

5300 Figueroa Mountain Rd.
P.O. Box 481
Los Olivos, CA 93441
(805) 688-5440



APPLICATION FOR ADMISSION

Please include a non-refundable
\$50.00 Application Processing Fee
www.syvfamilyschool.org

Application for Admission

STUDENT INFORMATION

Student Name: _____

Last

First

Middle

Nickname

() Male () Female

Birth Date (month/day/year): _____

Applying for: *Green / Blue / Red / Purple* Door Month and Year Entering: _____
(circle one)

If applying for Green Door do you plan on continuing through our Elementary Program (grades K-5)?

Yes No

PARENT/GUARDIAN INFORMATION

Name (P1): _____ Name (P2): _____

Street Address: _____ Mailing Address: _____

City/State/ Zip: _____ City/State/ Zip: _____

Home Phone: _____

Cell Phone (P1): _____ Email Address (P1): _____

Cell Phone (P2): _____ Email Address (P2): _____

EMPLOYMENT INFORMATION (Parent 1)

Place of Employment: _____ Work Phone: _____

Work Address: _____

EMPLOYMENT INFORMATION (Parent 2)

Place of Employment: _____ Work Phone: _____

Work Address: _____

PERSON FINANCIALLY RESPONSIBLE

(please specify name and relationship to student)

Mailing Address (if different from above): _____

Email: _____ Phone: _____

FOR OFFICE USE ONLY

\$50.00 Deposit CASH CC Check # _____ Date Paid _____ Visit Date _____ Database

BEYOND TUITION

The actual cost of educating a child at The Family School exceeds tuition. To offset this, we have an Annual Fund Drive every year. We count on 100% participation from our Board of Trustees, faculty, staff and parents. I understand that upon acceptance and enrollment in The Family School, I am required to participate in:

_____ the annual fund _____ and major fund raising events (please initial)

The Family School's parent volunteer program models for our children what can happen when we all work together. We rely on volunteers in many ways through the school year.

I agree to volunteer _____ (please initial)

What skills do you have to offer? _____

STUDENT INFORMATION

Previous School	Last Grade Attended	Teacher
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Address: _____ Phone: _____

Reason for leaving: _____

- Tell us about your child and his/her educational needs.
- Tell us about any events or situations in your child's life that would be helpful for The Family School to know. (i.e. We have just moved to the area, our family dog just passed away.)
- Tell us about your child's extracurricular activities or interests. (sports, drama, church, groups, etc.)
- Tell us why you would like your child to attend The Family School?

Siblings Name	DOB	School Attending
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APPLICATION FEE A non-refundable fee of \$50.00 must accompany the application for admission. The application will not be processed unless the Application Fee is included.

I hereby make application for enrollment. I understand this application is subject to acceptance by The Family School.

Signature of Parent or Guardian

Date