

QUEEN OF APOSTLES SCHOOL

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

Application – 2017/2018

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 _____

Please complete back side of page

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

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

Please complete back side of page