

VISITATION CATHOLIC SCHOOL

*A Catholic Tradition of Excellence in Education – Since 1947
Junior Kindergarten through 8th Grade
2018-2019 Application*

**Please complete one application PER CHILD you wish to enroll in the school.
Please complete both sides of the application.**

Check Grade Student Will Be Entering									
JK	K	1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Print Clearly

A. Student Information

Student Name _____ M F Date of Birth _____
Name of Current School _____ Current Grade _____
Address _____
City _____ State _____ Zip _____
Phone _____

B. Family Information

Parent / Guardian _____ Religion _____
First Middle Last
Address _____
City _____ State _____ Zip _____
Occupation _____
Home No. _____ Cell No. _____
email address _____

Family Information

Parent / Guardian _____ Religion _____
First Middle Last
Address _____
City _____ State _____ Zip _____
Occupation _____
Home No. _____ Cell No. _____
email address _____

C. Parish Information

Name _____ Registered Yes No

D. Referred by: _____

(OVER)



Principal Mr. Christopher Watson
8740 South Emerson Avenue, Los Angeles, CA 90045 - Phone: 310-645-6620 - www.visitationschool.org
Educating The Whole Child In A Christ Centered Environment

E. Special Notes/Attachments

- | | | |
|----|--|---|
| 1. | Transfer students: A copy of the students' CUM Record (Archdiocesan School) or Academic Transcript (Public School). | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2. | A copy of the students' most recent report card and standardized test scores. | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3. | Is your child currently on a STEP Program (Archdiocesan School), or does your child have an IEP or 504 plan (Public School)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Please provide information below regarding any academic or physical accommodations needed for your child to succeed in the classroom, if applicable. | See below <input type="checkbox"/> |
| 5. | Has your child ever been retained or repeated a grade? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. | Copy of immunization record is attached? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. | Please attach a family picture to your application. | |

Parent Signature Date

Additional Information:

Please provide any more information below regarding academic, social, emotional, or physical aspects of your child.



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