School of Religious Education

Knanaya Catholic Mission, Los Angeles

APPLICATION FOR NEW AND ONGOING STUDENTS
2006-2007

FOR ALL APPLICANTS:…….

1. Today's Date: _____ 2. Grade during 2005-'06 _____

3. Student's Last Name: _____ 4. First Name: _____

5. Family Name if different than above: _____

FOR NEW STUDENTS: (# 6 to 19 are optional for ongoing students. Please proceed to #20).

6. Gender: Boy ____ Girl ____ 7. Date of Birth: _____

8. Address: _____ 9. City: _____

10. State: _____ 11. Zip _____ 12. Phone: _____

13. Student's Date of Baptism: _____

14. Parish where Baptized: _____

15. Previous School attended (if applicable): _____

16. Father: _____ 17. Mother: _____

18. Original Parish in India: Father: _____

Mother: _____

19. Emergency Phone Number: _____ Name: _____

FOR ALL STUDENTS:……..

20. Annual Fee Paid: _____
(For One child including books and other study materials $100.00 per year
For each additional student from the same family $ 75.00 per year)

21. Campus Preference: ☐ LA ☐

Parent's Name and Signature: _____ Date: _____
NB: Please write checks payable to "Religious Education, Knanaya Catholic Mission"

Director: Fr. Thomas Mulavanal, 900 Hilgard Ave, Los Angeles, CA 90024-3009.
Cell: 310- 709- 5111, E-mail: mulavan@hotmail.com