



# St. Lucy Parish School

76 Kennedy Avenue  
Campbell, CA 95008  
(408) 871-8023 ✉ [www.stlucyschool.org](http://www.stlucyschool.org)

## Application Form 2010-2011

*St. Lucy School does not illegally discriminate on the basis of race, color, national or ethnic origin, age, sex or disability in the admission of students or the administration of educational policies, scholarships and other school-administered programs.*

**Instructions:** Please print. Complete all sections. Indicate "N.A." if something does not apply. Please fill out one application per child. Each application must be accompanied by a non-refundable fee of \$43.00, in the form of a check, made payable to St. Lucy Parish School.

Date \_\_\_\_\_ Grade Applying For in '10-'11 \_\_\_\_\_ \* Child's Current Age \_\_\_\_\_  
\*If your child is applying for transfer into grades 1-8, please attach copies of most recent report cards/grades and standardized testing results.

Child's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Number and Street City Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  F Place of Birth \_\_\_\_\_  
Month Day Year City, State/Country

Child's Citizenship  U.S., Native-born  U.S., Naturalized  Other \_\_\_\_\_

Child's Ethnic Background  Hispanic  Chinese  Pacific Islander  
 Caucasian  Japanese  American Indian  
 Black  Korean  Other \_\_\_\_\_  
 Vietnamese  Filipino Select all that apply

Language Spoken at Home  English  Other \_\_\_\_\_

Siblings Applying For (Circle): K-1-2-3-4-5-6-7-8

### Current and Prior Schooling (Please include preschool and kindergarten.)

School	Address	Grade(s)

Has your child been retained?  Yes  No If yes, what grade? \_\_\_\_\_

Has your child ever been identified or tested for special needs?  Yes  No  
 Speech  Hearing  Learning  Other \_\_\_\_\_

(If yes, please check box[es] above and attach copies of formal educational assessment, and IEPs if applicable.)

**FAMILY INFORMATION**

Child is living with:  Both Parents  Mother  Father  
 Foster Parent  Guardian  Other \_\_\_\_\_

If shared custody, please explain custody arrangement: \_\_\_\_\_

<b>Father (Natural)</b>	<b>Mother (Natural)</b>	<b>Adoptive Parent, Step-parent, Foster Parent, Guardian</b>
Name _____ <small>First Last</small>	Name _____ <small>First Last</small>	Name _____ <small>First Last</small>
Address _____	Address _____	Address _____
City/St/Zip _____	City/St/Zip _____	City/St/Zip _____
Home Phone (____)_____	Home Phone (____)_____	Home Phone (____)_____
Birthplace _____	Birthplace _____	Birthplace _____
Religion _____	Religion _____	Religion _____
Occupation _____	Occupation _____	Occupation _____
Title _____	Title _____	Title _____
Work Phone (____)_____	Work Phone (____)_____	Work Phone (____)_____
Cell Phone (____)_____	Cell Phone (____)_____	Cell Phone (____)_____
E-mail _____	E-mail _____	E-mail _____

Child's Religion \_\_\_\_\_ If Catholic: Parish Regularly Attended: \_\_\_\_\_

Parish of *Residence* (Parish boundary we reside within): \_\_\_\_\_

<u>Record of Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State/Country</u>
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

For St. Lucy parishioners, please provide your weekly envelope number. \_\_\_\_\_

Please give your reasons for selecting St. Lucy School. \_\_\_\_\_

How did you hear about St. Lucy Parish School? (Check all that apply.)  
 Sibling  Parishioner  Friend  Flyer  Newspaper  Website  Other \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. I understand and accept the financial obligations to the school and will pay tuition on time. I agree to cooperate with the school in implementing its policies.

\_\_\_\_\_  
 Parent's Name (please print)

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

Thank you for your completed application to St. Lucy Parish School.  
**Please return to school office no later than January 28, 2010**

