



St. Cyprian School
 195 Leota Avenue
 Sunnyvale, California 94086
 (408) 738-3444
 www.saintcyprianschool.org

NEW STUDENT INFORMATION

Please PRINT clearly

Grade applying for K-8 _____ Age: _____ M _____ F SS# _____

Preschool: Five Full Days _____ Five Half Days _____ Three Full Days _____ Three Half Days _____

Name: _____
 Last First Middle

Address: _____
 Number Street Name Phone: () _____
 City State Zip Code

Place of Birth: _____ Date of Birth: _____ Religion: _____

Please check the space in each category below that applies to the student.

| | | | |
|--|--|------------------------------------|---|
| <u>ETHNIC BACKGROUND</u> | <u>STUDENT LIVES WITH</u> | <u>PARENTAL INFORMATION</u> | <u>LANGUAGE INFORMATION</u> |
| <input type="checkbox"/> Black | <input type="checkbox"/> Both Parents | Mother _____ Father _____ | Student _____ Spoken _____ Primary in home |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Father Only | Living _____ | English _____ |
| <input type="checkbox"/> Asian: | <input type="checkbox"/> Mother Only | Deceased _____ | Spanish _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Shared Custody | Married _____ | Other _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Legal Guardian | Single _____ | Specify _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Foster Parent | Separated _____ | |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other (specify) _____ | Divorced _____ | |
| <input type="checkbox"/> Vietnamese | | Remarried _____ | Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Non-U.S. Citizen (specify) |
| <input type="checkbox"/> Hawaiian/Pacific Island | | | |
| <input type="checkbox"/> American Indian | Person responsible for payment of tuition: _____ | | |
| <input type="checkbox"/> White | | | |
| <input type="checkbox"/> Other non-white | | | |

List schools(s) previously attended, include Pre-School, Kindergarten and Elementary.

| <u>Name of school</u> | <u>Address</u> | <u>Date(s) attended</u> | <u>Grade(s) Attended</u> |
|-----------------------|----------------|-------------------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Has student skipped a grade? No Yes If yes, what grade _____

Has student repeated a grade? No Yes If yes, what grade _____

Has student received special testing ? No Yes If yes, indicate below and provide testing results.

Vision Speech/language Hearing Learning Difficulties ADD ADH
 Other _____

Any special medical/emotional/health concerns ? _____

| | | | | |
|----------------------------------|--|-----------------------------|------------------------|---------------------|
| <u>SACRAMENTAL RECORD</u> | (Documentation must be shown to verify information) | | | |
| | Baptism | First Reconciliation | First Eucharist | Confirmation |
| Date | _____ | _____ | _____ | _____ |
| Church | _____ | _____ | _____ | _____ |
| City | _____ | _____ | _____ | _____ |
| State | _____ | _____ | _____ | _____ |

FAMILY INFORMATION

Please PRINT clearly

Father's Name _____ Religion _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Phone _____ Business Phone _____
Area Code Number Area Code Number

Occupation _____ Employer _____

Place of birth _____ U.S. Citizen ___Yes ___No

Are you a St. Cyprian alumni ? ___Yes ___No Year of graduation _____

.....
Mother's Name _____ Religion _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Phone _____ Business Phone _____
Area Code Number Area Code Number

Occupation _____ Employer _____

Place of birth _____ U.S. Citizen ___Yes ___No

Are you a St. Cyprian alumni ? ___Yes ___No Year of graduation _____

Are you a ***registered** member of St. Cyprian Parish ? (verified by the Rectory) ___Yes ___No
*Defined as registered at the Rectory, regularly worshipping at St. Cyprian, contributing in a trackable manner (envelopes, etc).

Parish of Attendance _____ Parish of Residence _____

Name(s) _____
of siblings: _____ Age _____ Age _____

Please indicate your reasons for wanting your child to attend St. Cyprian School (If more space is needed, please use a separate sheet.)

How did you hear about St. Cyprian School? ___referred by _____
___Flyer ___Brochure ___Publication ___Newspaper ad ___Internet ___Phone Book

Signature _____ Date _____

| | | |
|--|---|--|
| Office use: | Date received _____ | |
| <input type="checkbox"/> Application fee | <input type="checkbox"/> Immunization history | Upon acceptance: |
| <input type="checkbox"/> Siblings applying | <input type="checkbox"/> Recommendation | |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Appt w/ pastor/prin | |
| <input type="checkbox"/> First Eucharist certificate | <input type="checkbox"/> Parish affiliation | |
| <input type="checkbox"/> Most recent report card | <input type="checkbox"/> Kdg report | |
| <input type="checkbox"/> Most recent testing | | |
| | | <input type="checkbox"/> Fees |
| | | <input type="checkbox"/> Final report card |
| | | <input type="checkbox"/> Records request |
| | | <input type="checkbox"/> Tuition agreement |