

PLEASE TYPE OR PRINT

OUR LADY OF THE VISITACION SCHOOL
785 Sunnydale Avenue, San Francisco, CA 94134
(415) 239-7840

REGISTRATION FORM

APPLICATION FOR GRADE _____

DATE _____

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE _____ PLACE OF BIRTH _____ BIRTHDATE _____ SOC SEC # _____

LEGAL LAST NAME (if different) _____

ADDRESS: _____ PHONE: _____ (_____) _____ U.S. CITIZEN: c YES c NO

ETHNIC HERITAGE: _____ PRIMARY LANGUAGE SPOKEN AT HOME: _____ I-20# _____

SCHOOL STUDENT NOW ATTENDS: _____ ADDRESS: _____ GRADE: _____

***** FAMILY INFORMATION *****

	FATHER (NATURAL)	MOTHER (NATURAL)	(IF APPLICABLE) ADOPTIVE/STEP PARENT, FOSTER PARENT, GUARDIAN
NAME			
HOME PHONE			
ADDRESS			
BIRTHPLACE			
CITIZEN	US: OTHER:	US: OTHER:	US: OTHER:
RELIGION			
ETHNIC HERT.			
OCCUPATION			
WORK PHONE			
	c DECEASED	c DECEASED	

LEGAL CUSTODY:

CHILD RESIDES WITH: c BOTH PARENTS c FATHER c MOTHER c GUARDIAN - relationship: _____

BROTHERS/SISTERS WHO ATTEND(ED) OLV SCHOOL: _____ OTHER RELATIVES WHO ATTEND(ED) OLV SCHOOL: _____

PRE-SCHOOL BROTHERS/SISTERS: _____

***** FINANCIAL RESPONSIBILITY *****

PERSON(S) RESPONSIBLE FOR TUITION: _____ NAME _____ ADDRESS (IF DIFFERENT FROM STUDENT'S) _____

*****SACRAMENTAL RECORD*****

Baptism

First Holy Communion

Confirmation

Name _____

Church _____

City, State, Country _____

Verified by _____

If child is not Catholic: Is child baptized? _____ Religion: _____

Parish Affiliation:

Parish in which you live _____ Parish Church you attend _____

Are you registered in Visitacion Parish? _____

*****HEALTH/MEDICAL INFORMATION*****

Does your child have any medical, physical or emotional problems that may, in any way, affect his/her performance in school or school activities? Please describe:

Is your child using medication prescribed by a doctor for a specific condition? Please describe:

Condition: _____

Medication/Dosage: _____

Side Effects: _____

Emergency Procedures: _____

Physician: _____