



# 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 Association of Christian Schools International*

## APPLICATION FOR ENROLLMENT

(To be completed in full)

### 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 \_\_\_\_\_ (Kindergarten students must be 5 by Sept. 1) Sex \_\_\_\_\_  
Month/Day/Year

Address \_\_\_\_\_  
Street City Zip

Home Phone ( ) \_\_\_\_\_

### FAMILY INFORMATION

Child resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother/Stepfather  
\_\_\_\_\_ Mother \_\_\_\_\_ Father/Stepmother  
\_\_\_\_\_ Father \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Father or Legal Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City Zip

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Mother or Legal Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City Zip

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### Brother and Sisters (please list below)

Name Age School Presently Attending

\_\_\_\_\_  
\_\_\_\_\_

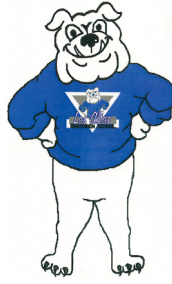
(Continued on back)



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

**For Parent & Office Use**

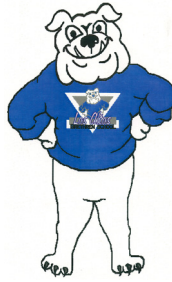
Application Received \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Screening Date \_\_\_\_\_  
Immunization Record \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
Emergency Card \_\_\_\_\_  
Emergency Form \_\_\_\_\_  
Cumm Records sent for \_\_\_\_\_  
Cumm Records received \_\_\_\_\_



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