

## APPLICATION FOR ENROLLMENT

[Complete Both Sides]

APPLICATION STATEMENT			
I hereby make application for my child			
	(first name)	(last name)	
For grade in the school beginning			
	(month)	(school year)	=======================================
	,	, , ,	
(Signature of parent or guardian)			
(o.g., acare or parent or gaaraian)	Parent/Guardian Emai	l Δddress	
(date)	Parent/Guardian Email AddressParent/Guardian Email Address		
(uate)	Parenty Guardian Email Address		
PUPIL INFORMATION			
Birthdate (Kinderga	arton students must be Euro	ald by Cont 1)	Cou
	arten students must be 5 yrs	s old by Sept. 1)	Sex
MM/DD/YEAR			
Address			
Street Address	City		Zip
Primary Phone ( )			
	parate houses)		
Parent/Guardian Name		<del>-</del> 2	
Home Address			
Street Address	City		Zip
Occupation Place or	f Employment		
Business Phone ( )	Cell Phone (	)	
Demont County of No.			
Parent/Guardian Name		_	
Home Address			
Street Address	City		Zip
Occupation Place of			
Business Phone ( )	Cell Phone (		
Siblings (please list below)			
	Calana I Down		
Name Age	School Pres	sently Attending	

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School last attended	Phone ( )				
Address					
Number Street	City State	Zip			
	ch copy of last report card if entering grades 1-6				
Passed					
Retained	Retained				
Passed on condition					
IEP — Individual Education Progra	am (Please attach file if checked)				
List the schools attended by this child:					
School Grad	des Years				
Has this child ever been retained, dismiss If yes, explain:					
Are there any unusual factors in this child If yes, please explain:	d's life?YesNo				
Does this child receive regular medication Reason for medication(s)	n?YesNo				
Please list any other information which y	ou feel would be helpful:				
CHURCH INFORMATION					
Denominational preference					
Current Church					
Name What do you want your child taught abou	Address ut God?				
Please give a statement as to your person	nal experience and faith in Jesus				
SCHOOL POLICY INFORMATION					
	iring to send your child to Los Altos Grace School				
In completing this application I understa  • The non-refundable registration fee is  • My cooperation is expected in prompt  • I agree to support the policies of the so	due with application. tuition payments.				
Date	Parent/Guardian Signature	(Page 2 of 2)			