



43-775 Deep Canyon Road
Palm Desert, CA 92260
Phone: (760) 346-3513
FAX: (760) 773-0673

**2024 – 2025
NEW STUDENT PRELIMINARY
APPLICATION
FOR ADMISSION**

Please return completed form, along with a copy of your child's birth certificate, copy of current immunization record, two most recent report cards and the most recent testing scores, to the School Office.
A fee of \$50.00 is due upon application.

Circle Grade Student will be Entering in September 2024

K 1 2 3 4 5 6 7 8

PLEASE PRINT: Please fill out a separate form for each child.

Name _____ M F

PK students must be 4 years by 9-1-24

K students must be 5 years by 9-1-24

1st grade students must be 6 years by 9-1-24

Date of Birth _____

A. FAMILY INFORMATION

Father's Name: _____ Religion _____

Home Address _____ City/Zip _____

Home Phone _____ Cell Number _____ Work Number _____

Occupation _____ E-Mail Address _____

Mother's Name: _____ Religion _____

Home Address _____ City/Zip _____

Home Phone _____ Cell Number _____ Work Number _____

Occupation _____ E-Mail Address _____

Please check where appropriate: Lives with both parents Lives with Mother Lives with Father

Language spoken in the home: _____

B. STUDENT INFORMATION:

Name of Present School _____ Grade in 2023-24: _____

School Address _____

City, State, Zip _____ Phone Number (____) _____

Is this student currently receiving Special Resources? ____ yes ____ no

Has this student ever received Special Resources? ____ yes ____ no

Has this student ever received additional services (speech, counseling, etc.) ____ yes ____ no

If yes, please specify: _____

C. PARISH INFORMATION:

Name of current Parish which you attend? _____ City & State: _____

Is your child currently enrolled in CCD classes?: No ____ Yes ____ If yes, name of Church: _____

D. SACRAMENTAL INFORMATION:

Religion of child: _____

_____/_____/_____
Baptism Date / Name of Church / City & State

_____/_____/_____
Date of First Reconciliation / Name of Church / City & State

_____/_____/_____
Date of First Communion / Name of Church / City & State

Special Notes:

- Please provide a copy of your child's birth and baptismal certificates.** If your child is entering Grades 3-8, please provide a copy of their First Holy Communion Certificate, if applicable.
- Please provide a copy of your child's current immunization record.**
- Please provide a copy of the student's **two most recent report cards and the most recent testing scores.**
- Please provide information regarding any academic or physical accommodations which may be needed for your child to succeed in the classroom, if applicable. Attach information/call for an appointment with school administration upon application.

Please list additional children applying for acceptance: _____ Grade in 24-25

1. _____ M F _____

2. _____ M F _____

3. _____ M F _____

Parent/Guardian signature: _____ Date: _____