



St. Basil's School

Catholic Education in Vallejo since 1949

CHILD MUST BE FIVE BY SEPTEMBER 1ST

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 Parent/Guardian # 1 _____ E-mail Address Parent/Guardian # 2 _____ 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:

Name: Last, First _____

Religion: _____

Occupation: _____

Employer: _____

Applicant lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian

MOTHER:

Name: Last, First _____ (Maiden)

Religion: _____

Occupation: _____

Employer: _____

Do you have other child/children currently attending St. Basil 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 Church _____

Please complete reverse side also.

OFFICE USE ONLY

\$40.00 Cash/Check# _____

Birth Certificate

Immunization Record

Baptism Certificate (if applicable)

