



822 BRADBOURNE AVENUE DUARTE, CALIFORNIA 91010
 626/301-9809 OFFICE 626/301-1342 FAX
 WWW.FOOTHILLOAKSACADEMY.ORG

K-8 ENROLLMENT APPLICATION

PLEASE NOTE: There is a non-refundable enrollment fee of \$650 for all new students which must accompany this form.

Enrolling For Grade _____

Student's Name _____
 last first middle

Home Address _____
 street city zip

Birth Date _____ Home Phone _____

Religious Affiliation _____ (optional) Email Address _____

CONTACT INFORMATION

Father/Guardian

Address (if different from applicant)

City State Zip

Home Phone Cell Phone

Business/Profession/Employer

Business Address

Business Phone

Mother/Guardian

Address (if different from applicant)

City State Zip

Home Phone Cell Phone

Business/Profession/Employer

Business Address

Business Phone

With whom is the student living? _____

Who is financially responsible for the student? _____

Marital Status: Married _____ Divorced _____ Separated _____

How did you hear about Foothill Oaks Academy _____

Name of last school attended _____

(please complete other side)

Siblings:	Name	Age	School	Grade

Special Needs:

Comments:

Father/Guardian Signature

Mother/Guardian Signature

Upon acceptance, applicant may be required to authorize Foothill Oaks Academy or its agent to obtain a credit report, when credit is requested or an outstanding balance exceeds Tuition Agreement limits.

For Office Use Only: Accepted Not Accepted Evaluation Fee Paid Transcripts Requested

Date Evaluated _____ Check Number _____ Start Date _____