

## **Los Altos Brethren Elementary School**

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

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

## APPLICATION FOR KINDERGARTEN ENROLLMENT

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

Child's Name			
Birthdate (must be 5 by Sept. 1 <sup>st</sup> )			Sex
AddressStreet			
Street		City	Zip
Phone ( ) En		Email	
FAMILY INFORMA	TION		
	Mother Father	Mother/StepOther (plea	mother
Father's Name			
Home Address			
Occupation	Place of Employment		
Business Address			
Home Phone ( )		Business Phone (	)
Mother's Name			
Home Address			
Occupation	Place of Employment		
Business Address			
Home Phone ( )	Business Phone ( )		
Siblings and Other F	amily Members Liv	ing in Household _	

## **CHILD INFORMATION** Does this child receive regular medication? Does this child have any allergies? Are there any unusual factors in this child's life? \_\_\_\_\_ Please list any information you feel would be helpful. PRESCHOOL (IF ATTENDED) Address CHURCH INFORMATION Current Church What do you want your child taught about God? \_\_\_\_\_ SCHOOL POLICY INFORMATION Please state your primary reason for desiring to send your child to Los Altos Brethren School.

Los Altos Brethren School admits students of any race, color, and national or ethnic origin. I understand that my cooperation is expected in regular, prompt tuition payments. I agree to support the policies of the school.

Signature Date