

# ADMISSION APPLICATION

**El Sobrante Christian Schools**

5100 Argyle Road  
El Sobrante, CA 94803  
(510) 223-2242

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 \_\_\_\_\_ Occupation \_\_\_\_\_  
Number & Street City Zip

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

Female Parent/Guardian \_\_\_\_\_  
Name Relation to Student

Address \_\_\_\_\_ Occupation \_\_\_\_\_  
Number & Street City Zip

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)

**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 # \_\_\_\_\_