Resurrection School
Student Application

1395 Hollenbeck Avenue, Sunnyvale, CA 94087   (408) 245-4571

Instructions: Complete all sections. Please fill out one application per child. Each application must be accompanied by a $50.00 non-refundable fee in the form of cash or a check made payable to Resurrection School.

1) Child's Name:_____   2) Sex: ___M ___F
   First   Middle   Last

3) Grade Applying For: _____   4) Date of Birth: _____/_____/_____
                                         Month   Day   Year

For Transitional Kindergarten applicants only, *please select your preferred schedule:*

☐ **Morning Schedule** 8:00 AM - 12:15 PM   ☐ **School Day Schedule** 8:00 AM - 2:45 PM   ☐ **Unsure at this time**
     Monday-Friday   *Monday-Friday with Wednesday dismissal at 12:15 PM and Extended Care available in the afternoons*

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5) Address: _____   6) Phone: (_____)_____
   Number and Street Name   City   Zip Code   Best number to reach parent

7) Place of Birth: _____
   City and State/Country

8) Child's Citizenship: ☐ U.S., Native Born   ☐ U.S., Naturalized   ☐ Other: _____

9) Child's Ethnic Background: ☐ Hispanic   ☐ Chinese   ☐ Pacific Islander

     ☐ Caucasian   ☐ Japanese   ☐ East Indian

     ☐ African American   ☐ Korean   ☐ Multiracial

     ☐ Filipino   ☐ Vietnamese   ☐ Other: _____

10) Language(s) Spoken at Home: ☐ English   ☐ Other: _____

11) Child is living with: ☐ Both parents   ☐ Mother   ☐ Foster Parent

     ☐ Father   ☐ Guardian   ☐ Other: _____

12) Child's Religion: ☐ Catholic   ☐ Other: _____

13) Child's Record of Sacraments: <u>Baptism</u>   <u>First Communion</u>   <u>Confirmation</u>

     Date: _____   _____   _____

     Church: _____   _____   _____

     City & State/Country:

14) Do you attend Resurrection Church?   ☐ Yes, please provide your envelope number: _____

     ☐ No, what Church do you attend? _____

15) Please indicate the school your child is currently attending: _____

16) Has your child ever been retained?   ☐ Yes, what grade? _____   ☐ No

17) Has your child ever been identified or tested for special needs?   ☐ **Yes** ☐ **No**
        ☐ Speech ☐ Learning
        ☐ Hearing ☐ Other: _____

18) Is your child currently under the care of a physician or specialist for special needs?   ☐ Yes ☐ No

Please describe or name the special needs: _____

19) Does your child have any special medical needs? Please list any necessary medicines for   ☐ Yes ☐ No
allergies, ADD, seizures, asthma on a separate sheet.
Full disclosure of your child's special and medical needs is required to best address your child's placement.

Over Please

Child lives with: ☐ Both parents   ☐ Mother   ☐ Father   ☐ Guardian: _____

Father's Name _____   Mobile Phone: ( )_____
First _____ Last _____

Address (if different than child's) _____   Home Phone: ( )_____
Number & Street _____ City/State/Zip _____

Place of Birth: _____   Citizenship: _____

Employer's Name: _____   Occupation: _____

Work Address: _____   Work Phone: ( )_____

Best email for school communication: _____   Religion: _____

Father's Marital Status: ☐ Married   ☐ Divorced   ☐ Deceased
                          ☐ Separated   ☐ Remarried   ☐ Single

Mother's Name _____   Mobile Phone: ( )_____
First _____ Last _____

Address (if different than child's) _____   Home Phone: ( )_____
Number & Street _____ City/State/Zip _____

Place of Birth: _____   Citizenship: _____

Employer's Name: _____   Occupation: _____

Work Address: _____   Work Phone: ( )_____

Best email for school communication: _____   Religion: _____

Mother's Marital Status: ☐ Married   ☐ Divorced   ☐ Deceased
                          ☐ Separated   ☐ Remarried   ☐ Single

Does this child have siblings?   ☐ Yes   ☐ No

Name(s)	Birthdate(s)	School Currently Attending	Applying to Resurrection?
_____	_____	_____	_____
_____	_____	_____	_____

Please send a letter of recommendation from your child's current teacher or Principal in addition to a copy of your child's most recent report card and a copy of his/her birth certificate and baptismal certificate (if applicable). Limited financial assistance may be available. Please check with the office for information.

How did you hear about Resurrection School? Please check all that apply:

☐ Sibling   ☐ We are Parishioners   ☐ Friend   ☐ Internet Search   ☐ Social Media   ☐ School Sign   ☐ Other: _____

If a school family referred you, please indicate their name so we may thank them: _____

Thank you for your interest in Resurrection School!