

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

Application Date: _____

Grade Entering: _____

GRADES 1-8 APPLICATION FOR ADMISSION for 2019- 2020 Year

\$20.00 Application Fee to accompany this application.

** Copies of Birth certificate, Health Exam for School Entry, Immunization record, Baptism, and 1st Communion certificates, and a copy of latest report card and standardized testing results 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: (____) _____ **Cell#** (____) _____

Email Address: _____

What parish do you attend? _____
Church Address City

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

List the schools attended most recent first (include addresses)

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

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: _____

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

 First Reconciliation Date Church City/State

 First Communion Date Church City/State

Indicate which Sacrament preparation is requested: Baptism Reconciliation Communion

Application completed by: _____ **Relation to Applicant** _____

Address _____ **Phone #** _____

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

Available classroom space, a favorable report from previous school and an optional interview will determine student's acceptance to St. Cyprian Parish School.

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

First Reconciliation First Communion Report Card Standardized Testing

Notes: _____
