Notre Dame School

STUDENT ENROLLMENT APPLICATION 2019-2020 SCHOOL YEAR

1781 Marshall Rd., Vacaville, CA 95687 (707) 447-1460

Please Print Clearly

Application Fee: \$40.00 - Please submit the fee and required documents listed at the bottom of this form with the completed application.

Student Name:(Last)	nt Name:			Entering Grade:Birth Date:			
(Last)	(First)	(Middle)					
Birthplace:	Preschool/So	chool Last Attended:				Grade:	
School Location:(City, State)	School Phone:		Does your child hav	Does your child have an IEP?		Does your child have a 504 Plan?	
Student's Religion:			Baptized		First (Communion	
s your family registered at St. Joseph, St. Mary's Parish? yesno		no —	Church: City, State:				
Date you became active at this parish:	Attending						
Date you became active at this parish.		Attending Anot	(Name)		(Location)		
Home Address:				ŀ	Home Phone:		
(Street)	(Ci	ty, State)	(Zip)	·			
Student Lives With: Both Parents:	Mother: Fath	er: Other:					
				(Relationship)			
How did you hear about our school:			Alumni of Notre Dame:	: yes no	_ If yes, what year	.5	
Names and Ages of Siblings: :							
Father's Name:							
Occupation:			Business Phone:				
Cell Phone:	Email Addr (Personal)	ess:					
Mother's Name			Religion:				
Mother's Name: Occupation:			Business Phone:				
Il Phone:Email Address:(Personal)		ess:					
Signature:							
Copies of Required Documents: Official Birth Cert. Immunization Record	Bantism Certif	ficate First C	ommunion Certificate	Last Report C	ard Stan	dardized Test	
Office Use Only: Application Fee PAID:	 •	·	cceptedRegistered_		· · · · · · · · · · · · · · · · · · ·	um Requested	