

ADMISSIONS APPLICATION

<u>APPLICANT INFORMATION:</u>			Grade for 2025-2026:		
Last Name:	First:		_Middle:		
Nickname:	Male:	Female:	_Date of Birth:		
What school is your child presently attending?			City:		
Does your child have any learning	g, physical or emotiona	l issues?			
Yes:No:					
If "Yes", please explain:					
Is your child presently taking any	regular medication(s)?	<u> </u>			
SACRAMENTAL INFOR	RMATION:				
Date of Baptism:					
Church of Baptism:					
Church Location:					
Street		City	Zip	Country	
PARENT/GUARDIAN IN	FORMATION:				
Parent 1:		Parent 2:			
First:Last: _		First:	Last:		
Religion: Catholic:	Non-Catholic:	Religion: Cathol	ic:Non-Catholi	c:	
E-Mail address:		E-Mail address:			
Cell Phone:		Cell Phone:			
Other Phone (specify):		Other Phone (specify):			
Home Address (default for applicant):		Home Address (if different):			
Marital Status:		Marital Status:			
Occupation:		Occupation:			
Employer:		Employer:			



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Are you registered in St. Brendan Parish? Yes: No:
Do you use the Church Envelope: If yes, Number: Weekly Monthly:
If not a member of St. Brendan Parish, what parish are you in?
Please list the parish/school activities which you are currently involved in:
Are you willing to volunteer time to the school in compliance with the Parent Volunteer requirements?
Why do you wish to enroll your child in St. Brendan School?
Why did you leave your previous school (if applicable)?
Please list siblings now attending/have attended St. Brendan School:
Names:
Grade:
Grade:
Grade: