

Concord HIGH SCHOOL

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Director

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APPLICATION FOR ADMISSION

REQUEST FOR ADMISSION: Fall Spring Summer Entering Grade _____

Candidate _____ Birthdate _____ Male Female
Last First Middle

Address _____ (_____) _____
Number Street City Zip HOME Telephone

SCHOOLS PREVIOUSLY ATTENDED *(List last one first)*

1. _____ From _____ To _____
Name of School Address
2. _____ From _____ To _____
Name of School Address
3. _____ From _____ To _____
Name of School Address

FATHER'S Full Name _____ Home Phone (_____) _____

Address *(if different from above)* _____
Number Street City Zip

Occupation _____ CELL Phone (_____) _____ Work Phone (_____) _____

Company Name / Address _____

MOTHER'S Full Name _____ Home Phone (_____) _____

Address *(if different from above)* _____
Number Street City Zip

Occupation _____ CELL Phone (_____) _____ Work Phone (_____) _____

Company Name / Address _____

Referred by _____

Sibling Information

_____	_____	_____	_____
Name	Age	Sex	School Currently Attending
_____	_____	_____	_____
Name	Age	Sex	School Currently Attending
_____	_____	_____	_____
Name	Age	Sex	School Currently Attending

The information above is correct to the best of my knowledge. I understand that there is a \$2,000 non-refundable deposit (or \$100 non-refundable deposit for summer session), required upon acceptance of this application. I also understand that the entire amount of tuition is due and payable according to the terms of the contract.

Date _____ Parent or Guardian _____

Signature



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MEDICAL INFORMATION FORM

Student Name _____

Family Physician _____

Physician's Phone (_____) _____

Please indicate below any physical condition we should be aware of in case of emergency:
(i.e. diabetes, epilepsy, allergies, etc.)

MEDICAL TREATMENT RELEASE

In case of emergency requiring medical treatment, I hereby authorize any licensed physician, nurse, paramedic or hospital to administer such treatment as is required or desirable.

Signature of parent or guardian

Print name

Date