



Los Altos Brethren Elementary School

6565 Stearns St. • Long Beach, CA 90815 • (562) 430-6983

*A ministry of Los Altos Grace Brethren Church
A member of Greater Long Beach Christian Schools
and the Association of Christian Schools International (ACSI)*

APPLICATION FOR ENROLLMENT

(To be completed in full and turned into the School Office)

APPLICATION STATEMENT

I hereby make application for my child _____
(first name) (last)

For grade _____ in the school beginning _____
(month) (year)

(Signature of parent or guardian)

Parent Email Address _____

(date)

PUPIL INFORMATION

Birthdate _____ Sex _____
Month, Day, Year

Address _____
Street City Zip

Home Phone () _____

PUPIL RESIDES WITH: _____ Both Parents
_____ Mother _____ Father _____ Father/Stepmother
_____ Mother/Stepfather Other _____ (Please explain)

FAMILY INFORMATION

Father or Legal Guardian's Name _____

Home Address _____
Number Street City Zip

Occupation _____ Email _____

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Mother or Legal Guardian's Name _____

Home Address _____
Number Street City Zip

Occupation _____ Email _____

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Brother and Sisters (please list below)

Name Age School Presently Attending

[Continued on back...](#)

BACKGROUND INFORMATION

School last attended _____ Phone () _____

Address _____

Number Street City State Zip

****Attach copy of last report card**

- _____ Passed
- _____ Retained
- _____ Passed on condition
- _____ IEP – Individual Education Program (Please attach file if checked)

Was this child ever retained at a grade level for more than one year? _____ Yes _____ No

If so, explain: _____

List the schools attended by the child:

School	Grades	Years

Has this child ever been dismissed, suspended, or expelled? _____ Yes _____ No

Are there any unusual factors in this child life? _____ Yes _____ No

If yes, please explain: _____

Does this child receive regular medication? _____ Yes _____ No

Reasons(s) for medications(s) _____

Please list any other information which you feel would be helpful:

CHURCH INFORMATION

Denominational preference _____

Current Church _____

Name Address

What do you want your child taught about God? _____

Please give a statement as to your personal experience and faith in Jesus. _____

In making this application I understand that...

- Registration fees will be due upon acceptance.
- My cooperation is expected in regular, prompt tuition payments.
- I agree to support the policies of the school.

_____ Date

_____ Signature

Los Altos Brethren Elementary School admits students of any race, color, and national or ethnic origin.

The following items are needed to complete registration at Los Altos Brethren School
Grades 1-6

For Parent & Office Use

Application Received _____

Birth Certificate _____

Screening Date _____

Immunization Record _____

Registration Fee _____

Emergency Card _____

Emergency Form _____

Cummltve Records sent for _____

Cummltve Records received _____

