


ARCHDIOCESE OF LOS ANGELES

BEATITUDES OF OUR LORD SCHOOL		PLEASE PROVIDE ALL <u>APPLICABLE</u> DOCUMENTS WITH APPLICATION Incomplete applications will NOT be considered until ALL documents are submitted	
For office use only		ENROLLMENT APPLICATION 2024-25	
Date	CK#	<input type="checkbox"/> \$50 Application Fee (each student-check only)	<input type="checkbox"/> Baptismal Certificate
\$		<input type="checkbox"/> Signed Application	<input type="checkbox"/> Communion Certificate
Acct#		<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Current and two prior year's Report Cards (K-8)
<input type="checkbox"/> New Family		<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Current Standardized Testing (K-8)
<input type="checkbox"/> Returning		<input type="checkbox"/> Home Language Survey	<input type="checkbox"/> Health Examination due by the 1st day of school (TK & K)
STUDENT(S) LIVES WITH:		<input type="checkbox"/> Both natural parents in the same house <input type="checkbox"/> Father Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Both natural parents in different houses <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal Guardian(s)	
Student's Primary Address/City/Zip			
REQUIRED - Student Ethnic Origin: <input type="checkbox"/> Multi-Racial <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Last	First	Middle
Birthdate	Birthplace	Student's First Language	Language Spoken in Home
Grade Entering	Current School	School City	School Phone Number
Baptism Date	Church	Church City	Church Phone Number
First Communion Date	Church	Church City	Church Phone Number
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Baptism Date	Church	Church City	Church Phone Number
First Communion Date	Church	Church City	Church Phone Number
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased	Legal Father's Last Name	First	Birthplace (City/State/Country)
	Father's Email	Occupation	Religion
	Address/City/Zip (if different from above)		Father's Cell Phone
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased	Legal Mother's Last Name	First	Birthplace (City/State/Country)
	Mother's Email	Occupation	Religion
	Address/City/Zip (if different from above)		Mother's Cell Phone
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased	Legal Stepparent/Guardian's Last Name	First	Birthplace (City/State/Country)
	Email	Occupation	Religion
	Address/City/Zip (if different from above)		Cell Phone
Beatitudes Envelope #	Home Church	City	Church Phone
Briefly state why you would like your child to attend Beatitudes of Our Lord School (use back of this form if more space is needed)			How did you hear about Beatitudes School? <input type="checkbox"/> Beatitudes Parishioner <input type="checkbox"/> Referred by _____ <input type="checkbox"/> Internet Search <input type="checkbox"/> Other _____
X		X	
Parent's Signature	Date	Parent's Signature	Date

Non-Discrimination Policy: Beatitudes of Our Lord School, mindful of its mission to be a witness to the love of Christ for all, admits students regardless of race, color, national origin, and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at this school. See full policy at www.bolschool.org.