



130 Woodward Avenue • 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:

School: \_\_\_\_\_ Grade & Year attended: \_\_\_\_\_

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.

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: \_\_\_\_\_