

Holy Name Of Jesus Parish School

1560 40th Ave., San Francisco, Ca. 94122

School Application for Grade _____

App. Fee _____

Date _____

(415) 731-4077

Fax (415) 731-3328

www.holynamesf.com

holynameschoolsf@yahoo.com

Siblings at H.N: 1. _____ 2. _____ 3. _____

Information About Your Child

Last Name _____ First _____ Middle _____ Male Female

Child's Address: _____ City _____

Zip Code _____ Telephone _____ Parish _____

Child lives with: Both Parents Mother Father Guardian

Date of Birth ____/____/____ City _____ State _____ Country _____

Social Security # _____ - _____ - _____ U.S. Citizen? _____

Catholic: yes no Baptism Date ____/____/____ Church _____ City _____

1st. Communion Date ____/____/____ Church _____ City _____

Confirmation Date ____/____/____ Church _____ City _____

School Now Attending: _____ Telephone _____

School's Address: _____ City/Zip Code _____

How did you hear about Holy Name? _____

Biological Father

Last Name _____ First _____ Middle _____

Address: Same as above Other: _____

Catholic: yes no Married: yes no If no: Custodial parent: yes no

Place of Birth _____ Ethnic origin: _____

Home Phone: _____ Cell Phone: _____ E-Mail _____

Occupation _____ Employer _____

Work Address _____ Work Phone _____

Biological Mother

Last Name _____ First _____ Middle _____

Address: Same as above Other: _____

Catholic: yes no Married: yes no If no: Custodial parent: yes no

Place of Birth _____ Ethnic origin: _____

Home Phone: _____ Cell Phone: _____ E-Mail _____

Occupation _____ Employer _____

Work Address _____ Work Phone _____

Other Guardian (if applicable)

STEP PARENT

GUARDIAN

FOSTER PARENT

Last Name _____ First _____ Maiden _____

Address: Same as above Other: _____

Home Phone: _____ Cell Phone: _____ EMail _____

Occupation _____ Employer _____

Work Address _____ Work Phone _____