



WASC Approved*

Cambrian Academy

COLLEGE PREPARATORY
GRADES 6-12

APPLICATION 2011-2012

Student Information

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

Student Home Address:

Street City State Zip

Student Home Phone: _____ **Date of Birth:** ____/____/____ **Male / Female**
(circle one)

Persons authorized to pick up your child at school:

Desired start date:

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 Phone: _____ Business Phone: _____

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

