



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

**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)

