

Mission Hills Middle School



APPLICATION FOR ADMISSION

(To be completed by student's parents or guardian)

Applying for grade _____ Fall/Spring 20_____

Date of Application _____ / _____ / 20_____

Student's Full Name: _____
Last First Middle Name

Student's Primary Address: _____
Street City State Zip

Student's Home Phone: (_____) _____ SSN: _____

Date of Birth: _____ / _____ / _____ Gender: _____ M _____ F

Ethnicity: (pick from these options)

- | | | |
|---|--|--|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino/Mexican |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> East Indian (India) |
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Persian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

Current School: _____ Current Grade: _____

Current School Address: _____
Street City State Zip

Current School Phone: (_____) _____ - _____

FAMILY INFORMATION | PARENT 1

Parent's Name: _____
Last First

Parent's Occupation: _____ Parent's relationship to Applicant: _____

Parent's Home Phone: (_____) _____ - _____ Parent's Employer: _____

Parent's Day Phone: (_____) _____ - _____ Employer Address: _____

Parent's Cell Phone: (_____) _____ - _____ _____

Parent's Email Address: _____

Parent's Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | PARENT 2

Parent's Name: _____
Last First

Parent's Occupation: _____ Parent's relationship to Applicant: _____

Parent's Home Phone: (_____) _____ - _____ Parent's Employer: _____

Parent's Day Phone: (_____) _____ - _____ Employer Address: _____

Parent's Cell Phone: (_____) _____ - _____ _____

Parent's Email Address: _____

Parent's Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | STEP-PARENT OR LEGAL GUARDIAN (if applicable)

Name: _____
Last First

Occupation: _____ Employer: _____

Home Phone: (_____) _____ - _____ Employer Address: _____

Day Phone: (_____) _____ - _____ _____

Cell Phone: (_____) _____ - _____ _____

Email Address: _____

Home Address: (if other than that of Applicant)

Street City State Zip

FAMILY INFORMATION | OTHER

Student lives with (pick from these options):

- | | | |
|---|---|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Mother & Step-Father | <input type="checkbox"/> Father & Step-Mother | <input type="checkbox"/> Both Parents in Different Households
(Court Documents required) |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandparent (s) | |

If child is adopted, how long has he/she lived with you? _____

