

Today's date: ___/___/___



Our Lady of Fatima School

18626 S. Clarkdale Ave.

Artesia, CA 90701

Phone: (562) 865-1621 Fax: (562) 403-0409

2024-2025 NEW FAMILY APPLICATION FOR ADMISSION

Please complete one application PER CHILD you wish to enroll in the school.

Please return completed form to the school office.

Circle grade student will be entering:									
TK	K	1	2	3	4	5	6	7	8

Student Information

(Please Print or Type All Information)

Legal Last Name of Student	First Name	Middle Name	Birthdate	Birthplace	Circle:
			/ /		M F
Home Address		City	Zip Code	Home Telephone	
				() -	

Present School Information

Present School Name	Address	City	Zip Code	School Telephone
				() -

Developmental Information

Baptismal Date	Church Name	City	State
/ /			
First Communion Date	Church Name	City	State
/ /			

Has your child ever been retained? Yes No If yes, what grade level? _____

Has your child ever been subjected to severe disciplinary action (i.e. suspension or expulsion)?

Yes No If yes, please write an explanation: _____

Does the applicant have physical/emotional problems requiring special attention? If so explain: _____

Has your child applied previously for admittance to Our Lady of Fatima School? _____

Family Information

Last Name of Father	First	Religion	Birthplace	Home Phone	Cell Phone / Pager		
Check One:	Married	Separated	Divorced	Remarried	Deceased	Single	Living at Home Yes or No
Occupation		Email Address			Business Phone		

Last Name of Mother	Maiden Name	First	Religion	Birthplace	Home Phone	Cell Phone	
Check One:	Married	Separated	Divorced	Remarried	Deceased	Single	Living at Home Yes or No
Occupation		Email Address			Business Phone		

Today's date: ___/___/___

List names and ages of other children in the family: _____

Do you have a child currently attending Fatima?
If so, please list name and grade.

Do you have more than one child applying at
this time? If so, please list name and grade.

List relatives who have attended or are currently attending Fatima.

Are you an alumni of Our Lady of Fatima? _____ Year _____ Mother or Father (please circle)

Languages spoken at home: English___ Spanish___ Tagalog___ Portuguese___ Other:_____

Racial/Ethnic Origin: Please check one. (For use in Annual School Census Report)

Native American ___	Filipino___	Other Asian ___	African American ___	Hispanic ___	Other White ___
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How did you hear about Our Lady of Fatima School? _____

Incomplete Applications will be returned for completion.
School Office hours are Monday through Friday 7:30 a.m. to 3:00 p.m.

The following items must be submitted with your application:

1. Birth Certificate
2. Baptismal Certificate (Even if your child was baptized in this parish.)(Copies may be requested from the rectory of the parish where your child was baptized.)
3. Original Immunization Records (Office will make copies)
4. Current Report Card (if applicable) If you do not have a copy, please request a copy from your child's school

Signature of Father/Legal Guardian

Signature of Mother/Legal Guardian