



P.O. Box 1220 • 20872 Broadway, Sonoma, CA 95476 • 707/935-0122 • FAX 707/996-2598

Application for Admission

Please complete application form and return to The Presentation School with \$100.00 application fee

Applicant Information

Gender F M

Full Name First Middle Last Nickname

Street Address

City State Zip Home Telephone

Date of Birth Applying For Grade Beginning Fall (year)

Parent Information

Full Name First Last Mr. Mrs. Miss Ms. Dr.

Relation to Applicant

Home Address (if different from above)

Occupation Employer

Business Address Business Telephone Number

Cell Phone E-Mail

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Full Name First Last Mr. Mrs. Miss Ms. Dr.

Relation to Applicant

Home Address (if different from above)

Occupation Employer

Business Address Business Telephone Number

Cell Phone E-Mail

Current School

Name	Date Entered	Current Grade
School Address		
City	State	Zip
Telephone Number		

List Prior School(s):

Name	Dates Attended
Name	Dates Attended

Siblings: Please list brothers and sisters.

Name	Birth Date	School	<input type="checkbox"/> F	<input type="checkbox"/> M
Name	Birth Date	School	<input type="checkbox"/> F	<input type="checkbox"/> M

Relatives: Please list any relatives who have previously attended or who now attend The Presentation School

Name	Relationship	Dates of Attendance
Name	Relationship	Dates of Attendance

If correspondence from the school, assessment reports, or any other school information should be sent to an address other than the applicant's home address, please indicate:

Parent/Other – Name

Address _____

City _____ State _____ Zip _____

Church Information:

Name of church currently attending _____

Is your child baptized? Yes No

Date of Baptism: _____

Do you wish to have your child participate in the Sacramental Program for First Communion? Yes No

Does your child regularly attend church: Yes No

Does your child regularly attend Sunday School? Yes No

