



APPLICATION FOR ADMISSION

<u>STUDENT INFORMATION:</u>				<u>TODAY'S DATE:</u> _____
Last Name	First	Middle	Sex	Current Grade
_____	_____	_____	_____	_____
Religion	Public School District or Preschool	Age Next September 1 st : Years ____ Months ____		
_____	_____	_____		
Grade Applying For: ____ Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Filipino <input type="checkbox"/> Asian/Pac Islander <input type="checkbox"/> African American				
<input type="checkbox"/> Hispanic <input type="checkbox"/> White /Other <input type="checkbox"/> Multiracial (<i>used for census report only</i>)				
Primary Language Spoken at Home: _____				
Any other languages spoken: _____				
Does the student have an IEP? If so, please provide a recent copy of the IEP: _____				

Please list all schools attended (begin with most current)

SCHOOL	DATES OF ATTENDANCE	GRADE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____

NAMES OF SIBLINGS	AGE	SCHOOL
_____	_____	_____
_____	_____	_____

FATHER (living with the child? Yes No)

First Name _____ Middle _____ Last _____

Alumni/ Please specify year if applicable Yes No
 Please specify, year, if applicable _____
 (Graduated/Attended)

Home Address _____

Employer _____

Occupation _____

() _____ () _____ () _____
 Home Phone Cell Phone Business Phone

Religion _____ E-mail Address _____

Marital Status _____ Church of Marriage _____

MOTHER (living with the child? Yes No)

First Name _____ Middle _____ Last _____

Alumni/ Please specify year if applicable Yes No
 Please specify, year, if applicable _____
 (Graduated/Attended)

Home Address _____

Employer _____

Occupation _____

() _____ () _____ () _____
 Home Phone Cell Phone Business Phone

Religion _____ E-mail Address _____

Marital Status _____ Church of Marriage _____



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STEP PARENT / GUARDIAN (living with the child? Yes No)

First Name

Middle

Last

Religion

Birthplace

Employer

Occupation

() Cell Phone

E-mail Address

Alumni/ Please specify year if applicable Yes No

Please specify, year, if applicable _____ (Graduated/Attended)

FAMILY SUPPORT QUESTIONNAIRE

STUDENT PROFILE (Use a separate sheet if necessary)

Please write a brief paragraph about your child: _____

Has your child been successful in his/her school experiences to date? Yes No
If no, to what do you attribute his/her lack of success?

PARISH INFORMATION

Are you registered in Assumption of the Blessed Virgin Mary Parish?..... Yes No

If yes: Do you use church envelopes?..... Yes No

What is your envelope number?..... _____

If you would like to register to become a parishioner, please contact Parish Office at: <https://www.abvmpasadena.org/>

Are you registered in another parish/church? Yes No

If yes, please state name of parish: _____

Do you attend Mass / Services at your church on a weekly basis? Yes No

Has your child been receiving Religious Education instruction? Yes No

If yes, please state where the previous Religious Education took place:

Are you aware of the parent and student requirements for admission to ABVM? Yes No

Are you willing to do the required service hours each year and support school activities? Yes No

Are you willing to support the school fundraising activities? Yes No

Are you willing and able to meet your financial obligations at school in a timely manner? Yes No

Please write a brief statement explaining why you are applying to ABVM, what you expect of the school and anything else you would like us to know as we process your application.

Birthdate/ Sacrament Information: Please Provide Copies

BIRTHDATE

BIRTHPLACE

BAPTISMAL DATE

CHURCH - CITY

1ST COMMUNION DATE

CHURCH-CITY

PLEASE LIST OTHER SCHOOLS TO WHICH YOU ARE APPLYING:
