



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

St Emydius School Application

A non-refundable \$70.00 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's Current School: _____ Current Grade: _____

Child resides with: ___ both parents ___ mother ___ father

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

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: _____