

Maria Regina School

APPLICATION FOR ADMISSION

13510 South Van Ness Avenue, Gardena, CA. 90249
(310) 327-9133 * Fax (310) 327-2636

Application for Grade *(please check one)*

- K (Kindergarten) 1st (First) 2nd (Second) 3rd (Third)
 4th (Fourth) 5th (Fifth) 6th (Sixth) 7th (Seventh) 8th (Eighth)



CHECK LIST

- Clear copy of the birth certificate
- Clear copy of immunizations records
- Application sign by parent/guardian
- \$50 Testing fee non-refundable & transferrable
- Copies of past two years report cards
- Baptismal and/ or First communion certificates if Roman Catholic

Please note that your application will be processed only after all information requested has been submitted.

APPLICATION INFORMATION*To be completed by Parent or Guardian (Please print or type)*

Full, legal name of Applicant:

Last _____ First _____ Middle _____

Applicant's primary address _____

City/ State/ Zip Code _____ Date of Birth ____/____/____

Applicant's home phone (_____) _____ Applicant's ethnicity _____

Applicant's place of birth (City/ State/ Country) _____

FAMILY INFORMATION**Applicant lives with (Check as appropriate)**

- | | | | |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother only | <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Guardian |
| | <input type="checkbox"/> Father only | <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Single Parent |
| | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Mother deceased | |
| | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Father deceased | |

**Full legal responsibility for this Applicant is with:
(check an appropriate)**

- | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Guardian |

**Full financial responsibility for this applicant is with:
(check an appropriate)**

- | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Guardian |

Mother/ Guardian Mrs. Ms. Other _____ Cell Number (_____) _____

Name _____ Home Telephone (_____) _____

Address _____ City/State/Zip Code _____

Profession _____ Email Address _____

Employer _____ Work Phone (_____) _____

Work Address _____ City/State/Zip Code _____

Father/ Guardian Mr. Other _____ Cell Number (_____) _____

Name _____ Home Telephone (_____) _____

Address _____ City/State/Zip Code _____

Profession _____ Email Address _____

Employer _____ Work Phone (_____) _____

Work Address _____ City/State/Zip Code _____

ADDITIONAL INFORMATION

School correspondence should be mail to (Please check one)

Student's Home Address



Other

Special Circumstances

Please indicate any circumstances (i.e. Physical or learning disability, language difficulties, discipline or behavior problems) which may have affected the applicant's performance in his previous school.

Applicant's Religion (Check one) Roman Catholic Other (specify) _____

Sacraments received by Applicant: Baptism Holy Communion

Language (s) (other than English) spoken at home: _____

Language (s) (other than English) Applicant reads and writes: _____

School Applicant currently attends _____ from _____ to _____

Current school address _____ City/State/Zip Code _____

Current School phone number (_____) _____

Previous School (s) attended by applicant _____

How did the applicant learn about M.R.S?

SIBLING AND RELATIVE INFORMATION

List of names of any relatives who are current students or who have graduated from Maria Regina School

Name _____ Relationship _____ Class/ Year _____
Name _____ Relationship _____ Class/ Year _____
Name _____ Relationship _____ Class/ Year _____
Name _____ Relationship _____ Class/ Year _____

List all names of brothers/sisters of applicant (other than listed above)

Name of brother/sister of applicant _____ Age _____
School attending _____ Grade _____
Name of brother/sister of applicant _____ Age _____
School attending _____ Grade _____
Name of brother/sister of applicant _____ Age _____
School attending _____ Grade _____
Name of brother/sister of applicant _____ Age _____
School attending _____ Grade _____

Parent/Guardian and Applicant Signatures

All of the information indicated on this form is true and correct to the best of our knowledge.
In addition, we authorize Maria Regina School officials to seek school records and recommendation forms
of the Applicant's at his previous school(s).

X _____ /_____/_____
SIGNATURE OF PARENT/GUARDIAN DATE

X _____ /_____/_____
SIGNATURE OF PARENT/GUARDIAN DATE

Maria Regina School admits all students of any race, color or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at this school. Maria Regina School does not discriminate on the basis of race, color, or ethnic origin in the administration of its educational policies, financial aid programs, and athletic or other school-administered programs.