

OFFICE CHECKLIST: ___\$25/child Testing Fee ___ Birth Certificate ___ Baptismal ___ Communion ___ Immunization ___ Report Card ___ Test Scores ___ HLS ___ Registration Fee



Our Lady of the Visitation School
 785 Sunnydale Ave. San Francisco, CA 94134
 Phone (415) 239-7840 ☎ Fax (415) 239-2559

School Year 2019-2020

APPLICATION FOR GRADE _____ (Grade child will be in for 2019-2020 school year)

DATE _____

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE _____ PLACE OF BIRTH _____ BIRTHDATE _____ / ____ / ____ SOC SEC # _____

LEGAL LAST NAME (if different) _____

ADDRESS: _____ PHONE: _____ (____) _____ U.S. CITIZEN: YES NO GENDER: M F

ETHNICITY: _____ PRIMARY LANGUAGE SPOKEN AT HOME: _____

SCHOOL STUDENT NOW ATTENDS: _____ ADDRESS: _____ GRADE: _____

Do you have any tuition money due to another school for this student? (if so, please provide explanation) _____

***** FAMILY INFORMATION *****

LEGAL CUSTODY: CHILD RESIDES WITH: BOTH PARENTS FATHER MOTHER GUARDIAN - relationship: _____

FATHER (NATURAL)

MOTHER (NATURAL)

ADOPTIVE, STEP, or FOSTER PARENT, GUARDIAN

NAME	FATHER (NATURAL)	MOTHER (NATURAL)	ADOPTIVE, STEP, or FOSTER PARENT, GUARDIAN
HOME/CELL PHONE			
EMAIL			
ADDRESS			
BIRTHPLACE			
CITIZEN	US: OTHER:	US: OTHER:	US: OTHER:
RELIGION			
ETHNIC HERT.			
OCCUPATION			
WORK PHONE			
	<input type="checkbox"/> DECEASED	<input type="checkbox"/> DECEASED	

BROTHERS/SISTERS WHO ATTEND(ED) OLV SCHOOL: OTHER RELATIVES WHO ATTEND(ED) OLV SCHOOL: YOUNGER SIBLING WHO MAY ATTEND OLV IN FUTURE (include name and current age):

Contact information (phone, email, address, etc) for relatives who have attended OLV:

*****SACRAMENTAL RECORD*****

Baptism

First Holy Communion

Confirmation

Date _____

Church _____

City, State, Country _____

Verified by _____

If child is not Catholic: Is child baptized? _____ Religion: _____

Parish Affiliation:
Parish in which you live _____ Parish Church you attend _____

*****HEALTH/MEDICAL INFORMATION*****

Does your child have any medical, physical or emotional problems that may, in any way, affect his/her performance in school or school activities? Please describe:

Is your child using medication prescribed by a doctor for a specific condition? If so, please describe:

Condition: _____

Medication/Dosage and Side Effects: _____

Emergency Procedures related to child's condition:

*****ADDITIONAL INFORMATION NEEDED*****

Why do you want your child to attend a Catholic School? _____

Along with this form please be sure to submit the following in order to complete your application:

- \$25 per child testing fee
- Copy of Birth Certificate
- Copy of Baptismal Record (if Catholic) and Copy of 1st Communion Record (if Catholic grades 3 and up)
- Copy of Immunization and Health Record (for K only)
- Completed Home Language Survey
- Report Card and Standardized test scores (grades 3 and up)

Note that after acceptance to OLV School families must pay registration fee, apply for financial aid, and sign up for tuition management through the TADS online system.