

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			
Entransia Control Control	(first name)	(last)	
For grade in the school beginning	ng (month)	(year)	
	(IIIOIILII)	(year)	
(Signature of parent or guardian)			
(e.g., acare or parent or gaar aran,	Parent Email Addr	ess	
(date)			
PUPIL INFORMATION			
Birthdate (Kin	ndergarten students must be !	5 by Sept. 1)	Sex
Month/Day /Year	<u> </u>	, , ,	
Address			
Street	City		Zip
Home Phone ()			
FAMILY INFORMATION			
Child resides with: Both Paren			
Mother			
Father	Other (please ex	plain)	
Father or Legal Guardian's Name			
Home Address			
Number Str	eet Ci	ty	Zip
Occupation F	Place of Employment		
Home Phone () B	usiness Phone ()	Cell Phone ()
Mother or Legal Guardian's Name			
Home Address		· · · · · · · · · · · · · · · · · · ·	7:
Number Str		ty	Zip
Occupation F Home Phone () B	Place of Employment susiness Phone ()	Cell Phone ()
nome mone () b	damess i none ()		1
Brother and Sisters (please list below)			
Name Age	School	Presently Attending	

BACKGROUND INFORMATION School last attended _____ Phone (Address City Zip Number Street State **Attach copy of last report card if entering grades 1-6 Passed Retained Passed on condition IEP – Individual Education Program (Please attach file if checked) List the schools attended by the child: School Grades Years Has this child ever been retained, dismissed, suspended, or expelled? Yes No If yes, explain: Are there any unusual factors in this child life? _____Yes _____No If yes, please explain: _______ Does this child receive regular medication? ______Yes ______No Reasons(s) for medications(s) _____ Please list any other information which you feel would be helpful: **CHURCH INFORMATION** Denominational preference _____ Current Church _____ Address Name What do you want your child taught about God? _____ Please give a statement as to your personal experience and faith in Jesus. **SCHOOL POLICY INFORMATION** Please state your primary reason for desiring to send your child to Los Altos Brethren School. In completing this application I understand that: • Registration fees will be due upon acceptance. • My cooperation is expected in regular, prompt tuition payments. • I agree to support the policies of the school. Date Signature

The following items are needed to complete registration at Los Altos Brethren School Grades 1-6

For Parent & Office Use	
Application Received	
Birth Certificate	
Screening Date	
Immunization Record	
Registration Fee	
Emergency Card	
Emergency Form	
Cumm Records sent for	
Cumm Records received	



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