



# St. Basil's School

Catholic Education in Vallejo since 1949

**CHILD MUST BE FIVE BY SEPTEMBER 1<sup>ST</sup>**

**PLEASE PRINT**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth (Mo-Day-Yr) \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Daytime Number \_\_\_\_\_

Religion \_\_\_\_\_ School child is presently attending \_\_\_\_\_

CHILD BAPTIZED: \_\_\_ Y \_\_\_ N, BAPTISMAL DATE: \_\_\_\_\_ WHERE: \_\_\_\_\_ (Please provide copy of Certificate.)

Does your child have any learning needs of which we should be informed?

If yes, please clarify: \_\_\_\_\_

**FATHER:**

**MOTHER:**

Name: Last, First \_\_\_\_\_

Name: Last, First \_\_\_\_\_ (Maiden)

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Applicant lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

Do you have other child/children currently attending St. Basil's School and/or Pre-School? \_\_\_ Yes \_\_\_ No

If **Yes**, list child/children name(s): \_\_\_\_\_

Are you a registered, practicing member of St. Basil's Parish? \_\_\_\_\_ Parish # \_\_\_\_\_  
(Weekly Envelopes)

Name of Parish if other than St. Basil's \_\_\_\_\_

**Please complete reverse side also.**

**OFFICE USE ONLY**

\$40.00 Cash/Check# \_\_\_\_\_

Birth Certificate

Immunization Record

Baptism Certificate (if applicable)

