

2501 North Maiden Lane Altadena, CA 91001 . 626.798.5020 . Fax 626.798.0062

## **Registration Application Form**

(Please PRINT	Γ)		Regi	stration DATE			
STUDENT	INFORM	ATION					
Name of Stud	ent	<del></del>				Male 🗖	
	Last			First	Middle	Female	
Home Addres	s				_Telephone		
	Number		Street		_		
				Social Security #			
City		Zip		·			
Date of Birth				Place of Birth	1		
	Month	Day		Year			
School Year _			Grade _				
SCHOOLIN Prior School					Grade		
Address				·			
					Years	Attended	
Has the stude:	nt had any	disciplina	ry difficul	ty in school? Yes	□ No □		
If yes, explain	briefly						
Does student	have any k	nown phy	sical, em	otional, or learning	disability? Ye	s 🗆 No 🗅	
If yes, explain	briefly						
Please list any	helpful ob	servations	s (i.e. hor	nors, awards, test so	cores etc.)		

## **FAMILY INFORMATION**

Mother/Guardian

Father's Name			Occupation			
Work Address						
Father's Email Address				Work Phone		
Mother's Name			Occupation			
Work Address						
Mother's Email Address			Work Phone			
Please list all children						
Name	Age	, 0	•	ldress (if attending)		
Language Spoken at hom						
AGREEMENT						
accept all rules and regul disciplinary measures as a We will give active a sincere effort to attend s We agree to pay to Schedule of Tuition and F	lations of the may be dee support to school function and sees.  at this is an order this is an order the service of the servic	he school and med necessary the school petions to which such fees as a such fees as a speciation ocess is comp	authorize the scry and proper by program in every h parents are invare chargeable a only and that spected and the registers.	the administration. way possible and make ited. ccording to the current ace will not be reserved gistration fee is paid. I		
Signed			date			
Father/Guardian				<del>_</del> _		
Signed			data			