

# 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: \_\_\_\_\_