



**FOR OFFICE USE ONLY:**

Date contacted \_\_\_\_\_

Date of meeting \_\_\_\_\_

Approval of Enrollment Initials \_\_\_\_\_

**ENROLLMENT APPLICATION  
for Grace Christian School of Temecula Valley PSP**

Today's Date: \_\_\_\_\_ Academic Year Applying For: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

If referred by whom: \_\_\_\_\_

Marital Status\*: (check all that apply) Married \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_

\*If married, both signatures required on all pages

\*Divorced from child's parent \_\_\_\_\_ Check here if joint custody: \_\_\_\_\_ (both parent signatures required)

\*If divorced, which parent has physical custody: \_\_\_\_\_

Students to be enrolled:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (at enrollment): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (at enrollment): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (at enrollment): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (at enrollment): \_\_\_\_\_

\*Names of other siblings not homeschooled, if any: \_\_\_\_\_

Years completed in Home Education: \_\_\_\_\_

As a California private school, we are required to keep the qualification of all teachers on file. Please list your qualifications below, including school attended, degrees, credentials, teaching experience, other education completed or related experience (i.e. training seminars, home educator's conference/workshop, books/audio resources, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parents Signatures