



Cambrian Academy

WASC Approved*

**COLLEGE PREPARATORY
GRADES 8-12**

**INTERNATIONAL SCHOOL
GRADES 6-12**

**APPLICATION 2009-2010
Student Information**

Student Name: _____ **Grade:** _____
Last First Middle

Student Home Address:

Street City State Zip

Student Home Phone: _____ **Date of Birth:** _____

Persons authorized to pick up your child at school:

In case of emergency, list contact name, address and phone number (*list at least two*):

Family Information (please print clearly)

Parent's Name: _____ Parent's Name: _____
Relationship To Child: _____ Relationship To Child: _____
Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____
Pager and/or Cellular Phone: _____ Pager and/or Cellular Phone: _____
Email Address: _____ Email Address: _____
Occupation: _____ Occupation: _____
Job Title: _____ Job Title: _____
Name of Business: _____ Name of Business: _____
Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____
Drivers License: _____ Drivers License: _____
Social Security Number: _____ Social Security Number: _____

Does student live on a full time basis with both mother and father (*natural or adopted*)? Yes No
If no, please specify (*and, if applicable, provide legal documentation regarding any custody arrangements*): _____

How were you referred to our school? (*name of source if possible*)

Other children in family: Name, Date of Birth, Current School
