



43-775 Deep Canyon Road  
Palm Desert, CA 92260  
Phone: (760) 346-3513  
FAX: (760) 773-0673

**2020 – 2021  
NEW STUDENT PRELIMINARY  
APPLICATION  
FOR ADMISSION**

Please return completed form, along with a copy of your child's birth certificate, copy of current immunization record, two most recent report cards and the most recent testing scores, to the School Office.  
A fee of \$50.00 is due upon application.

**Circle Grade Student will be Entering in September 2020**

**K 1 2 3 4 5 6 7 8**

**PLEASE PRINT:** Please fill out a separate form for each child.

*PK students must be 4 years by 9/1/20*

Name \_\_\_\_\_ M F *K students must be 5 years by 9/1/20*  
*1<sup>st</sup> grade students must be 6 years by 9/1/20*

Date of Birth \_\_\_\_\_

**A. FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_ Religion \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Religion \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Please check where appropriate:**  Lives with both parents  Lives with Mother  Lives with Father

**Language spoken in the home:** \_\_\_\_\_

**B. STUDENT INFORMATION:**

Name of Present School \_\_\_\_\_ Grade in 2019-20: \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Is this student currently receiving Special Resources? \_\_\_\_ yes \_\_\_\_ no

Has this student ever received Special Resources? \_\_\_\_ yes \_\_\_\_ no

Has this student ever received additional services (speech, counseling, etc.) \_\_\_\_ yes \_\_\_\_ no

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. PARISH INFORMATION:**

Name of current Parish which you attend? \_\_\_\_\_ City & State: \_\_\_\_\_

Is your child currently enrolled in CCD classes?: No \_\_\_\_ Yes \_\_\_\_ If yes, name of Church: \_\_\_\_\_

**D. SACRAMENTAL INFORMATION:**

Religion of child: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Baptism Date / Name of Church / City & State

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of First Reconciliation / Name of Church / City & State

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of First Communion / Name of Church / City & State

**Special Notes:**

1. **Please provide a copy of your child's birth and baptismal certificates.** If your child is entering Grades 3-8, please provide a copy of their First Holy Communion Certificate, if applicable.
2. **Please provide a copy of your child's current immunization record.**
3. Please provide a copy of the student's **two most recent report cards and the most recent testing scores.**
4. Please provide information regarding any academic or physical accommodations which may be needed for your child to succeed in the classroom, if applicable. Attach information/call for an appointment with school administration upon application.

Please list additional children applying for acceptance: \_\_\_\_\_ Grade in 20-21

1. \_\_\_\_\_ M F \_\_\_\_\_

2. \_\_\_\_\_ M F \_\_\_\_\_

3. \_\_\_\_\_ M F \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_