

ST. FRANCIS OF ASSISI PARISH SCHOOL

525 W. Vista Way, Vista, CA 92083

Tel: (760)630-7960 Fax(760)726-2910

Website:http://www.sfs-vista.org

FOR ADMINISTRATION USE ONLY

Stewardship

Parish _____

Non-Stewardship

Accept

Non-Catholic

Non-Acceptance

Application Received in Office: Date: _____

Required Documents:

Birth Certificate

Baptismal Record

First Communion

Immunization Record

Report/Progress Card

Test Date: _____ Testing Fee Paid _____ Check# _____ Cash _____ Principal's Approval: _____

STUDENT INFORMATION FORM

For Academic Year: _____

Student's Last Name: _____ Student's First Name: _____

Male

Female

Preschool: 1/2 Days:(8:00-11:45 am) 3/4 Days: (8:00 am-2:45 pm) Full Days: (7:30 am-5:30 pm)

Choose the Days

Choose the Days

Choose the Days

Applying for Grade: (circle one)

M T W Th F

M T W Th F

M T W Th F

K 1 2 3 4 5 6 7 8

Name of School Student Currently Attends: _____

Name of Preschool Child Attended: _____

(For K, 1, 2 & 3 applicants)

Has your child ever experienced Academic Difficulties?

Yes _____ No _____

Has your child ever experienced Behavioral Difficulties?

Yes _____ No _____

Is your child currently taking medication?

Yes _____ No _____

Student Religion: Catholic Non-Catholic

Family Parish: _____ Env. # _____

Date of Birth: _____ City: _____ State: _____

Baptism Date _____ Church: _____ City: _____ State: _____

A copy of Certificate must be provided

Reconciliation Date: _____ Church: _____ City: _____ State: _____

First Communion Date: _____ Church: _____ City: _____ State: _____

A copy of Certificate must be provided

For Office Use: Sacraments Needed: Baptism Reconciliation First Communion Profession of Faith

Siblings Applying For Admission To St. Francis of Assisi Parish School

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Please complete other side of the application

Over →

PARENT/GUARDIAN INFORMATION

FATHER'S INFORMATION

U.S. Citizen: Yes No

Last Name First Middle

Home Phone _____

Religion Catholic Non-Catholic

Cell Phone _____

Occupation _____

Work Phone _____

Employer _____

Family Parish: _____

MOTHER'S INFORMATION

U.S. Citizen: Yes No

Maiden Name First Middle

Home Phone _____

Religion Catholic Non-Catholic

Cell Phone _____

Occupation _____

Work Phone _____

Employer _____

Home Address: _____ City _____ State _____ Zip Code _____

Mailing Address
(if Different from Home Address): _____ City _____ State _____ Zip Code _____

HOME CONDITION:

- Mother & Father Present Single Parent Parents Divorced Mother Deceased
 Father Deceased Mother Remarried Father Remarried Other (please explain)

Other Important information regarding this student:
