

VISITATION CATHOLIC SCHOOL

A Catholic Tradition of Excellence in Education – Since 1947

Junior Kindergarten through 8th Grade

2019-2020 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
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Educating The Whole Child In A Christ Centered Environment

