



Notre Dame School

435 Hazel Street • Chico, CA 95928
530-342-2502 • www.ndschico.org

Application for Admission

School use _____

Year 20 _____ Grade Applying for _____

Student's Name: _____ Age: _____ M ___ F ___
First Middle Last

Mailing Address: _____
Street City Zip

Birth date: ___/___/___ Place: City _____ State: _____ Religion: _____

Date of Baptism: ___/___/___ Church _____ City _____ State _____

Date of First Communion ___/___/___ Church _____ City _____ State _____

Lives with (check all that apply) ___ Mother ___ Father ___ Grandparents ___ Guardian ___ Other

Parents Marital Status (check one) _____ Married _____ Separated / Divorced

Mother's Name: _____ Maiden Name _____

Address: _____
(If Different than Student's) Street City Zip

Employer: _____ Occupation: _____

() _____ ext. _____ () _____ () _____
Work Phone Home Phone Cell Phone

E-Mail Address: _____ Religion: _____

Father's Name _____

Address: _____
(If Different than Student's) Street City Zip

Employer: _____ Occupation: _____

() _____ ext _____ () _____ () _____
Work Phone Home Phone Cell Phone

E-Mail Address: _____ Religion: _____

Please answer the following questions to the best of your ability:

Why are you choosing Notre Dame Catholic School?

If your child is admitted to Notre Dame School, what skills or talents can you bring to our school community as a family?

How did you hear about our school? (Check all that apply)

Family Friend/co-worker with child attending Church Catholic Herald
 Preschool Sign in front of School Other (Please explain)

Comments:
