

Date _____

St. John Baptist de la Salle School
16535 Chatsworth Street, Granada Hills, CA 91344
818-363-2270
www.dlsschool.com

Contact Form

First _____ Last _____ Middle _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Email Address _____ @ _____
Cell Phone _____ Work Phone _____

_____ Catholic Parish membership at _____

_____ Non-Catholic

Name(s) of child(ren) interested in attending DLS.

1. First _____ Last _____ Middle _____
Date of Birth _____
Applying for grade K 1 2 3 4 5 6 7 8

2. First _____ Last _____ Middle _____
Date of Birth _____
Applying for grade K 1 2 3 4 5 6 7 8

3. First _____ Last _____ Middle _____
Date of Birth _____
Applying for grade K 1 2 3 4 5 6 7 8

Is your address the same as the children interested in attending DLS?

If not, please provide the children's address if possible.

First _____ Last _____ Middle _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Email Address _____ @ _____

Relationship of contact person to prospective children.

_____ Parent _____ Relative (relationship _____) _____ Guardian
_____ Other: _____

How did you hear about DLS?

_____ Current student/family _____ Alumni _____ Mailing
_____ Church Bulletin _____ Flyer
_____ Visit from DLS _____ Newspaper (which one: _____)
_____ Referral from friend or family (name _____)
_____ Internet Web site _____ Other _____

OFFICE USE ONLY:

Initials: _____ Follow-up Date: _____ Given Application Y N Date _____ A _____ E _____

