

ADDITIONAL INFORMATION:

- Are you a registered **contributing** member of St. Brendan Parish? Yes ___ Parish envelope # ___
No ___

- If you are not a registered **contributing** member of St. Brendan Parish, and you are a Catholic family, what is your parish? _____

- If you are a non-Catholic family, what is your religious affiliation, if any? _____

- Check where appropriate: Child lives with both parents ___ with mother ___ with father ___

- Other children in family:

Name: _____ Date of Birth: _____ School: _____

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Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

- What are your reasons for wanting to send your child to St. Brendan School?

1. _____
2. _____
3. _____

Father's Signature

Mother's Signature

* * * * *

Your application procedure is complete when you have returned:

- 1) This completed **Application Form**
- 2) A non-refundable **Application Fee of \$70.00**
- 3) The completed **Individual Evaluation Preference Form** (*for Kindergarten applications only*)
- 4) A copy of the **Baptismal Certificate for Catholic children** (*not necessary if child was baptized at St. Brendan Church*)
- 5) A copy of the **Birth Certificate for non-Catholic children**
- 6) And when your child's pre-school has returned the **Confidential Student Recommendation Form** (*for Kindergarten applications only*)

Application materials must be **received by January 11, 2008**. Mail or deliver to:

**St. Brendan School
940 Laguna Honda Blvd.
San Francisco, CA 94127-1239**

Revised June 2007