



NOTRE DAME SCHOOL

1781 Marshall Road
Vacaville, California 95687-5972
(707) 447-1460
www.notredame-vacaville.org

ENTERING GRADE: _____

School Now Attending: _____

Date Received: _____

Amount Received: _____

NAME: _____
(Last Name) (First) (Middle)

ADDRESS: _____
(Street) (City) (Zip)

PHONE: _____

DATE OF BIRTH: _____
(Month) (Day) (Year)

CITY & STATE OF BIRTH: _____

RECORD OF SACRAMENTS RECEIVED

	CHURCH	CITY	STATE	DATE	VERIFIED BY
BAPTISM					
EUCARIST					
RECONCILIATION					
CONFIRMATION					

ETHNIC BACKGROUND: (Please circle)

**Spanish – Mexican – Caucasian – African American – Chinese – Japanese – Korean –
Filipino – American Indian – Guamanian – Portuguese – Other: _____**

CHECK HOME CONDITION:

☐ Two Parents at Home

☐ Parents Separated

☐ Father Deceased

☐ Mother Deceased

☐ Foster Home

☐ Other: _____

	FATHER	MOTHER	GUARDIAN
FULL NAME			
PLACE OF BIRTH			
RELIGION			
OCCUPATION			
NATIONALITY			
WORK PHONE #			

WHAT PARISH DO YOU BELONG TO? _____

DO YOU USE SUNDAY ENVELOPES? _____

REGULAR CHURCH ATTENDANCE:

FATHER: ☐ YES ☐ NO

MOTHER: ☐ YES ☐ NO

DO YOU HAVE OTHER CHILDREN ENROLLED IN THE SCHOOL? IF SO, WHAT GRADES ARE THEY IN?

LIST AT LEAST THREE REASONS FOR SENDING YOUR CHILD TO OUR SCHOOL?

1. _____

2. _____

3. _____

IF YOUR CHILD IS NOT ENTERING SCHOOL FOR THE FIRST TIME, WHAT IS YOUR REASON FOR TRANSFERRING YOUR CHILD AT THIS TIME?

WHO REFERRED YOU TO OUR SCHOOL?

AS PARENTS, DO YOU HAVE ANY AREA OF INTEREST OR SKILLS YOU WOULD LIKE TO OFFER AS A SERVICE TO THE SCHOOL?

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PLEASE NOTE THE FOLLOWING:

When a child is accepted into Notre Dame School, there are many Parental Responsibilities. Some of these responsibilities are:

- a. Attendance at Parent/Teacher Conferences**
- b. Participation in the Sacramental Program**
- c. Participation in Parish and School Fundraisers**
- d. Contributing to the support of the Parish**
- e. Attendance at Parent Club Meetings**
- f. I understand that I must work a required amount of hours at school**

I HEREBY ACCEPT THE RESPONSIBILITY FOR PARTICIPATING IN THE ABOVE-NAMED ACTIVITIES.

Parent Signature

Date

NO APPLICATION WILL BE CONSIDERED UNLESS ALL REQUESTED INFORMATION AND DOCUMENTS ARE SUBMITTED TO THE SCHOOL OFFICE.

A \$25.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION IF NO OTHER CHILDREN ARE CURRENTLY ENROLLED IN NOTRE DAME SCHOOL.



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Dear Interested Parents:

Thank you for registering your child in Notre Dame School. Before we can process your application, we will need a copy of the following information.

KINDERGARTEN

- _____ **Copy of Birth Certificate**
- _____ **Copy of Baptismal Certificate**
- _____ **Copy of Valid Immunization Record
(Yellow Health Record)**
- _____ **Hepatitis B Vaccine (3-dose series)**

GRADES 1-8

- _____ **Copy of Birth Certificate**
- _____ **Copy of Baptismal Certificate**
- _____ **Copy of First Communion Certificate**
- _____ **Copy of Reconciliation Certificate**
- _____ **Copy of Confirmation Certificate**
- _____ **Copy of Valid Immunization Record
(Yellow Health Record)**
- _____ **Copy of Latest Report Card and any pertinent test scores**

THANK YOU!