



Junipero Serra School

www.juniperoserra.org • 831-624-8322 • Fax 831-624-8311 • 3090 Rio Road, Carmel, CA 93923

Date: _____ Grade Applying for: _____ School Year: _____

Student's Full Name: _____

Last First Middle

Date of Birth Place of Birth M or F
Gender

Please complete for each living parent.

For Guardian, use Father and/or Mother's space and indicate change.

Father/Parent 1 Mother/Parent 2

Full Name: _____

Maiden Name: N/A _____

Place of Birth: _____

Occupation: _____

Home Address: _____

City: _____

State and Zip Code _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Fax: _____

Additional Family Information (if applicable)

Step Mother name: _____ Day Phone: _____

Step Father name: _____ Day Phone: _____

Correspondence and Billing Information:

Student lives with: Will you require duplicate correspondence sent to both parents?

() Both parents () Mother () Yes () No Send only to: _____

() Father () Stepmother Siblings at Junipero Serra School:

() Stepfather () Guardian Name _____ Grade: ____ Same billing? Y N

() Other

Name of last school attended: _____ Phone: _____

Address of last school attended: _____

How did you hear of JSS: Church Pre/School Friends Website Other

Name of source: _____

Name of close relatives or friends who have attended JSS: _____

What are your primary reasons for choosing JSS?

Academics Spiritual Athletics Art/Drama/Music Safety

Other: please explain: _____

Has your child had any behavioral issues at his/her previous school? Yes No

If yes, please explain: _____

Specialized Tests: The information provided below will not be used to determine acceptance. This information will be used to better educate us in the needs of your child and to give us a tool to better equip your child for success.

Has your child ever been recommended for:

Gifted and Talented Classes Resource Assistance

Recommendations from testing: _____

Has your child ever been diagnosed with: Learning Disabilities ADD/HDD

Does your child have any medical conditions that require learning assistance?

(visual, hearing, physical, etc.?) _____

Father's Religious Affiliation: _____ Mother's Religious Affiliation: _____

Child's Religious Affiliation: _____

Does the family attend church regularly? Y N

If yes, which church: _____ Pastor's Name: _____

For Catholic Families: Date of Baptism _____ Date of First Communion _____

Ethnic Background: (for statistical purposes only)

	Caucasian	Hispanic Am.	Native Am.	Asian	African Am.	Other
Natural Mother:	___	___	___	___	___	___
Natural Father:	___	___	___	___	___	___
Child:	___	___	___	___	___	___
Primary language spoken at home:	_____					

Insurance Coverage Information

Medical Carrier: _____ ID/Group # _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____

All the above information is correct to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____