

**APPLICATION FORM**

St. Patrick's Day School \* One Church Road \* Thousand Oaks, CA 91362  
Telephone (805) 497-1416 Fax (805) 496-8331  
www.stpatricksdayschool.org

**APPLICATION DUE FEBRUARY 1**

Date of Application \_\_\_\_\_

Applying for Grade \_\_\_\_ Beginning September \_\_\_\_\_

**STUDENT INFORMATION**

Applicant's Name \_\_\_\_\_  
Last First Middle Nickname (if any)

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Current School \_\_\_\_\_ Telephone \_\_\_\_\_

**PARENT INFORMATION**

Father's Name \_\_\_\_\_

Address (if different from applicant) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different from applicant) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**SIBLING INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF APPLICATION FORM.**

**OTHER INFORMATION**

Religious Affiliation \_\_\_\_\_

Does your child have any medical condition requiring prescribed medication? If yes, please describe briefly \_\_\_\_\_

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Is your child receiving language, psychological, or physical therapy? If yes, please describe briefly \_\_\_\_\_

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Describe any of your child's particular talents or achievements of which you would like the school to be aware. \_\_\_\_\_

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We welcome any additional comments about your child that you would like to share. \_\_\_\_\_

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We welcome information about parent skills, talents, interests, etc. which could be shared with the school.

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How did you first hear about St. Patrick's Day School? (check all that apply)

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="radio"/> Friend       | <input type="radio"/> Yellow Pages |
| <input type="radio"/> Pre-school   | <input type="radio"/> Internet     |
| <input type="radio"/> Newspaper Ad | <input type="radio"/> Realtor      |
| <input type="radio"/> Other _____  |                                    |

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_