



855 Brotherton Road • Escondido • CA • 92025 • Office: 760-294-4490 • Fax: 760-294-4209 • www.balboaschool.com

ADMISSION APPLICATION

STUDENT INFORMATION

School year applying for: _____

First Name: _____ Last Name: _____ Middle Name: _____

DOB: _____ Place of Birth: _____ Gender: F / M

Current Grade Level: _____ Grade Level your child will be in next school year: _____

Mother's Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email address: _____

Father's Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email address: _____

Please notify the office immediately if any of your contact information changes.

Stepfather's Name: _____

Work Phone: _____

Email address: _____

Cell Phone: _____

Stepmother's Name: _____

Work Phone: _____

Email address: _____

Cell Phone: _____

For school profile only.

Student's ethnicity: _____

Student's primary language: _____

Highest level of education for dad: _____

mom: _____

MEDICAL INFORMATION

My child is currently being treated for the following medical conditions: _____

My child has allergies? _____ Please list: _____

Medications	For what conditions?	Dosage	Frequency	Date Started

My child takes medications during the school day: _____ Please list: _____

All medications must be turned into the office along with a prescription medication form (available in the office).

Please circle if your family has a history of:

Diabetes	High Blood Pressure	Heart Attack/Heart Disease
Tuberculosis	Blood Clots	Stroke
Epilepsy/Seizure	Alzheimer's	
Cancer	Mental Illness	Family History Unknown

Are there other major conditions in your family? _____

PERMISSION AND EMERGENCY INFORMATION

Besides parents/guardians, the following individuals have permission to pick up my child and may be notified in case of an emergency:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

In case of an emergency, I give permission for Balboa School to seek, authorize, and consent to any medical treatment or care necessary for my child. This authorization, hereby granted to Balboa School, shall continue in effect until such time as I make direct contact with the treating doctor. This authorization in no way obliges Balboa School or its authorized representatives, to pay or be liable for any costs or expenses incurred in the care of or treatment of my child; and I agree to pay all costs and expenses incurred for the treatment and care of my child.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

ADDITIONAL CONTACTS

My child is known to the following professionals (physician, psychologist, psychiatrist, social worker):

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

SCHOOL INFORMATION

Previous School & year(s) attended:

Current School: _____ Grade & Year attended: _____

Previous School: _____ Grade & Year attended: _____

Current GPA: _____

After high school my child is interested in: 4 year University Community College Vocational School Working

The major my child is interested in is: _____

PROGRAM PARTICIPATION

Throughout the course of the year, students at Balboa School take a variety of field trips. These trips range from visiting museums to touring college campuses. We consider it an integral part of our program that students become exposed and interact within the community around them. Students will either walk, take a taxi, or ride with parent volunteers. I understand my child will go on off campus field trips with Balboa School. I understand that the staff of Balboa School will take reasonable care of my child, but I also recognize that they will be off campus and may occasionally encounter hazards beyond the staff's control. I agree to be fully responsible and hold harmless Balboa School, and any of its employees and parents, from any and all liability for any and all harm arising to my child as a result of participating. This will hold true for any and all years that my child attends Balboa School.

Balboa School maintains the right to all student-generated work produced, created, or developed at Balboa School by my child. It also maintains the right to use my child's image in stills, video tape recordings or other media, such as the internet and/or yearbook, in such a way as it deems fit for now or in the future for publicity or other purposes. My child's name may be used in conjunction with Balboa School events, publicity and other ways as it deems fit now or in the future for publicity or other purposes. Balboa School has my permission to use photos and student-generated work.

In addition, consequent to any tuition payment made to Balboa School, I understand and agree I will not receive a refund.

My signature below indicates that I have read and agree to the above and that all information on this application is complete and factually presented.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____