

# A.G.B.U. MANOOGIAN-DEMIRDJIAN SCHOOL

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## PRE-APPLICATION FORM

### STUDENT INFORMATION

Name	_____	_____	_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
	Last	First	Middle			
Home Address	_____	_____	_____	_____		
	Street	Apt.	City	Zip		
Residence Telephone ( ____ )	_____					
Date of Birth	_____	_____	_____	Place of Birth	_____	_____
	Month	Day	Year	City	State	

### FATHER'S INFORMATION

Name	_____	Cell: ( ____ )	_____
Employment:	_____	Occupation:	_____
Email:	_____		

### MOTHER'S INFORMATION

Name	_____	Cell: ( ____ )	_____
Employment:	_____	Occupation:	_____
Email:	_____		

Number of Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Attending This School: Yes  No

Last Year's School Attended \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Grades K-5: Has your child been identified in the previous school with an IEP? Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_