To ensure the application is legible, please download and complete it using Adobe Acrobat Reader.





2024-2025 APPLICATION

Student Name: Last	First	Middle			
Last	11130				
Grade (2024-2025):		Desired Start Date:			
		August 19, 2024 (Fall Semester)			
Nickname or Preferred Name:		January 13, 2025 (Spring Semester) 2025-2026 commitment required if starting mid-yea			
Student Home Address:					
itreet	City	State	Zip		
Student Home Phone:	Da	ate of Birth:	Male		
			IVIAIC		
Family Information (please pri	nt clearly)	mo / day / year	Female		
Parent's Name:		mo / day / year Parent's Name: Relationship to Child:	Female		
Family Information (please prince pri	nt clearly)	mo / day / year Parent's Name: Relationship to Child: Home Address:	Female		
Family Information (please prince Parent's Name: Relationship to Child: Home Address: Home Phone:	nt clearly)	mo / day / year Parent's Name: Relationship to Child: Home Address: Home Phone:	Female		
Family Information (please prince pri	nt clearly)	mo / day / year Parent's Name: Relationship to Child: Home Address: Home Phone: Pager and/or Cellular Phone:	Female		
Family Information (please print parent's Name: Relationship to Child: Home Address: Home Phone: Pager and/or Cellular Phone: Email Address:	nt clearly)	mo / day / year Parent's Name: Relationship to Child: Home Address: Home Phone: Pager and/or Cellular Phone: Email Address:	Female		
Family Information (please prince parent's Name: Relationship to Child: Home Address: Home Phone: Pager and/or Cellular Phone: Email Address:	nt clearly)	mo / day / year Parent's Name: Relationship to Child: Home Address: Home Phone: Pager and/or Cellular Phone: Email Address:	Female		
Family Information (please prince pri	nt clearly)	mo / day / year Parent's Name: Relationship to Child: Home Address: Home Phone: Pager and/or Cellular Phone: Email Address: Occupation: Job Title: Name of Business:	Female		

Medical Information - International students will be required to provide proof of medical insurance on arrival.								
Name of Child's Physician: Phor			Phone N	· Number:				
		od to which your child is allergic:						
Please list an	y known medical	conditions, anticipated special acco						
In Case of Emergency Please inform these people that you have listed them. They should be willing to pick up your child or assist if we cannot reach you in the event of an emergency. Only one is required now. Additional contacts may be provided during Orientation.								
1. NAME: PHONE:								
Name of School	ol: Number:	vious School History	Grade Comple					
Please let us know how the applicant is currently doing in each of the following subjects. (LOTE = Language Other Than English)								
Subject	Subject Level	Current Teacher Name	Current GPA		Comment if not A/B			
Math								
Science								
English								
LOTE								
			•					
Extracurricular activities, regular clubs, or hobbies				From Date To Date				
				 				
Additional Int	erests: What else	does the applicant enjoy doing outs	ide of school?					

I am the parent or legal guardian of the student on this application. I understand that, if the applicant is accepted, I and the student are bound by the terms of the enrollment contract to be signed when making our first payment, and that we are working toward the goal of this student being admitted to a well-recognized four-year college/university, not a two-year community college.* I agree to all prepayment and fee policies as stated on the Cambrian Academy website. Signatures: **Parent** Date **Parent** Date Why did you choose Cambrian Academy? Please elaborate on why the applicant is a good fit and will thrive in our program. When submitting this completed application, please include the following: Mail To: **LOCAL STUDENTS** 1. This application, fully completed and signed by parents. 2. Most recent school transcripts or report cards Cambrian Academy 4340 Almadén Expressway Past two years preferred / Any standardized tests scores San Jose, CA 95118-2009 USA 3. \$175.00 Application Fee (non-refundable) To pay the application fee by credit card: If you wish to send a scanned application: https://cambrianacademy.org/appfee.html Scan all documents and email them to To pay the application fee by check: admissions@cambrianacademy.org. Complete a check, scan the front and back of the check, and email it along with your We will then review the application and provide application. further instructions. When processing the application, we may contact you to discuss any past disciplinary issues or special needs that should be considered before making an admission offer. Any advance disclosures will help expedite the process and will be appreciated. How were you referred to our school? (name of source if possible) Please visit www.CambrianAcademy.org for more information about the registration timeline and fees. Cambrian Academy is fully accredited by the Western Association of Schools and Colleges. Offers of admission will typically have an expiration date, after which the space may be offered to another applicant. This is in part because space availability is so limited. The sooner we fill the allotted spaces with committed students, the sooner we may begin detailed planning for the upcoming year. We work hard to provide the best customized program possible for each student. *We do not require students to attend any particular college after graduation. However, we expect students to make their final decisions after receiving the best college admission and scholarship offers possible. FOR OFFICE USE: Date received: