

QUEEN OF APOSTLES SCHOOL

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

Application – 2016/2017

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 _____

Do you have any outstanding tuition balances at any other school your child has attended? yes no
If yes, at which school and when do you plan to finalize payment on this balance? _____

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 _____
Occupation _____ Phone # _____
Employer's Address _____ E-mail _____

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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
- Separated
- Widowed
- 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? _____

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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