



Dave Delgado, Headmaster

## **APPLICATION 2017-2018**

Student Name:			Grade (2017-2018):				
Last	First	Middl					
		D 1 10 1D 1	☐ July 17, 2017 (Summer School)				
Nickname for International Student:			☐ August 21, 2017 (Fall Semester)				
Student Home Address:		L	☐ January 16, 2018 (Spring Semester) 2018-2019 Commitment Required				
Street	City	State	Zip				
Student Home Phone:	D	ate of Birth://	_ Male / Female				
Persons authorized to pick up your child	l at school:	mo day year					
Family Information (please print clear Parent's Name: Relationship to Child:							
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:							

Medical Information								
Name of Child's Physician:  Please list any medicines or food to which your child is allergic:								
		ou have listed them. They should b	be willing	to pick up your chi	ld or assis	t if we canr	not reach you in	
1.					(	)		
2.					(	)		
NEW STUDENTS Previous School History  Name of School:  School Phone Number:								
School Addre	ss:				Grade Co	mpietea: <u> </u>		
Subject	Subject Level	Current Teacher Name		Current GPA	Com	Comment if not A/B		
Math								
Science								
English								
LOTE*								
* Language O	her Than English	•			<u>I</u>			
Extracurricular activities			Fron	From Date		To Date		

student are bound by the terms of the en	rollment contract to be a well-recognized four	on. I understand that, if the enrollment is accepted, I and the signed at the time of admission, and that we are working toward -year university, not a two-year community college. I agree to all site.		
Signatures:				
Parent	Date Pa	rent Date		
Additional Pertinent Information:				
Please include the following:				
Local Students  1. Most recent school transcripts of the school transc	SAT, STAR, IOWA, etc.)	International Students  1. Most recent school transcripts or report cards  2. Most recent standardized test (SAT, TOEFL, SLEP etc.  3. \$175.00 Application Fee (non-refundable)  4. \$3,000.00 Deposit  5. \$500.00 SEVIS processing fee (non-refundable)  6. I-20 Info Request Form  7. Bank financial statement  8. Proof of Name and Date of Birth (scan of passport)		
If applying for GOLF, TENNIS, RACING, or S	SAILING teams, attach t	he respective separate application.		
Mail To: Cambrian Academy 4340 Almaden Expressway, Suite 132 San Jose, CA 95118	or Fax To: 1-408-833-7050	or Scan and Email to: admissions@CambrianAcademy.org		
How were you referred to our school? (na	ame of source if possible	?)		
Other children in family: Name, Date of Bi	rth, Current School			
Please visit www.CambrianAcademy.org Cambrian International Academy is fully				
FOR OFFICE USE:				