



Saint Brendan School

238 S. Manhattan Place, Los Angeles, CA 90004
Office 213-382-7401 • info@stbrendanschoolLA.org

ADMISSIONS APPLICATION

APPLICANT INFORMATION:

Grade for 2026-2027: _____

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Male: _____ Female: _____ Date of Birth: _____

What school is your child presently attending? _____ City: _____

Does your child have any learning, physical or emotional issues?

Yes: _____ No: _____

If "Yes", please explain: _____

Is your child presently taking any regular medication(s)? _____

SACRAMENTAL INFORMATION:

Date of Baptism: _____

Church of Baptism: _____

Church Location: _____
Street City Zip Country

PARENT/GUARDIAN INFORMATION:

Parent 1:

Parent 2:

First: _____ Last: _____ First: _____ Last: _____

Religion: Catholic: _____ Non-Catholic: _____ Religion: Catholic: _____ Non-Catholic: _____

E-Mail address: _____ E-Mail address: _____

Cell Phone: _____ Cell Phone: _____

Other Phone (specify): _____ Other Phone (specify): _____

Home Address (default for applicant): _____ Home Address (if different): _____

Marital Status: _____ Marital Status: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____



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Are you registered in St. Brendan Parish? Yes: ____ No: ____

Do you use the Church Envelope: If yes, Number: ____ Weekly ____ Monthly: ____

If not a member of St. Brendan Parish, what parish are you in? _____

Please list the parish/school activities which you are currently involved in:

Are you willing to volunteer time to the school in compliance with the Parent Volunteer requirements? _____

Why do you wish to enroll your child in St. Brendan School?

Why did you leave your previous school (if applicable)?

Please list siblings now attending/have attended St. Brendan School:

Names:

____ Grade: ____

____ Grade: ____

____ Grade: ____