Our Lady of the Visitacion School
785 Sunnydale Ave. San Francisco, CA 94134
Phone (415) 239-7840 Fax (415) 239-2559

SUPPLEMENTAL QUESTIONNAIRE
GRADES 1-6

Name of Student: _____

Why do you want your child to attend a Catholic School?

What is the main reason you want your child to attend OLV?

Are there any special circumstances you'd like us to know? (family, home life, education, etc.)

Describe your child's areas of strength and areas of challenge.

What else would you like your child's teacher to know about him/her?