IMMACULATE HEART OF MARY SCHOOL

Mrs. Andrea Harville, Principal + *Rev. Mark Mazza,* Pastor
1000 Alameda De Las Pulgas + Belmont, California 94002
(650) 593-4265 School + (650) 593-4342 Fax
(650) 593-4260 Extended Care + (650) 593-2344 Preschool
www.ihmschoolbelmont.org

GRADES 1 – 8 STUDENT APPLICATION

(Applicants for Grade 1 are to be 6 years of age on or before September 1st to be considered for admission.)

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

- Copies of your child's Birth and Baptismal Certificates
- Copies of Report Cards from the last 2 years and most recent Standardized Test scores (ITBS or STAR) School Evaluation Form
- A recent family photograph
- Immunization Records

APPLICANT INFORMATION: Please print Applying for grade: _____

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 ___

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 _____

First Communion 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

School 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.