



APPLICATION FOR ADMISSION

2015-2016 SCHOOL YEAR

AGES 9 TO 18

STUDENT'S NAME: _____

LAST GRADE COMPLETED _____ ENTERING GRADE _____ DATE OF BIRTH _____

STUDENT'S ADDRESS (CITY STATE ZIP) _____

HOME PHONE: _____ PRIMARY LANGUAGE SPOKEN AT HOME _____

RACIAL/ETHNIC GROUP:

() AMERICAN INDIAN/ALASKAN NATIVE () ASIAN/PACIFIC ISLANDER () BLACK, NOT HISPANIC

() HISPANIC () WHITE, NOT HISPANIC () MULTI-RACIAL

OTHER CHILDREN IN FAMILY

NAME: _____ GENDER _____ AGE _____

NAME: _____ GENDER _____ AGE _____

PARENT PERMISSION FOR PUBLICATION OF STUDENT PHOTO:

AS A PARENT OR GUARDIAN OF A STUDENT AT MISSION CONFLUENCIA,

I GIVE MY APPROVAL FOR USING PHOTO(S) (NO NAMES) OF MY CHILD FOR: YES _____ NO _____

INDIVIDUAL AND GROUP PHOTOS FOR THE YEARBOOK YES _____ NO _____

INDIVIDUAL AND/OR GROUP PHOTOS FOR THE WEBSITE (NO NAMES GIVEN) YES _____ NO _____

DEVELOPMENT/PUBLICITY OF THE SCHOOL AND ITS RELATED ACTIVITIES.

(SOME EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO, MARKETING BROCHURES, ANNUAL DVD OF SCHOOL, ETC.)

STUDENT NAME (PRINT) _____ GRADE ENTERING _____

PARENT NAME (PRINT) _____ PARENT SIGNATURE _____

HAS APPLICANT PREVIOUSLY APPLIED TO MISSION CONFLUENCIA? YES NO IF YES, WHAT YEAR? _____

HAS APPLICANT EVER ATTENDED MISSION CONFLUENCIA? YES NO IF YES, WHAT YEAR? _____

HAS APPLICANT EVER REPEATED A GRADE? YES NO IF YES, WHAT GRADE? _____

HAS APPLICANT APPLIED AT OTHER SCHOOLS? YES NO IF YES, NAME OF SCHOOLS _____

DOES YOUR CHILD HAVE ANY PHYSICAL NEEDS/DISABILITIES OF WHICH YOU ARE AWARE? YES NO

IF YES, PLEASE EXPLAIN:

DOES YOUR CHILD HAVE ANY LEARNING NEEDS/DISABILITIES OF WHICH YOU ARE AWARE? YES NO

DO YOU SUSPECT ANY DISABILITY? YES NO IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD BEEN GIVEN AN INDIVIDUALIZED EDUCATIONAL PLAN (IEP)? YES NO

IF YES, PLEASE PROVIDE DATE: _____

HAS YOUR CHILD BEEN TREATED BY A PSYCHIATRIST, PSYCHOLOGIST, OR COUNSELOR? YES NO

HAS YOUR CHILD BEEN GIVEN ACCOMMODATIONS OR MODIFICATIONS BY A PSYCHIATRIST OR PSYCHOLOGIST? YES NO

IF YES, PLEASE PROVIDE DATE: _____

IS YOUR CHILD ON ANY TYPE OF MEDICATION? YES NO IF YES, PLEASE LIST ALL MEDICATIONS WHETHER ADMINISTERED AT SCHOOL OR AT HOME: NEED/PROBLEM NAME OF MEDICATION DOSAGE

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO COMMUNICATE CONCERNING YOUR CHILD?

PARENT SIGNATURE: _____ DATE: _____

EMERGENCY AND HEALTH INFORMATION

2015-2016 SCHOOL YEAR

STUDENT NAME _____ GRADE _____ DATE OF BIRTH _____

ADDRESS STREET CITY ZIP _____

HOME PHONE: _____ WORK PHONE _____

(REQUIRED) ALTERNATE EMERGENCY NAME _____

PHONE _____ CELL _____

ALTERNATE EMERGENCY NAME _____ PHONE _____

_____ CELL _____

STUDENT'S PHYSICIAN _____ PHONE _____

HOSPITAL PREFERENCE: _____

DENTIST: _____

PHONE _____ PLEASE CHECK IF YOUR CHILD HAS ANY OF THE FOLLOWING: _____ HEART TROUBLE _____

EPILEPSY _____ NOSEBLEEDS _____ ASTHMA _____ FAINTING _____ ADD/ADHD _____ DIABETES _____

HEARING OR VISUAL DEFECTS _____ OTHER COMMENTS _____

IF YOUR CHILD IS RECEIVING MEDICATION FOR ANY REASON, PLEASE LIST MEDICATION(S) AND DOSAGE BELOW. MEDICATION AND DOSAGE:

ALLERGIES: (FOOD, DRUG, INSECT, ETC.) _____

ALL MEDICATIONS INCLUDING OVER THE COUNTER DRUGS TO BE GIVEN DURING SCHOOL HOURS MUST BE IN THE ORIGINAL LABELED BOTTLE OR PRESCRIPTION BOTTLE AND BE ACCOMPANIED BY THE MEDICATION PERMISSION FORM SIGNED BY THE STUDENT'S PHYSICIAN AND PARENT.

MAY YOUR CHILD BE TREATED BY SCHOOL PERSONNEL FOR MINOR INJURIES? _____ Yes _____ No _____

IF AN EMERGENCY ARISES, THE SCHOOL WILL CONTACT THE STUDENT'S MOTHER OR FATHER. IN THE EVENT OF AN EXTREME EMERGENCY, 911 WILL BE ACTIVATED, AND THE STUDENT'S PARENTS WILL BE NOTIFIED.

PARENT SIGNATURE: _____ DATE: _____

APPLICATION QUESTIONS

2015-2016 SCHOOL YEAR

WHAT IS YOUR UNDERSTANDING OF A COMMUNITY?

HOW DO YOU SEE YOURSELF EXPLORING HISTORY AND CULTURE TO UNDERSTAND YOURSELF BETTER?

HOW DO YOU SEE YOURSELF HONORING AND CONNECTING WITH THOSE AROUND YOU?

PLEASE DESCRIBE A TIME WHEN YOU HAVE CREATED OR GROWN SOMETHING.

WHAT HAS MOTIVATED YOU TO APPLY TO MISSION CONFLUENCIA?
