforms?

Yes / no Parent Signature: _____ **Date:** _____

10. Parents who fall behind in tuition for more than one month will be required to pay the full remaining tuition balance for the year in the second month of default or their child's enrollment in the school will be terminated at the end of the second month of default. A family that is experiencing financial hardship should discuss the situation with the principal immediately to avoid these consequences. No exceptions for non-payment will be granted.

11. Please explain how you will be supportive of the school and church.

Office Use Only		
Registration Fee Paid _____	Program (circle):	Other Siblings in School: Yes / No
Smart Form Completed: Yes/No	Half Day Full Day	Grades: _____
Parish Rate / Non-Parish Rate	Morning Care: Yes / No	Names: _____
Parish Envelope # _____	After School Care: Yes / No	Names: _____