

**QUEEN OF APOSTLES SCHOOL**

4950 Mitty Way  
San Jose, CA 95129  
Telephone: (408) 252-3659  
Fax: (408) 873-2645

**Application - 2012/2013**

Please attach a picture of applicant

Date: \_\_\_\_\_  
Applying for Grade: \_\_\_\_\_  
Applicant's Age: \_\_\_\_\_  
\$100. Application/Testing Fee Paid : \_\_\_\_\_  
**(Non-Refundable)**

**(Please Print)**

**Child**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Religion \_\_\_\_\_ Parish \_\_\_\_\_

**Father's Name**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Religion \_\_\_\_\_  
Living \_\_\_\_\_ Not at home \_\_\_\_\_ Deceased \_\_\_\_\_

**Mother's Name**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Religion \_\_\_\_\_  
Living \_\_\_\_\_ Not at home \_\_\_\_\_ Deceased \_\_\_\_\_

Name and address of parent(s) / guardian responsible for tuition payments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of parent(s)/ guardian applicant is living with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Employer \_\_\_\_\_ Title \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's Address \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Title \_\_\_\_\_

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Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's Address \_\_\_\_\_ E-mail \_\_\_\_\_

Please check the following that applies to your child:

**Living with:**

\_\_\_\_ Both Parents  
\_\_\_\_ Father  
\_\_\_\_ Mother  
\_\_\_\_ Guardian  
\_\_\_\_ Fosterparent  
\_\_\_\_ Other \_\_\_\_\_

**Language spoken at home:**

\_\_\_\_ English  
\_\_\_\_ Spanish  
\_\_\_\_ Other \_\_\_\_\_

**Citizenship:**

\_\_\_\_ Native born  
\_\_\_\_ Naturalized  
\_\_\_\_ Non-United States

**Brothers:**

\_\_\_\_ Older  
\_\_\_\_ Younger

**Sisters:**

\_\_\_\_ Older  
\_\_\_\_ Younger

**Siblings Applying:**

Name(s): \_\_\_\_\_  
Grade(s): \_\_\_\_\_

**Parental Status:**

\_\_\_\_ Married      \_\_\_\_ Widowed  
\_\_\_\_ Separated      \_\_\_\_ Divorced

**Records of Sacraments:**

**Baptism**

**First Communion**

**Reconciliation**

Date  
Church  
City/State

**Special health problems (chronic illnesses, allergies, handicaps, etc.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received special testing? \_\_\_\_ Yes      \_\_\_\_ No  
Has your child been retained? \_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Grade

**Previous Schooling** (please include preschool and kindergarten)

Name of School	Address	Phone #	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give your reasons for selecting Queen of Apostles School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

***Please complete back side of page***

Did you read about us in the Bay Area Parent Magazine? Yes \_\_\_\_\_ No \_\_\_\_\_

I accept the financial obligations to the school and will pay tuition on time and in full. I will cooperate with the school in implementing their policies.

\_\_\_\_\_  
Father's Signature/Guardian's

\_\_\_\_\_  
Mother's Signature/Guardian's

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