SUMMER REGISTRATION:

PERIOD	CLASS NAME	TUITION
		$1,800.00
		$1,800.00
		$1,800.00

PLEASE COMPLETE THIS APPLICATION AND MAIL TO THE ADDRESS LISTED BELOW ALONG WITH A **$100 DEPOSIT FOR EACH 10-UNIT CLASS**.

Concord HIGH SCHOOL

1831 Wilshire Boulevard, Santa Monica, CA 90403

310.828.9443 info@concordhs.org www.concordhs.org

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

Sonya H. Packer
Director Emerita

Susan Packer Davis/Hille, Esq.
Director

1831 Wilshire Boulevard
Santa Monica, CA 90403

T 310.828.9443
F 310.829.0893
info@concordhs.org
www.concordhs.org

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