



A Ministry of First Baptist Church of Los Altos
625 Magdalena Ave. Los Altos, CA 94024
(650) 948-2907 FAX (650) 949-6092

APPLICATION FOR ADMISSION

This application must be accompanied by a check for \$50, which is non-refundable.

Student's Name _____ Male . Female
Last First Middle Nickname

Address _____ Phone (____) _____
Number and Street City Zip Code

Date of Birth _____ Age _____ E-mail Address _____

Last School Attended _____ Address _____

Other Schools Attended _____

Name of Father _____ Occupation _____

Address of Father (if different from student) _____

Place of Employment _____ Address _____ Phone (____) _____

Name of Mother _____ Occupation _____

Address of Mother (if different from student) _____

Place of Employment _____ Address _____ Phone (____) _____

Parents' Marital Status: Married Divorced Separated Remarried Other _____

Pupil Living with: Mother and Father Mother Father Guardian Other _____

Brothers _____ Ages _____ Attend LACS _____

Sisters _____ Ages _____ Attend LACS _____

Church Member: Yes No Attend church regularly? Yes No Denominational Preference: _____

Church _____ Address _____

Please state child's special interests, skills or hobbies _____

Allergies? _____ Special Medications? _____

Difficulties your child may have had in school: Behavior Physical Problems Other
Explain: _____

Does your child have any special fears? _____ Explain: _____
(over)

