

Student Application

Please send completed application to:

Admissions Coordinator
Canyon Heights Academy
775 Waldo Road
Campbell, CA 95008

(Attach a recent photo of the applicant to this form.)



Student Information

Date: _____

Student's name: _____ Nickname: _____
(Last, First, Middle)

Age: _____ Birth Date: _____ Place of Birth: _____ Social Security No: _____

Applying For:

Son _____ Daughter _____ School Year (beginning in August): _____

_____ Grade (write in) _____ Preschool, 5 full days (M-F, 8:30 am-3:15 pm) _____ Preschool, 2 full days (TTH, 8:30 am-3:15 pm)
_____ Kindergarten _____ Preschool, 5 half days (M-F, 8:30 am-12:30 pm) _____ Preschool, 2 half days (TTH, 8:30 am-12:30 pm)
_____ Extended day care _____ Preschool, 3 full days (MWF, 8:30 am-3:15 pm)
_____ Preschool, 3 half days (MWF, 8:30 am-12:30 pm)

Parent Information: Father

Title (Mr., Dr.): _____

Name: _____
(Last, First, Middle Initial)

Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____

Cell: _____ Pager: _____

Email: _____

Place of Birth: _____

Occupation: _____

Employer: _____

Employer Address: _____

City/State/Zip: _____

Education (highest degree): _____

Religion: _____

Parish: _____

Social Security No: _____

U.S. Citizen: _____ Yes _____ No

Marital Status: _____ Married _____ Widowed _____ Separated
_____ Divorced _____ Remarried _____ Annulment (Yes or No)

Parent Information: Mother

Title (Mrs., Ms., Dr.): _____

Name: _____
(Last, First, Middle Initial)

Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____

Cell: _____ Pager: _____

Email: _____

Place of Birth: _____

Occupation: _____

Employer: _____

Employer Address: _____

City/State/Zip: _____

Education (highest degree): _____

Religion: _____

Parish: _____

Social Security No: _____

U.S. Citizen: _____ Yes _____ No

Marital Status: _____ Married _____ Widowed _____ Separated
_____ Divorced _____ Remarried _____ Annulment (Yes or No)

Note: To help us keep all information current, please notify the school when any information needs to be updated.

Personal/Family Information

Student lives with: _____ Parents _____ Mother _____ Father _____ Other (please list): _____

Religion: _____ Catholic _____ Other (please list): _____

Baptized: _____ Yes _____ No Date: _____ Religion baptized in: _____

Church: _____ City/State: _____

Reconciliation: _____ Yes _____ No Date: _____

Church: _____ City/State: _____

First Communion: _____ Yes _____ No Date: _____

Church: _____ City/State: _____

Confirmation: _____ Yes _____ No Date: _____

Church: _____ City/State: _____

Name/Age/School of all children in family:

Name (First, Last)	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all schools attended, beginning with current school:

Name of school	Address (City/State/Zip)	Grade attended	Reason for leaving
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

How did you learn about Canyon Heights Academy? _____

Parent Questionnaire

What would you say are your child's main qualities, strengths, or talents (academically, socially, physically, and/or morally)?

Is there a physical condition that would prevent the applicant from full participation in physical education or recess programs?

Has the applicant ever been referred for professional psychological or personal counseling?

Based on your knowledge of Canyon Heights Academy and our philosophy, why are you seeking to educate your child here?

What do you expect from the Canyon Heights Academy faculty/staff?

What can Canyon Heights Academy expect from you/your family in the areas of contributing your time/talents/financial help?

Television viewing can influence a child's formation. Do you monitor your child's viewing of television programs? Please explain.

What activities do you enjoy or do regularly as a family?

Medical Information

Does your child take any medication on a regular basis? ____ Yes ____ No

If yes, please list medication(s), dosage, times given: _____

Does your child have any health problems? (For example: allergies to foods, medicine, or bee stings, diabetes, asthma, epilepsy, seizures, etc.) If yes, please explain.

Has your child ever been tested for any of the following? (Please submit copies of all test results and/or reports to Canyon Heights Academy.)

____ Learning disabilities Place: _____ Date: _____

____ Speech and language delay/difficulties Place: _____ Date: _____

____ Attention deficit disorder Place: _____ Date: _____

____ Hyperactivity Place: _____ Date: _____

____ Has your child taken Ritalin? Place: _____ Date: _____

If yes to any of the above, please write a brief explanation of the situation, test results and steps taken.

Are there any situations or pertinent information that we should know in order to further understand your child? Please explain.

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Emergency contact name: _____ Phone: _____

Emergency contact name: _____ Phone: _____

I hereby certify that all information on this application, and all information requested by Canyon Heights Academy in connection with this application, for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to Canyon Heights Academy by third parties in connection with this application is under an expectation that it is confidential, and will be treated as confidential by Canyon Heights Academy, and I hereby agree that Canyon Heights Academy may maintain such confidentiality in its sole discretion until released by the provider of the confidential information.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____