



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

2019-2020 APPLICATION FOR ADMISSION TO TRANSITIONAL KINDERGARTEN (TK)
Transitional Kindergarten children must be 4 years old before November 1, 2019

If you are seeking admission for additional children, please fill out a separate Application for each.

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.

Do you currently have other children enrolled at Saint Philomena School: Yes_____ No_____

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

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

Baptismal Date _____ Catholic _____ Non-Catholic _____
 Month Day Year

Pre-School Presently Attending: _____

Pre-School Address: _____

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
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(_____) _____	(_____) _____	(_____) _____
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.