



All Saints Catholic School

22870 Second Street, Hayward, CA 94541 (510) 582-1910
www.all-saints-school.org

APPLICATION FORM

STUDENT INFORMATION

All Saints Parish Reg. # _____ Reg. Date _____
 Grade Applying for _____ For the Year _____

Child's Name _____		
First	Middle	Last
Address _____ City _____ State _____ Zip _____		
Child Resides with _____ Father _____ Mother _____ Both _____ Other _____		
Phone Number () _____ Sex _____ M _____ F Ethnic Background _____		
Birthdate ____/____/____ Birthplace _____ Home Language _____		
Child's Religion _____ Parish Now Attending _____		
School Last Attended _____ Public School District _____		

SACRAMENTAL RECORDS

Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date ____/____/____	Church _____
			Name City State
Reconciliation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date ____/____/____	Church _____
			Name City State
First Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date ____/____/____	Church _____
			Name City State

FAMILY INFORMATION

FATHER	MOTHER
First Name _____	First Name _____
Last Name _____	Last Name _____
Religion _____	Religion _____
U.S.Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S.Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation _____	Occupation _____
Marital Status	Marital Status
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Single Parent <input type="checkbox"/> Remarried	<input type="checkbox"/> Single Parent <input type="checkbox"/> Remarried

CELL PHONE NUMBERS and EMAIL ADDRESSES

Father's email _____ Cell Phone Number _____

Mother's email _____ Cell Phone Number _____

EMPLOYMENT INFORMATION

Father's Employer _____ Phone Number _____

Mother's Employer _____ Phone Number _____

OTHER PARENT WITH LEGAL ACCESS (for divorced or separated families)

Does other parent have legal access? Yes No (If yes, please complete the following)

Name _____
First Middle Initial Last

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

OTHER CHILDREN IN THE FAMILY

NAME	AGE	SEX	GRADE	PRESENT SCHOOL OR STATUS

MEDICAL RECORDS (chronic illnesses or disabilities)

MISCELLANEOUS INFORMATION _____
