

Southeastern California

Yr. of Baptism: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### RETURNING STUDENT APPLICATION

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street, P.O. Box, Apt. # City Zip Code

PHONE NUMBER: ( ) \_\_\_\_\_ EMERGENCY NUMBER ( ) \_\_\_\_\_

LIVING WITH:  Father  Mother  Stepfather  Stepmother  Other/Legal Guardian

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR ACCOUNT:

\_\_\_\_\_  
Last First Middle Street, P.O. Box, Apt. # City Zip Code

*Please indicate below any change in marital status, number of children, job (include new address and phone) etc., that has taken place during the current school year or is anticipated in the near future.*

\_\_\_\_\_

\_\_\_\_\_  
Full Names of Parents/Guardians Student Lives With

\_\_\_\_\_  
Church Membership

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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