



Resurrection School Student Application

1395 Hollenbeck Avenue, Sunnyvale, CA 94087

(408) 245-4571

A Drexel School

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: _____
First Middle Last

2) Gender: ___M ___F

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
Monday-Friday

Full Day Schedule 8:00 AM - 2:45 PM
*Monday-Friday with Thursday dismissal at 12:15 PM and
Extended Care available in the afternoons*

**Mornings plus Tues. & Wed.
Afternoons**
*Monday-Friday mornings plus Tuesday and
Wednesday afternoons until 2:45 PM and
Extended Care available after 2:45 PM*

5) Address: _____
Number and Street Name City Zip Code

6) Phone: (____) _____
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's Religion: Catholic Other: _____

12) Child's Record of Sacraments: Baptism First Communion Confirmation
Date: _____
Church: _____
City & State/Country: _____

13) Do you attend Resurrection Church? Yes, please provide your envelope number: _____
 No, what Church do you attend? _____

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

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

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

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

Please describe or name the special needs: _____

18) Does your child have any special medical needs? Please list any necessary medicines Yes No
for 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

First Last

Mobile Phone: () _____

Address (if different than child's)

Number & Street City/State/Zip

Home Phone: () _____

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

First Last

Mobile Phone: () _____

Address (if different than child's)

Number & Street City/State/Zip

Home Phone: () _____

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 (1st Grade and higher) 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!