

CANTERBURY CHRISTIAN SCHOOL

101 N. El Monte Avenue
Los Altos, CA 94022-3126
Phone/Fax 650-949-0909

APPLICATION FOR ADMISSION TO SCHOOL YEAR 2015-2016

Name of Student _____ M ___ F ___ Nickname, if used _____
Date of Birth _____ NOTE: Student should be 5 years old by the end of September
Father's Name (title, if any) _____ Occupation _____
Mother's Name (title, if any) _____ Occupation _____
Address: Street _____ City _____ Zip Code _____
Home Phone _____ Other emergency number(s) _____
Father's business number _____ Cell number _____
Mother's business number _____ Cell number _____
Parents: Married _____ Separated _____ Divorced _____
Language spoken in the home _____
Grade entering _____ School last attended _____
Why left? _____
Has student ever repeated a grade? Yes ___ No ___ Reason _____
Has student ever been in any special classes? _____ What type? _____
Has student ever had special testing? _____ Kind? _____ When? _____
Special health problems of which the school should be aware _____
Doctor's Name _____ Address _____ Phone _____
Has this student had disciplinary problems? _____
How do you plan to pay for tuition? By year _____ By semester _____ By month _____
What church do you attend, if any? _____
How did you hear about this school? _____
E-mail addresses _____

Note: A non-refundable registration fee of \$350 (\$275 Kindergarten) is due upon acceptance.

In making application for my child, it is my desire to have him complete the 2015-2016 school year. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

I hereby give the school permission to use reasonable disciplinary measures to correct misbehavior.

Date _____ Parent's Signature _____