

Photograph

St. Theresa Catholic School

1081 Lyons Avenue
South Lake Tahoe, CA 96150
Telephone: (530) 544.8944 Facsimile: (530) 544.8909



Date APPLICATION FOR ADMISSION Entering Grade

STUDENT INFORMATION:

NAME: (Last) (First) (Middle)

ADDRESS: HOME PHONE: DAYTIME PHONE: (City) (State) (Zip)

SOCIAL SECURITY NUMBER: SEX: Male Female

BIRTH: (Date) (City) (State) (Country)

CITIZENSHIP:

USA Other (Please Specify)

RELIGION:

Catholic Other (Please Specify)

PARISH: (City) (State)

FAMILY INFORMATION:

ETHNIC BACKGROUND: (*This information is for statistical purpose only)

African American Hispanic/Latino Pacific Islander
Asian American Indian White
Multiracial

LANGUAGE(S) SPOKEN AT HOME: (Primary)

GUARDIAN INFORMATION: (Please tick all appropriate categories)

Lives with Mother and Father Parents Divorced or Separated Father Deceased
Lives with Father Father Remarried Mother Deceased
Lives with Mother Mother Remarried Other

Custodial Parent: (If Applicable)

OTHER CHILDREN:

_____	_____	_____	_____
(Name)	(Age)	(Name)	(Age)
_____	_____	_____	_____
(Name)	(Age)	(Name)	(Age)

MOTHER'S DETAILS:

NAME: _____

(Last) (First) (Middle) (Goes By)

EMPLOYER: _____ OFFICE PHONE: () _____

OCCUPATION: _____ SOCIAL SECURITY NO: _____

RELIGION: _____

FATHER'S DETAILS: .

NAME: _____

(Last) (First) (Middle) (Goes By)

EMPLOYER: _____ OFFICE PHONE: () _____

OCCUPATION: _____ SOCIAL SECURITY NO: _____

RELIGION: _____

**OTHERS RESIDING IN HOUSEHOLD: (GUARDIAN STEP-PARENT GRANDPARENT RELATIVE

NAME: _____

(Last) (First) (Middle) (Goes By)

EMPLOYER: _____ OFFICE PHONE: () _____

OCCUPATION: _____ SOCIAL SECURITY NO: _____

RELIGION: _____**

GENERAL INFORMATION:

CURRENT SCHOOL: _____

SPECIAL RESOURCES REQUIRED: Yes No

REASON FOR TRANSFER: _____

HAS YOUR CHILD EVER BEEN SUSPENDED OR DISMISSED FROM A SCHOOL? Yes No

REFERRED BY: _____

OFFICE USE ONLY

____/____/____ INTERVIEWED ____/____/____ VISITED CLASS ____/____/____ REGISTRATION PAID ____