

435 Hazel Street • Chico, CA 95928 530-342-2502 • www.ndschico.org

## Application for Admission – Transfer Students

Year 20		Grade Applying for		cnooi use	
Student's Name:	Middle	Last	Age:_	M	_ F
Mailing Address:  Street				Zip	
Birth date:/ Place: City			Religion:	•	
Date of Baptism:// Church			City	State	
Date of First Communion//Chu	irch		City	State	
Lives with (check all that apply) Mothe	erFather	r Grandparents	Guardian	Other	
Parents Marital Status (check one)	Marri	ed Separated	Divorced		
Mother's Name:		Maiden N	ame		
Address: (If Different then Student's) Street		City		Zip	
Employer:		Occupation:			
( )ext	_( )_ Home P	( ) _(	Cell Phone		
E-Mail Address:		1	Religion:		
Father's Name					
Address: (If Different than Student's) Street		City		Zip	
Employer:		-	1:	•	
( )ext		( )_	Cell Phone		

E-Mail Address:			Religion:	
Last School Student Attended:	 Name			
Address	City	Zip	Phone	
School District (If Public School):				
Current Teacher:		Office	use only	
Current Principal:		Offic	e use only	
Please answer the following que	estions to the best of your	ability:		
Why are you choosing Notre D	Dame Catholic School?			
If you are transferring from a	local elementary school,	why are you	making a change?	

Does your child ha	ve an IEP?yesno
If yes, please briefl	y describe (will remain confidential):
Has your child eve	r been Suspended or Expelled?yesno
If yes, please briefl	y describe (will remain confidential):
	nitted to Notre Dame School, what skills or talents can you bring to our school mily?
community as a fai	
Community as a fai	mily?
How did you hear:Family	about our school? (Check all that apply)
How did you hear:FamilyPreschool	about our school? (Check all that apply)  _ Friend/co-worker with child attendingChurchCatholic Herald

Revised 4/26/2018