



Date of Application: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ School Year: \_\_\_\_\_

Child's Last Name	First Name	Middle Name	Date of Birth	Gender
-------------------	------------	-------------	---------------	--------

Father/Parent 1/Guardian

Mother/Parent 2/Guardian

Full Name: \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_

State & Zip: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

email Address: \_\_\_\_\_

\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

\_\_\_\_\_

Names of Siblings at JSS: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Names of Close Relatives Who Attended JSS: \_\_\_\_\_

What are your primary reasons for applying to JSS: \_\_\_\_\_

Has your child had any behavioral issues at their previous school?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child ever been recommended for Gifted and Talented Classes?: \_\_\_\_\_



CARMEL MISSION'S

**JUNIPERO SERRA SCHOOL**

3090 Rio Rd. Carmel, CA 93923 831-624-8322

---

Has your child ever been diagnosed with learning disabilities, ADD/ADHD, or emotional difficulties? If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions that require learning assistance (visual, hearing, etc.)?: \_\_\_\_\_

\_\_\_\_\_

Applicants for grades 6, 7, and 8 must have their current math and English teachers complete the JSS Math and English Recommendation Forms. These forms will be sent directly to Junipero Serra School by the respective teachers.

Applicants in grades 2 through 8 must include their report cards from their current school for the past two years.

To the best of my knowledge, the information I have provided to Junipero Serra School is accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Junipero Serra School admits students of any race, color, national and ethnic origin, or religion.