



## APPLICATION FOR ADMISSION

Date of Application: \_\_\_\_\_

Application for the year \_\_\_\_\_, in the month of \_\_\_\_\_, into Grade/Level \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: D \_\_\_\_/M \_\_\_\_/Y \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present School and Address \_\_\_\_\_

Number of Years at this school: \_\_\_\_ Current Grade/Level: \_\_\_\_\_

**Please select the program desired.**

FULL DAY CASA \_\_\_\_ A.M. CASA \_\_\_\_ P.M. CASA \_\_\_\_

ELEMENTARY \_\_\_\_ GRADE \_\_\_\_

BEFORE SCHOOL PROGRAM \_\_\_\_ AFTER SCHOOL PROGRAM \_\_\_\_

**Father (Guardian)**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Home Address:  (Check if same as above) Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother (Guardian)**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Home Address:  (Check if same as above) Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any siblings? Yes: \_\_\_\_ No: \_\_\_\_

If yes, Name(s) & Age(s): \_\_\_\_\_

**PLEASE, ENSURE THE FOLLOWING ITEMS HAVE BEEN INCLUDED WITH YOU APPLICATION.**

Student's Birth Certificate

A Recent Photograph

Enrollment Agreement Form

Copy of Vaccination Record

Completed Medical Information Form

Deposit

\_\_\_\_\_  
Parent's Signature (Father)

\_\_\_\_\_  
Parent's Signature (Mother)