



Saint Philomena School
 21832 South Main Street
 Carson, CA. 90745
 (310) 835-4827

2019-2020 APPLICATION FOR ADMISSION GRADES 1-7

If you are registering more than one child, fill out a SEPARATE APPLICATION for each child

GRADE OF INTEREST: _____

As a parish school, St. Philomena School gives preference to members of the parish. As space permits, families from other parishes are also welcomed. Neither Race nor National Origin will prevent a pupil from being accepted into the School. The specific method of selecting students is determined by the Pastor and the Principal. When the School cannot accept all applicants, those students not accepted are encouraged to enroll in the Religious Education Program (REP) classes to continue their religious formation.

_____ Boy _____ Girl _____
 Child's Legal (Last) Name First & Middle Name

Birth Date _____ City/State/Country Origin of Birth _____

Catholic _____ Baptism Date _____ Church _____

First Communion Date _____ Church _____

Non-Catholic _____

Name/Location/Grade of School Last Attended: _____

Reason for Leaving Last School: _____

Ethnicity: (Categories are according to the census requirements - check category that applies)

Native American _____ Filipino _____ Asian _____ African _____ African/American _____

Hispanic _____ White _____ Multi-Racial (Parents from different categories) _____

_____ Catholic _____
 Father's (Guardian's) Last Name First Non-Catholic _____

Birthplace _____ Married _____ Deceased _____ Divorced/Separated _____ Remarried _____

Occupation _____ Name of Employer _____

City _____ Work Phone (_____) _____

_____ Catholic _____
 Mother's (Guardian's) Last Name First Non-Catholic _____

Birthplace _____ Married _____ Deceased _____ Divorced/Separated _____ Remarried _____

Occupation _____ Name of Employer _____

City _____ Work Phone (_____) _____

Child's Primary Home Address

City

Zip Code

(_____)_____
Home Phone

(_____)_____
Mom's Cell Phone

(_____)_____
Dad's Cell Phone

Mother's Email:_____

Father's Email:_____

Are **you** registered at St. Philomena Church? Yes_____ No_____ (If Yes, Envelope No._____)

If No, indicate the Church or the Place of Worship and its location that you and your child currently attend:_____

Are you or anyone in your family an alumnus of St. Philomena School? Yes No

If yes, name of alumnus: _____

Year graduated: _____

Are you active in any St. Philomena organizations? If yes, please name them:_____

How did you hear about St. Philomena School:_____

Parent/Guardian Signature

Relationship to Child

Date

Please Print Parent/Guardian Name

ONCE YOUR APPLICATION & THE PROPER DOCUMENTS ARE SUBMITTED, YOU WILL BE NOTIFIED FOR THE ENTRANCE EVALUATION DATE & TIME SCHEDULED FOR YOUR CHILD.