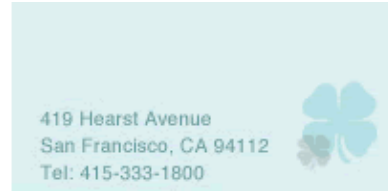


Application for Enrollment

St. Finn Barr School accepts applicants regardless of gender, race, religion, or national origin.

Student Information			
Application for Grade (check one)			
<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
Applicant's Name (Last Name, First and Middle Names)			
Address			
Applicant lives with (check one) <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian			
Telephone			
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (City/State)			
Last School Attended			
Religion		Date of Baptism (if Catholic)	
Date of First Communion		Date of Confirmation	
Ethnic background (check one)			
<input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> White <input type="checkbox"/> Asian			
Parent/Guardian Information			
Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed			
Father's Name (Last Name, First Name)			
Address (if different from above)			
Telephone (day)		Telephone (evening)	
Religion		Occupation	
Business Address			
Mother's Name (Last Name, First Name; include Maiden name)			
Address (if different from above)			
Telephone (day)		Telephone (evening)	
Religion		Occupation	
Business Address			
Are you registered contributing members of St. Finn Barr Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, and you are a Catholic family, what is your parish?			
List 3 reasons why you wish to send your child to St. Finn Barr School.			
1 _____			
2 _____			
3 _____			
As the parents/guardians, we understand the following:			
<ul style="list-style-type: none"> The \$30 application fee is non-refundable; This form constitutes an application for enrollment and does not automatically guarantee my child's acceptance to the school; There may not be seats available for children who apply for enrollment; Unless there is complete cooperation between parents/guardians, priests, school faculty and staff in all school and parish activities, parents may be asked to place the child in another school; If the child is accepted at St. Finn Barr School, parents/guardians are expected to participate in the educational process, including participation and support of the school's programs, parents' organization, fundraisers, and social activities; Tuition payments shall be kept current or continued enrollment may be terminated. 			
Signature of Mother/Guardian		Signature of Father/Guardian	
Date		Date	



Dear Parent:

Please take the time to answer the requested information so that we may serve you better. Thank you for your interest in St. Finn Barr School.

Name: Address:

Telephone Number: E-mail:

Please tell us how you heard about St. Finn Barr School. Please place an X where applicable.

Former alumni: friend or other parent referral: (name of referral so we may thank them.)

School brochure: School flyer: (location of flyer:)

Preschool or daycare recommendation;

Name of preschool: Address: Telephone:

Parent Press Magazine or other educational newspaper: (name please):

San Francisco Catholic: Website: San Francisco Pre School Night Outreach:

Glen Park Festival Information School Information Booth:

Other:

Thank you for your help with this information.

Gratefully,

Denise McEvoy
Resource and Development for SFB