

SMALL CLOUD CHRISTIAN SCHOOL

12420 Pear Lane

Wilton, CA 95693 – (279) 297-6680

APPLICATION FOR ADMITTANCE

Applicant Information

Name of Student _____ Home Phone # _____

Street Address _____ Cell Phone # _____

City _____ State _____ Zip _____ Sex (Check one) Male Female

Age _____ Birthdate _____ Birthplace _____

Applicant lives with (check and name all that apply):

Father _____ Mother _____ Stepfather: _____

Stepmother _____ Guardian _____ Relation to student _____

Please mail correspondence to:

Name _____ Street Address _____

City _____ State _____ Zip _____ Email address _____

Occupation of Father/Guardian

Employer or company name _____ Position held _____

Business Address _____

City _____ State _____ Zip _____ Phone Number _____

Occupation of Mother/Guardian

Employer or company name _____ Position held _____

Business Address _____

City _____ State _____ Zip _____ Phone Number _____

Brothers and sisters (If more space is needed, please attach another page)

1. Name _____ Age _____ Sex _____ 2. Name _____ Age _____ Sex _____

3. Name _____ Age _____ Sex _____ 4. Name _____ Age _____ Sex _____

School Background

Please list all other schools that applicant has attended (If more space is needed, please attach another page)

1. Name of School _____ Dates of attendance _____ Grade _____

Street Address _____ City _____ State _____ Zip _____

2. Name of School _____ Dates of attendance _____ Grade _____

Street Address _____ City _____ State _____ Zip _____

3. Name of School _____ Dates of attendance _____ Grade _____

Street Address _____ City _____ State _____ Zip _____

