



St. Brendan School APPLICATION

Please circle grade for which you are applying: K - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 Date: _____

CHILD: Name: _____ Social Security Number _____
Last First Middle

Address: _____
Number & Street City State Zip

Home Phone: _____ Age: _____ Male ___ Female ___

Date of Birth: _____ Place of Birth: _____
Month Date Year City State

Religion: Catholic ___ Date of Baptism _____ Place _____
Church City State

Date of 1st Communion _____ Place _____
(if applicable) Church City State

Other religion (please specify): _____

Ethnic Heritage: African American ___ American Indian/Alaskan ___ Hispanic ___
Chinese ___ Japanese ___ Filipino ___ Other Asian ___
Native Hawaiian/Pacific Islander ___ White ___ Multi-racial ___

Current School: _____ Dates of Attendance: _____
(if applicable)

FATHER: Name: _____
Last First Middle

Address: _____
Number & Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Business Phone: _____ Occupation: _____ Full-time ___ Part-time ___

Business Address: _____
Company Number & Street City State Zip

Religion: Catholic ___ Other (please specify): _____

MOTHER: Name: _____
MAIDEN First Middle

Address: _____
Number & Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Business Phone: _____ Occupation: _____ Full-time ___ Part-time ___

Business Address: _____
Company Number & Street City State Zip

Religion: Catholic ___ Other (please specify): _____

PLEASE COMPLETE OTHER SIDE

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: _____

• 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 \$75.00**
- 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 10, 2011**. Mail or deliver to:

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

Revised July 2010