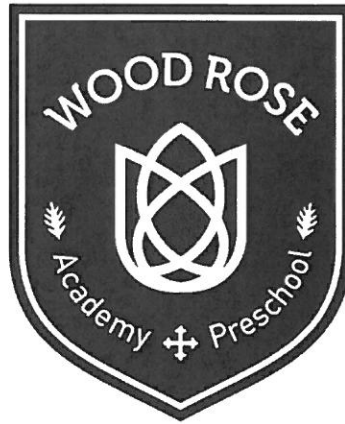


Application for Admission



Last Name: _____

First Name: _____

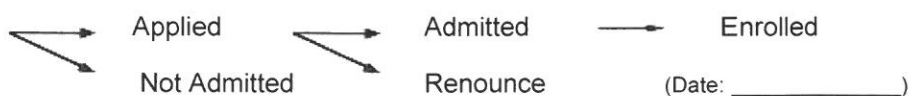
Date of Birth: _____

For School Year Entrance: 201__ / 201__

Grade Level Applying To:

Preschool:		Infant	2yrs	3yrs	PreK	
Primary School:	K	1	2	3	4	5
Middle School:	6	7	8			

STATUS:



1. Father's Information

Last Name: _____ First Name: _____
Date of Birth: _____ Place of Birth: _____
Profession: _____ Employer: _____
Address of Employer: _____ Phone: _____
Home Phone.: _____ Mobile Phone: _____ E-mail: _____
Marital Status: married separated divorced widowed (deceased) Wood Rose Contact _____

2. Mother's Information

Last Name: _____ First Name: _____
Date of Birth: _____ Place of Birth: _____
Profession: _____ Employer: _____
Address of Employer: _____ Phone: _____
Home Phone.: _____ Mobile Phone: _____ E-mail: _____
Marital Status: married separated divorced widowed (deceased) Wood Rose Contact _____

3. Family Information

Address: _____
City: _____ Zip Code: _____
Home phone: _____ Mobile Phone: _____ E-mail: _____

Siblings (Write in descending order of age, including students who are applying to Wood Rose Academy & Preschool):

<u>First Name</u>	<u>Last Name</u>	<u>School Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Language spoken at home: _____

(Optional) Religion: _____, Parish/Church: _____

- Media / Referring Persons to the school: _____
Other Parent(s) Teacher Alumnae Friend/Acquaintance Social Media Website Other _____

- Religious Formation: Do you agree and desire that your child(ren) receive classes in the Catholic Faith? : (Yes/No):

APPLICATION:

IN REQUESTING ADMISSION FOR MY CHILD(REN), I UNDERSTAND AND ACCEPT THE POLICIES AND CHARACTER STANDARDS OF WOOD ROSE ACADEMY, CONCORD, CALIFORNIA, ON.....OF 201_

SIGNATURE OF FATHER AND MOTHER

Wood Rose Academy and Preschool informs you that the data contained in this request for information will be maintained in a confidential file and used only for purposes of managing this application and for providing you with information on activities of the school. You may, at any time, exercise your right to modify or cancel your application. By signing this application, (1) you are authorizing your child's schools to release academic records and test scores to Wood Rose Academy for the purpose of evaluating this application, (2) you are waiving any rights you otherwise have with regard to accessing the evaluation materials and/or recommendations before or after the admission decision is made, and (3) you are releasing every person and institution from any and all liability resulting from or pertaining to information received regarding this application.

4. STUDENT INFORMATION

Grade Applying For: _____ For School Year: _____

Last Name: _____

Middle Name: _____

First Name: _____ Date of Birth.: _____

Year of Birth: _____ Place of Birth: _____ Age: _____

- Prior Schools Attended:

<u>Academic Year</u>	<u>Name of School, City</u>	<u>Reason for Leaving</u>
----------------------	-----------------------------	---------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Did the student repeat a grade (If yes, why?) _____

- Any special learning or medical needs: _____

- Special talents and hobbies of the student:

5. SERVICES

Hot Lunch: Yes No

Before/After School Care: **Yes** A.M. Hours: _____ P.M. Hours: _____ **NO**

Other: _____

To be completed by the school

ECONOMIC CONDITIONS:

OBSERVATIONS:

ACTIONS TAKEN

Date: _____ Noted by: _____ Results: _____

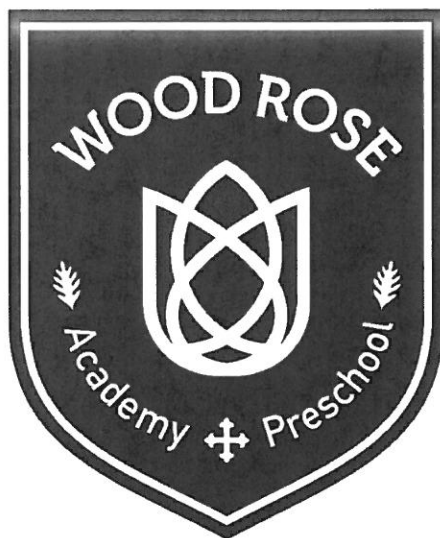
Date: _____ Noted by: _____ Results: _____

Date: _____ Noted by: _____ Results: _____

Date: _____ Noted by: _____ Results: _____

Date: _____ Noted by: _____ Results: _____

Date: _____ Noted by: _____ Results: _____



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www.woodroseacademy.org

ASSOCIATED SCHOOL OF
 **Fundación Arenales**