



APPLICATION FOR ADMISSION

Today's Date:	Applying for	School Year
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Student Information

Student's Full Name:		Preferred Name
Student's Email:		Student's Phone:
Date of Birth:	Gender:	Social Security Number:
Place of Birth:	Nationality:	Language(s) Spoken Fluently:
Race & Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		

Parent/Legal Guardian Information

Student lives with: <input type="checkbox"/> Primary Parent <input type="checkbox"/> Secondary Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self		
PRIMARY PARENT NAME:		Cell #:
Address:		Business #:
City:	State:	Zip Code:
Email Address:		
SECONDARY PARENT NAME:		Cell #:
Address:		Business #:
City:	State:	Zip Code:
Email Address:		
Legal Guardian Full Name: (Emergency Contact)		Cell #:
Address:		Business #:
City:	State:	Zip Code:
Email Address:		Relation to Student:

Health & Medical Information

Medical Conditions:	
Allergies:	Other:

IN CASE OF AN EMERGENCY

The parent/guardian information listed on the first page is considered as the emergency contact. If parents/guardians cannot be reached, please consider listing others outside of your household with alternative contact information.

Name: _____ Relation to Student: _____

Cell Phone: _____ Authorized to Pick-up: YES NO

Name: _____ Relation to Student: _____

Cell Phone: _____ Authorized to Pick-up: YES NO

DECLARATION AND CONSENT

I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or misrepresentation of facts may result in the denial of admission or subsequent dismissal from the school.

I acknowledge that, if admitted, my child and I will abide by the rules, regulations, and policies of Alta Career Academy. I agree to fulfill all financial obligations associated with attendance at the school as outlined in the tuition and fees schedule.

By signing below, I affirm that I have read, understood, and agree to the terms and conditions stated above.

Parent A Printed Name: _____

Parent A Signature: _____

Date: _____

Parent B Printed Name: _____

Parent B Signature: _____

Date: _____

Students Over 18 Years of Age

Printed Name: _____

Signature: _____

Date: _____