

Southeastern California

Yr. of Baptism: _____

Birthdate: _____

RETURNING STUDENT APPLICATION

STUDENT'S NAME: _____ AGE: _____ GRADE: _____
Last First Middle

ADDRESS: _____
Street, P.O. Box, Apt. # City Zip Code

PHONE NUMBER: () _____ EMERGENCY NUMBER () _____

LIVING WITH: Father Mother Stepfather Stepmother Other/Legal Guardian

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR ACCOUNT:

Last First Middle Street, P.O. Box, Apt. # City Zip Code

Please indicate below any change in marital status, number of children, job (include new address and phone) etc., that has taken place during the current school year or is anticipated in the near future.

Full Names of Parents/Guardians Student Lives With

Church Membership

Signature

Date

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