



1450 Halyard Drive, suite 6
 West Sacramento, CA 95691
 (916) 444-2400

Application For Admission:

This form is to be completed by a parent or guardian.

For Academic Year Beginning: _____

Applying for Grade _____

Applicant Information		
Last Name	First Name	Middle Name
Address	City	Zip Code
Birth Date	Phone	Current Grade
Applicant lives with: ___both parents ___mother only ___father only ___other (specify)_____		
Mother's Name	work or cell phone	Email
Mother's address, if different from above	Mother's Occupation	Mother's Employer
Father's Name	work or cell phone	Email
Father's address, if different from above	Father's Occupation	Father's Employer
<i>If unable to reach parent or guardian, please provide the name, phone and address of an emergency contact.</i>		
Name	Phone	Relationship
Address	Name of Family Physician	Phone

List of Applicant's Siblings:

Name	current school	age
Name	current school	age
Name	current school	age

Has anyone in your family attended a single sex institution? _____ If yes, where? _____

Applicant's current school:

Principal/Head of School's Name:

Last two schools attended:

Financial Aid: If you would like information on applying for financial aid, please call the school office at 916-444-2400.

Will you apply for financial aid? _____ yes _____ no

Other schools to which you are applying:

School Use Only:

Completed application packet received on _____ by _____

Interview Scheduled: _____

Evaluation Required: _____

Check Number _____ Received _____ by _____

