



# Guardian Angel Catholic School

10919 Norris Avenue Pacoima, CA 91331  
Phone: 818.896.1113 Fax 818.834.4014  
gacschool.org

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      Middle                                      Sex                                      Grade Entering

\_\_\_\_\_  
Birth date (MO/Day/Year)                      Birthplace (City/State/Country)

\_\_\_\_\_  
Home Address                                      City                                      State                                      Zip Code                                      Home Phone

Ethnic Origin (Circle One) Hispanic/Latino                      African American                      Caucasian                      Filipino  
*Optional*                      Pacific Islander/Asian                      Other \_\_\_\_\_

\_\_\_\_\_  
School Previously Attended                                      Address                                      Present Grade

### SACRAMENTAL RECORD

\_\_\_\_\_  
**DATE**                                      **CHURCH**                                      **CITY/STATE**  
Baptism \_\_\_\_\_

First Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Has child attended religious instruction classes? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

### PARENT INFORMATION

\_\_\_\_\_  
Father's Name                                      Birthplace                                      Religion

\_\_\_\_\_  
Father's Occupation                                      Employer                                      Work Phone

