



**ST. LINUS SCHOOL**  
**FAITH KNOWLEDGE SERVICE**  
13913 Shoemaker Ave. Norwalk, California 90650  
www.stlinuslions.com  
schooloffice@stlinuslions.com  
P: (562) 921-0336 F: (562) 926-9077

**APPLICATION FOR ADMISSION**

*Please print clearly and complete entire form.*

FAMILY LAST NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ADDRESS (residence)

CITY

ZIP CODE

Child's First Name	Child's Birthdate	Place of Birth (City, State)	Gender (Male or Female)

**Parent/Guardian Information**

Parent(s) are:

\_\_\_ Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Separated \_\_\_ Remarried \_\_\_ Widowed

Child lives with: \_\_\_ Mother & Father \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Other Relatives

Primary Language spoken at home: \_\_\_\_\_ Other Languages: \_\_\_\_\_

**Mother's Information:**

Name \_\_\_\_\_

FIRST

MIDDLE

LAST

ADDRESS

CITY

ZIP CODE

HOME PHONE #

CELL/ALTERNATIVE PHONE #

EMAIL

MOTHER'S OCCUPATION

EMPLOYER

WORK PHONE #

RELIGION

ETHNICITY

BIRTHPLACE (City, State, Country)

**Father's Information:**

Name \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS CITY ZIP CODE

HOME PHONE # CELL/ALTERNATIVE PHONE # EMAIL

FATHER'S OCCUPATION EMPLOYER WORK PHONE #

RELIGION ETHNICITY BIRTHPLACE (City, State, Country)

**School/Educational Information**

Is your child currently attending school (please circle)? YES NO

If YES, which school? \_\_\_\_\_ Grade \_\_\_\_\_

City District

***For a child entering 1st Grade or higher, please be prepared to present recent Report Cards.***

Has your child ever received Special Education Services or a Special Education Assessment: YES NO

If YES, what agency/institution conducted the Assessment:

Has your child ever been diagnosed with Attention Deficit Disorder, or any other additional educational/learning related needs (such as speech, counseling, etc.)? YES NO

If yes, please describe the additional educational/learning needs:

Is there any other information about your child that would be helpful for the school to know? Please explain:

**Religious/Misc. Information**

\_\_\_\_\_ Does your child regularly attend church services? YES NO  
Family/Child's Religion

\_\_\_\_\_  
Name of Church Family Attends City

If your family is registered at a Catholic parish what is your Registration/Envelope Number? \_\_\_\_\_

How do you as a family worship and practice your faith at home? \_\_\_\_\_

Will you actively support and participate in your child's religious education? YES NO

Will you be able to fulfill Parent Service Hours (30 required)? YES NO

Will you actively support school-sponsored fundraising activities/events? YES NO

Will you support the policies of St. Linus School as stated in the Family Handbook? YES NO

How did you hear about St. Linus School? \_\_\_\_\_

**By signing below, I/We certify to the best of my/our knowledge the information on this Admissions Application is true and correct.**

Father or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**End of Application (continue to Authorization for Release of School Records)**

***This section for Office Use Only***

**RECORD OF SACRAMENTS**

Baptism \_\_\_\_\_  
Date Church City/State

Reconciliation \_\_\_\_\_  
Date Church City/State

Eucharist \_\_\_\_\_  
Date Church City/State

**ST. LINUS SCHOOL  
PARENT/LEGAL GUARDIAN  
AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

TO:

School: \_\_\_\_\_  
(school from which your child is leaving)

Attn: Student Records

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of current grades and any other developmental information regarding the pupil named below.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Legal Guardian (please print) : \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the above requested records and information to:

St. Linus School  
Attn: Mrs. Sinni  
13913 Shoemaker Ave.  
Norwalk, CA 90650

School Official: \_\_\_\_\_ Date: \_\_\_\_\_