

ADMISSION APPLICATION

EL SOBRANTE CHRISTIAN SCHOOLS
5100 ARGYLE ROAD (ELEM) 5070 APPIAN WAY (JR/SR HIGH)
EL SOBRANTE, CA 94803
(510) 223-2242 (Elem) 510-223-1966 (Jr/Sr Hi) www.escseagles.com

CANDIDATE FOR _____ GRADE, FALL, 20____
__ MALE __ FEMALE

To Be Completed by the Parent or Guardian

Please Print or Type

Student Name _____ Birth date _____ Birthplace _____
Last First

Address _____
Number & Street City Zip

Church Affiliation _____ Attend church regularly? Yes No

Male Parent/Guardian

Name _____ Relation to Student _____

Address _____
Number & Street City Zip Occupation _____

Home Phone () _____ Work Phone () _____ Cell () _____ email _____

Female Parent/Guardian

Name _____ Relation to Student _____

Address _____
Number & Street City Zip Occupation _____

Home Phone () _____ Work Phone () _____ Cell () _____ email _____

Last School Attended: _____ School Phone () _____

School Principal _____ Reason for Changing: _____

Qualified for Services: IEP? Yes No 504 Plan? Yes No Resource? Yes No
(Check One) Student Passed: _____ Retained: _____ Passed Conditionally: _____

Has your child ever been dismissed or suspended from any school? If Yes, state reason: _____

Background and Ethnic Information: (check appropriate boxes)

- | | | |
|--|---|---|
| <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Living with both Parents | <input type="checkbox"/> African American |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Living with Father | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Living with Mother | <input type="checkbox"/> Anglo/Caucasian |
| <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Living with Grandparent(s) | <input type="checkbox"/> Bi-racial |
| | <input type="checkbox"/> Living with Guardian | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> Living with Parent & Step-parent | <input type="checkbox"/> Native American |
| | <input type="checkbox"/> Part time with Each Parent | <input type="checkbox"/> Other _____ |

Other children living in the home: (Names, ages, and school attending) _____

List below the names of parent(s), brother(s), sister(s) who have attended El Sobrante Christian School.

(Name) (Relationship) (Year(s) attended)

If you were referred by one of our parents, please provide their name: _____

QUALIFIED STUDENTS WILL NOT BE DENIED ADMISSION ON THE BASIS OF RELIGION, RACE, GENDER OR NATIONAL ORIGIN.

Registration Fee \$ _____ Check # _____ Cash _____ Testing Fee \$ _____ Check # _____ Cash _____
Immunization _____ Birth Certificate _____ Testing Date _____ Reg # _____