



St. Anthony-Immaculate Conception School • 299 Precita Ave • San Francisco, CA 94110
(415) 648-2008 • Fax: (415) 648-1825 • www.saicsf.org

Application for Admission

Please print clearly

Grade Applying For: _____ Date: _____

Child's Name (Last, First Middle) _____ Gender _____

Home Address including City, State and Zip _____ Telephone _____

Date of Birth _____ Place of Birth _____ Primary Language Spoken at Home _____

School Now Attending School Address _____

Child's Religion _____ If Catholic, Church Regularly Attend _____ Registered Parish _____

Date and Place of Baptism _____

Date and Place of First Communion, if applicable _____

Ages of Other Children in the Family _____

Siblings Attending SAIC: Name & Grade _____

Sibling/Parent Graduates of SAIC (including St. Anthony's School and ICE) _____

Child lives with: Both Parents One Parent Other, please explain

Does your child have any special needs (learning or physical) that the school should be aware of?

Yes No

If yes, please briefly explain:

Parent Information:

Father's Name	Occupation (specific)	Religion
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Home Address, if different than child's	Home Phone
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Work Name & Address	Work Phone
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Cell Phone	Father's email address
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Mother's Name	Occupation (specific)	Religion
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Home Address, if different than child's	Home Phone
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Work Name & Address	Work Phone
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Cell Phone	Mother's email address
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Will your child attend Dolphin Club (after school care to 6:00 pm)? Yes No

How did you find out about SAIC?

Application Questionnaire

This questionnaire must accompany the application

Please tell us why you are applying to St. Anthony-Immaculate Conception School:

How do you expect attending SAIC will benefit your child?

Printed Name

Signature

St. Anthony-Immaculate Conception School, mindful of its mission to be witness to the love of Christ for all, admits students of any race, color, and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded to or make available to students at this school. St. Anthony-Immaculate Conception School does not unlawfully discriminate on the basis of race, color, and national and/or ethnic origin, age, gender or disability in administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

For Office Use Only:

Date Application Received: _____

Required Documents:

- Birth Certificate Baptismal Certificate Immunization Records
- Certificates of Other Sacraments if applicable Teacher Recommendation
- Report Cards and Testing Information Parish Recommendation for Financial Aid
- Non-refundable Application Fee

Shadow/Testing Date: _____