



IMMACULATE HEART OF MARY SCHOOL

1000 Alameda De Las Pulgas + Belmont, California 94002

(650) 593-4265 school + (650) 593-4342 fax

(650) 593-4260 daycare + (650) 593-2344 preschool

www.ihmschoolbelmont.org

Facebook: *Immaculate Heart of Mary School Belmont*

KINDERGARTEN APPLICATION

Applicants are to be 5 years of age before September 1st to be considered for entrance.

Please submit the following with your completed application: **Application Fee - \$50 (Check or Cash)**

- ❖❖ Copies of your child's Birth and Baptismal Certificates.
- ❖❖ A recent family photograph

APPLICANT INFORMATION: Please print

Child's Name _____ Date _____
Last First Middle

Permanent Address _____ Home Phone (____) ____ - ____

City _____ State _____ Zip _____ Social Security # _____

Birth Date ____ / ____ / ____ Place of Birth _____

Current Age _____ Gender _____ Child's Religion _____

Ethnic Heritage _____ Language/s spoken at home _____

FAMILY INFORMATION

Father's Last Name _____ First _____ Middle _____

Occupation _____ Business Address _____ Business Phone _____

Home Phone _____ Cell Phone _____ E-mail _____

Birthplace _____ Religion _____ US Citizen Yes ____ No ____

Marital Status: Married ____ Separated ____ Divorced ____ Remarried ____ Widower ____ Single ____

Mother's Last Name _____ First _____ Middle _____

Mother's Maiden Name _____

Occupation _____ Business Address _____ Business Phone _____

Home Phone _____ Cell Phone _____ E-mail _____

Birthplace _____ Religion _____ US Citizen Yes ____ No ____

Marital Status: Married ____ Separated ____ Divorced ____ Remarried ____ Widower ____ Single ____

For Office Use Only:

Testing Fee Received _____ Baptismal Certificate _____ Birth Certificate _____ Family Photo _____ Preschool Eval. _____ Date App. Received _____

Date of Screening _____ Accepted _____ Wait Listed _____ Not Accepted _____ Registration Fee Received _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

If divorced or separated, who has custody? Mother _____ Father _____ Both _____

SACRAMENTAL RECORD

Roman Catholic Baptism Date _____ Church _____ City _____

Are you a registered parishioner of Immaculate Heart of Mary Church? _____

Are you registered in another Catholic Parish? _____ Name of Parish _____ City _____

EDUCATIONAL RECORD

Preschool your child last attended or is now attending:

Name of School _____

Address of School _____ City _____ State _____ Zip _____

Please state your reasons for wanting to send your child to Immaculate Heart of Mary School.

Please add any further pertinent information

Are you or your spouse an alumnus of Immaculate Heart of Mary School? _____ Years attended _____

Siblings currently or previously enrolled in IHM:

Name _____ Grade/Year _____ Name _____ Grade/Year _____

Other siblings at home, names and ages _____

Signature of Parent (Guardian)

Date

Signature of Parent (Guardian)

Date

Immaculate Heart of Mary School, mindful of its mission to be witness to the love of Christ for all, admits students of any race, color, and national and/or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at this school. Immaculate Heart of Mary School does not unlawfully discriminate on the basis of race, color, and national and/or ethnic origin in administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.