



Mission Dolores Academy
3371 16th St.
San Francisco, CA 94114
Phone: (415)346-9500
Fax: (415)346-8001
Email: Admissions@mdasf.org

Enrollment Application Form

Please fill out each section completely and print clearly.
When completed, please submit this application (along with the \$35 application fee)
to Mission Dolores Academy either in person or by mail.

Child's Last Name: _____ First: _____ Middle: _____

Grade Entering: _____ Date of Birth: Month: _____ Day: _____ Year: _____ Sex: _____

Home Address: _____ Apt. #: _____

City: _____ Zip: _____ Home Phone: _____

Child lives with: Both Parents Mother Father Legal Guardian

If divorced or separated, who has custody*? : Mother Father Both

A copy of the custody section of the divorce or separation decree must be filed with the school office

Name of Legal Guardian 1: _____

Relationship to Student: Mother Father Legal Guardian*

Proof of Legal Guardianship is required upon submitting the application

Home Phone: _____ Cell Phone: _____

Home Address: _____ Apt. #: _____ City: _____ Zip: _____

Email Address: _____

Place of Employment: _____ Occupation: _____

Name of Legal Guardian 2: _____

Relationship to Student: Mother Father Legal Guardian*

Proof of Legal Guardianship is required upon submitting the application

Home Phone: _____ Cell Phone: _____

Home Address: _____ Apt. #: _____ City: _____ Zip: _____

Email Address: _____

Place of Employment: _____ Occupation: _____

Application continues on the back side of this page

For Office Use Only

Application Submitted with Payment on ____/____/____

Previous School Recommendation Form

Turned in Birth Certificate

Turned in Immunization Records

How did you hear about Mission Dolores Academy? If you were referred by a parent or family member of an M.D.A. student, please list their name and the name of the M.D.A. student.

Does the student have any siblings at M.D.A.? If yes, please list the child's name.

Why would you like your child to attend Mission Dolores Academy?

Please list ALL previous schools your child has attended (Current school first):

School Name:

Address:

Phone:

Does your child have an Individualized Educational Plan (IEP)? : Yes No

Has your child ever received Speech Therapy? : Yes No

If yes, is your child currently receiving Speech Therapy? : Yes No

Has your child ever been tested for any special needs? Yes No

If yes, please specify what type of testing and when it was done:

Has your child ever been suspended or expelled from another school? Yes No

If yes, please specify reason: _____

Ethnic Background:

- African American Caucasian Chinese Filipino Latino
 Japanese Korean Native American Multi-Racial Other: _____

Religion:

- Catholic Non-Catholic

Please list any siblings:

First Name :

Last Name:

School:

Grade:
