

**St. Cyprian Parish School**  
5133 E. Arbor Road, Long Beach, CA 90808  
(562) 425-7341 www.stcyprianschool.org

Application Date: \_\_\_\_\_

**KINDERGARTEN**  
**APPLICATION FOR ADMISSION for 2019 - 202 Year**

**\$20.00 Application Fee to accompany this application.**

*\* Copies of Birth, Health Exam for School Entry, Immunization record, and Baptism must accompany this application.*

**Student Name:** \_\_\_\_\_  
Last First Middle Initial Email address

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
Mo./day/year City State Country

**Home Address:** \_\_\_\_\_  
City State Zip Code

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Pager/Cell#** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**What parish do you attend?** \_\_\_\_\_  
Church Address City

Are you a registered member? Yes / No If YES, give Parish envelope number: # \_\_\_\_\_

Including Pre-school, list the schools attended most recent first (include addresses)

School Name	Address	City /State /Zip	School Name	Address	City /State /Zip

**Reason for applying to St. Cyprian School:**

\_\_\_\_\_  
\_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
Last First Middle Initial Birthplace City/State/Country

**Residence Address:** \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer City: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Last First Middle Initial Maiden Name Birthplace City/State/Country

**Residence Address:** \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer City: \_\_\_\_\_

**(Over)**

Check home conditions:

- Both Parents       Parent & Step Parent       Single Parent Home
- Parents Separated       Parents Divorced       Father Remarried
- Father Deceased       Mother Deceased       Mother Remarried
- Mixed Religion ..... please name Religions: \_\_\_\_\_

\_\_\_\_\_  
List Names & Address of Person(s) with whom student lives *if different from Parents*

\_\_\_\_\_  
Relationship of this person to the student

\_\_\_\_\_  
Name of family members currently attending or alumni of St. Cyprian School – List relationship (brother, sister, cousin, etc.)

**Sacramental Information:**

\_\_\_\_\_  
Baptism Date

\_\_\_\_\_  
Church

\_\_\_\_\_  
City/State

Indicate which Sacrament preparation is requested:    Baptism

**Application completed by:** \_\_\_\_\_ **Relation to Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Promptly return completed application, requested documents & \$20.00 fee to the school office.**

Do Not Write in this Box.      **Office Use Only:**

**\$20 Application Fee Received**  Ck# \_\_\_\_\_  Cash  Credit Card

Certificates Received:    Birth       Baptismal     Immunizations       Health Exam for School Entry

Notes: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

- Please list your child's favorite indoor play activities \_\_\_\_\_  
\_\_\_\_\_
- Please list your child's favorite outdoor play activities \_\_\_\_\_  
\_\_\_\_\_
- Does the child have any special fears that we need to be aware of? Please explain \_\_\_\_\_  
\_\_\_\_\_
- Does the child have any speech problems that we need to be aware of? Please explain \_\_\_\_\_  
\_\_\_\_\_ Language spoken at home \_\_\_\_\_
- Please list any special needs (hearing, vision, other) that may affect your child's learning.  
\_\_\_\_\_
- Please list any special health concerns (asthma, allergies, or physical limitations).  
\_\_\_\_\_
- If your child is currently under a physician's care, please explain.  
\_\_\_\_\_
- Please list any other information about your child you would like us to know.  
\_\_\_\_\_
- How did you hear about St. Cyprian Parish School? \_\_\_\_\_  
\_\_\_\_\_