

St. Thomas the Apostle School

3801 Balboa Street, San Francisco, CA 94121

Phone (415) 221-2711 Fax (415) 221-8611

ADMISSION APPLICATION

Applying for Grade: _____ School Year 20__ - 20__ Application Date: _____

Student Name: _____ Social Security #: _____ - _____ - _____
Last First Middle Initial

Home Address: _____ Home Phone: () _____
Street Apt. # City Zip Code

Date of Birth: _____ Place of Birth: _____ US Citizen? yes / no
month / day / year city / state / country please circle one

Prior School Name: _____ Prior School Phone #: _____

Prior School Address: _____ Boy / Girl please check one

Father's Name: _____ Social Security #: _____ - _____ - _____
Last First Middle Initial

Home Address: _____
Street Apt. # City Zip Code

Place of Birth: _____ US Citizen? yes / no Religion: _____
city / state / country please circle one

Occupation: _____ Work Address: _____
Street City Zip Code

Work Phone #: () _____ extension # _____ Cell Phone #: () _____

Mother's Name: _____ Social Security #: _____ - _____ - _____
Last First Middle Initial

Home Address: _____
Street Apt. # City Zip Code

Place of Birth: _____ US Citizen? yes / no Religion: _____
city / state / country please circle one

Occupation: _____ Work Address: _____
Street City Zip Code

Work Phone #: () _____ extension # _____ Cell Phone #: () _____

LIST NAMES OF BROTHERS AND SISTERS

Name <small>(first and last)</small>	Sex	Age	School	Grade
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For School Office Use Only

_____ Birth Certificate

_____ Application Fee

_____ Baptismal Certificate

_____ Date Paid

_____ Immunization Record

_____ Check Number