SMALL CLOUD CHRISTIAN SCHOOL

12420 Pear Lane Wilton, CA 95693 – (279) 297-6680

APPLICATION FOR ADMITTANCE

Applic	ant Information								
Name of Student			Home Phone #						
Street	Address				Cell Phone #				
City	State			Zip	Sex (Ch	Sex (Check one)			
Age	E	Birthdate		Birth	nplace	e			
Applic	ant lives with (check and nan	ne all that app	ly):						
	Father		Nother		Stepfather:				
	Stepmother	🗌 G	uardian		Relation to studen	elation to student			
<u>Please</u>	mail correspondence to:								
Na	ame	Stre	eet Address						
Cit	ty	State _		Zip	Email address				
Occup	ation of Father/Guardian								
	nployer or company name			Position h	ield				
	isiness Address								
						 er			
	ation of Mother/Guardian			·					
-	nployer or company name			Position l	held				
	ısiness Address								
	 ty					 er			
	ers and sisters (If more space								
	Name					Age	Sex		
	Name								
Schoo	l Background								
Please	list all other schools that ap	olicant has att	ended (If mor	e space is needed,	please attach anothe	er page)			
1.	Name of School	•		es of attendance		Grade			
	Street Address			City	State		Zip		
2.									
	Street Address								
3.									
	Street Address				State				

In what gi	rade was applicant enrolled last semester?	Was applicant promoted?	
Was appli	cant ever expelled from any school for poor scholarship	or for any other reason?	
	wered "yes" to this question, please explain below:		
			_
	or attendance at Small Cloud Christian School . How did you first become interested in this school?		
k	b. Why do you wish to have your child attend here?		
l.	the undersigned, certify that the information provided	is correct to the best of my knowledge.	
-	Signature	 Date	