



**ST EMYDIUS SCHOOL**  
**10990 California Avenue**  
**Lynwood, CA 90262**  
**310-635-7184 Fax 310-605-3041**

## St Emydius School Application

*A non-refundable \$20.00 fee must accompany each application.*

*Please print all information*

Date of Application: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

### Student Applicant

Last Name:	First Name:	Middle Name:
Birth place:		Birth date:

### Parent (Father)

### Parent (Mother)

Name:	Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Place of Birth:	Place of Birth:
Marital Status:	Marital Status:
Religion:	Religion:
Phone, with area code:	Phone, with area code:
Parish:	Parish:
Occupation:	Occupation:
Work Address:	Work Address:
City, State, Zip:	City, State, Zip:
Work Phone, with area code:	Work Phone, with area code:

Child resides with: \_\_\_ both parents \_\_\_ mother \_\_\_ father

Child's Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Sibling's Names

Birth Date

Current School

**Saint Emydius School does not discriminate on the basis of religion, race national or ethnic origin.**



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Student's Baptism:

Date: \_\_\_\_\_ Church: \_\_\_\_\_

If the student is Catholic, please indicate other sacraments received:

First Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_



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Sibling's Names	Birth Date	Current School

Parish or Church in which registered: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Baptism:

Date: \_\_\_\_\_ Church: \_\_\_\_\_

If the student is Catholic, please indicate other sacraments received:

First Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_