

**ST. LOUISE DE MARILLAC SCHOOL APPLICATION**

\_\_\_\_\_ Grade \_\_\_\_ in Sept. of \_\_\_\_\_  
 Child's Last Name First Name Middle Name

\_\_\_\_\_ Phone Number  
 Street Address City Zip

\_\_\_\_\_ Cell Phone Number

\_\_\_\_\_ Sex Religion  
 Place of Birth Birthdate (Mo/Day/Yr) Social Security No.

Student lives with \_\_\_\_\_

\_\_\_\_\_ Name Address City Zip  
 Parish where you are Registered

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**BAPTISM**

**FIRST COMMUNION**

**CONFIRMATION**

Parish: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_ School Presently Attending:  
 Address: \_\_\_\_\_

**LIST BROTHERS AND SISTERS OF APPLICANT AND THEIR RESPECTIVE AGES:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

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**FATHER'S FULL NAME**

**MOTHER'S FULL NAME**

\_\_\_\_\_ Religion Birthplace  
 First Middle Last

\_\_\_\_\_ Religion Birthplace  
 First Maiden Last

**Check, if appropriate**

Deceased \_\_\_\_; Separated \_\_\_\_; Divorced \_\_\_\_;  
 Remarried \_\_\_\_; Single Parent \_\_\_\_.

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Deceased \_\_\_\_; Separated \_\_\_\_; Divorced \_\_\_\_;  
 Remarried \_\_\_\_; Single Parent \_\_\_\_.

Employed by: \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Employed by: \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Name of Stepfather/Stepmother/Guardian, if appropriate \_\_\_\_\_

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**SHOULD YOUR CHILD BE ACCEPTED TO ST. LOUISE DE MARILLAC SCHOOL, DO YOU PROMISE:**

1. To pay your tuition and fees in accord with the school's policy? \_\_\_\_\_
2. To support the school by attending various activities, educational and informative meetings and by complying with the volunteer program? \_\_\_\_\_
3. To participate in the Parent's Club activities? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

ST. LOUISE DE MARILLAC SCHOOL

In order to help us know you and your child better, please answer the following:

WHY HAVE YOU CHOSEN ST. LOUISE SCHOOL FOR YOUR CHILD'S EDUCATION?

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PLEASE SHARE WITH US A BRIEF DESCRIPTION OF YOUR CHILD.

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WHAT IS YOUR INVOLVEMENT IN OUR PARISH?

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NEW FAMILIES:

Are you related to a family whose children currently attend St. Louise School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide us with the name of the family: \_\_\_\_\_

How did you hear about St. Louise School? \_\_\_\_\_

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ST. LOUISE DE MARILLAC SCHOOL  
1728 Covina Boulevard  
Covina, CA 91724  
626 966-2317

Authorization for Release of Student Records according to California State Law SB 1845 and Federal Law HR 69.

I hereby authorize \_\_\_\_\_ to release the Permanent School  
(Name of Present School)

Records on file for:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

to: ST. LOUISE DE MARILLAC SCHOOL

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Name of Student

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Date of Birth

to: ST. LOUISE DE MARILLAC SCHOOL

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date