

**ST. DAVID SCHOOL**  
871 SONOMA STREET  
RICHMOND, CALIFORNIA 94805  
(510) 232-2283

Grade in September \_\_\_\_\_

**Child's Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birthplace:  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Religion \_\_\_\_\_

Ethnic Background: (required by the Diocese of Oakland for yearly Census)

\_\_\_\_\_ Native American      \_\_\_\_\_ Hawaiian/Pacific Islander      \_\_\_\_\_ Asian  
\_\_\_\_\_ Hispanic      \_\_\_\_\_ African American      \_\_\_\_\_ White /Caucasian  
\_\_\_\_\_ Multi-racial/Other

**Father's Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Birthplace \_\_\_\_\_ U.S. Citizen: Yes( ) No ( )

Religion \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Birthplace \_\_\_\_\_ U.S. Citizen: Yes( ) No( )

Religion \_\_\_\_\_

With whom does the child live?:

\_\_\_\_\_ Both Parents      \_\_\_\_\_ Mother only      \_\_\_\_\_ Father only  
\_\_\_\_\_ Mother/stepfather      \_\_\_\_\_ Father/stepmother      \_\_\_\_\_ Grandparents  
\_\_\_\_\_ Other: Please Specify \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Roman Catholic Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Do you have children presently enrolled in St. David School? Yes ( ) No ( )

Are you a registered member of St. David Parish? Yes ( ) No ( )

Are you a registered member of another catholic parish? Yes ( ) No ( )  
If yes, which parish? Name \_\_\_\_\_ City \_\_\_\_\_

Are you a Graduate of St. David's School? \_\_\_\_\_

What school does your child currently attend? \_\_\_\_\_

Address of School: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Has your child had/or currently have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, you must provide a copy of the IEP to St. David School. Disclosure of this information will be kept strictly confidential and will not affect your child's acceptance or denial to St. David School.

Are there any student health problems of which we should be made aware?

Has your child previously experienced any academic or behavioral problems at school? Please explain.

How did you hear about St. David School?

**St. David School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.**

Please note: This is an application and not a registration form. This application does not entail any obligation for registration on the part of the school.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_