Our Lady of the Visitacion School

785 Sunnydale Ave. San Francisco, CA 94134 Phone (415) 239-7840 ¥ Fax (415) 239-2559

APPLICATION INFORMATION

Thank you for applying to join the OLV school community. Please find below some important information to ensure a complete application.

A COMPLETE APPLICATION INCLUDES:

- \$25 testing fee <u>per child</u>
- Copy of Birth Certificate
- Completed Home Language Survey (HLS) Pick up at office
- Completed Free and Reduced Lunch Form Pick up at office

IF APPLICABLE, PLEASE ALSO INCLUDE:

- Copy of Baptismal Record (if Catholic)
- Copy of 1st Communion Record
- Copy of Confirmation Record

IF STUDENT IS APPLYING TO KINDERGARTEN, PLEASE INCLUDE:

• Copy of Immunization and Health Record

If accepted, OLV school families must pay a \$150 registration fee, apply for financial aid, and sign up for tuition management through the TADS online system.

We hope to welcome your family to the OLV school community!

OUR LADY OF THE VISITACION SCHOOL APPLICATION FORM

Please complete all sections of the application form, as applicable to the student and family.

Student Information							
Last N	ame	e First Name			ame Middle Name		
Legal Last Name (If different)							
Date of Birth (MM-DD-YYYY)		Gender	Grade Level Applyin				
Social Security (# # # - # # + # #)	Countr	y of Origin	Ethnicity		Citizenship Status		
Student's Address							
City	State	Zip Code		Zip Code Home Phone Numl			

Current School Information (If Applicable)						
			School Name			
			School Address			
City	State	Zip Code	School Phone Number			
Do you have tuition money due to another school	for this student? If yes, please explai	n below:				

Family Information									
Child resides with:	Both parents	Father	Mothe	er	Other guardian - Please S	pecify:			
Please check the box that best applies.]					
		I			1				
		Guardiar		Guardian 2 Information (If applicable)					
			Name		Name				
		Relation	ship to Student	Relationship to Student					
		Relation	ship to Student	Relationship to Statent					
			Home Phone		Home Phone				
		Cell	Phone Number		Cell Phone Number				
		Work	Phone Number			Work Phone Number			
work I none ivumoer					work r none indinder				
Email					Email				
Address					Address				
		Cit	izenship Status		Citizenship Status				
	Dirthuloso		Ethnisity		Dirthulage	Ethnisity			
	Birthplace		Ethnicity		Birthplace	Ethnicity			
			Religion			Religion			
			Occupation						
Does the student have any relatives who attend or have previously attended OLV school? If so, please provide the name(s) and relationship with the student.									
If applicable, please provide the contact information (name, phone, email address, address, etc.) of any OLV alumnae in the family.									
Does the student have any younger siblings who may attend OLV in the future? If so, please provide the name(s) and the current age(s)									

Student Religious Background								
	Re	ligion						Parish Affiliation
Sacramental Record (as applicable to the student)								
	Baptism First Holy Communion Conf					Confirmation		
		Date			Date			Date
	Church			Church				Church
City	State	Country	City	State	Country	City	State	Country
Verified By:			Verified By:					Verified By:

Student Health/Medical Information Does the student have any diagnosed medical, physical, or emotional problems that may, in any way, affect performance in school and extracurricular activities?

Stud	dent's Prescribed	Medication(s) (if	any)
Medication Name	Reason	Dosage	Side effect(s) and any other important information
Medication Name	Reason	Dosage	Side effect(s) and any other important information
Medication Name	Reason	Dosage	Side effect(s) and any other important information
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