

LOS ALTOS BRETHERN SCHOOL
6565 Stearns Street • Long Beach, CA 90815 • (562) 430-6983

*A Ministry of Los Altos Grace Brethren Church
A Member of Greater Long Beach Christian Schools
And the Association of Christian Schools International*

APPLICATION FOR ENROLLMENT

I hereby make application for my child, _____ ,
(first) (middle) (last)

to enter grade _____ in this school beginning _____ .
(month) (year)

(signature of parent or legal guardian) (date)

STUDENT INFORMATION

Birthdate _____ Girl Boy
(mm/dd/yyyy) (circle one)

Address _____
(street) (city) (zip)

Phone () _____

With whom does the student reside? _____

FAMILY INFORMATION

Father / Guardian's Name _____ Home Phone () _____

Home Address _____
(street) (city) (zip)

Occupation _____ Work Phone () _____

Employer _____

Address _____

Mother / Guardian's Name _____ Home Phone () _____

Home Address _____
(street) (city) (zip)

Occupation _____ Work Phone () _____

Employer _____

Address _____

Please list any siblings below:

Name	Age	School Presently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND INFORMATION

School last attended _____ Phone () _____
(name)

Address _____
(street) (city) (zip)

- _____ Passed
- _____ Retained
- _____ Passed Conditionally

*** Attach copy of last report card ***

Was this child ever retained at a grade level? _____ Yes _____ No

If yes, please explain: _____

List any other schools attended by the child:

School Name and City, State	Grade(s)	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____

Has this child ever been dismissed, suspended, or expelled? _____ Yes _____ No

If yes, please explain: _____

Are there any unusual factors in this child's life? _____ Yes _____ No

If yes, please explain: _____

Does this child regularly receive medication? _____ Yes _____ No

Reason(s) for medication(s): _____

Please share any other information which you feel is pertinent: *(additional space available on back, if needed)*

CHURCH INFORMATION

Current Church _____
Name Address

Pastor's Name _____

Attendance Patterns	Regular	Occasional	None
Father/Legal Guardian	_____	_____	_____
Mother/Legal Guardian	_____	_____	_____
This Child	_____	_____	_____

What do you want your child taught about God?

Please give a brief statement as to your personal faith in Jesus Christ:

SCHOOL POLICY INFORMATION

Please state your primary reasons for desiring to send your child to Los Altos Brethren School:

In making this application on behalf of my child, I agree that, upon acceptance, I will:

- remit registration fees promptly.
- make tuition payments in a regular, timely manner to avoid late fees.
- support the policies of Los Altos Brethren School.

_____ Date _____ Signature

Los Altos Brethren School admits students of any race, color, and national or ethnic origin.

For Office Use			
----------------	--	--	--

Application Sent	_____	Date Accepted	_____
Application Received	_____	Birth Certificate	_____
Testing Date	_____	Immunization Record	_____
		Reg. Fee Paid	_____