



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 Address 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 _____
Street Address City Zip

Occupation _____ Place of Employment _____

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

Mother or Legal Guardian's Name _____

Home Address _____
Street Address 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)

