South Hills Academy

1600 E. Francisquito Avenue, West Covina, CA 91791
Tel: (626) 919-2000 * Fax (626) 918-7730
www.shacademy.org

South Hills Academy Mission Statement: *South Hills Academy provides a Christ-centered atmosphere that enables students to become socially engaged, effective communicators, and critical thinkers in a global setting.*

Application for New Enrollment
School Year: 2018-2019

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Applicant's Last Name First Name Middle Initial		Preferred First Name	• Male • Female
Street Address		Home Phone No.	
City State Zip Code		Child's Birthplace	
Date of Birth	Grade for which applying	Present Grade	
Race/Ethnicity: • White, not Hispanic • Hispanic • African-American • Other: Required by State of California – Dept.of Health Services Immunization Branch (Section 49068). **South Hills Academy** does not use this information in determining eligibility for admissions.			
Name(s) of Sibling(s)			
Present School's Name and Address			
Child lives with: • Both Parents • Mother • Father • Other:			
Mother & Father are: • Married • Separated • Divorced • Deceased • Mother • Father			
Complete Name of Mother	Occupation	Business Phone ( )	Cell Phone ( )
Complete Name of Father	Occupation	Business Phone ( )	Cell Phone ( )
Legal Guardian, if other than Parent			
Relatives who are currently enrolled at South Hills Academy		Current Grade	Relationship
Relatives who are Alumni of South Hills Academy		Class/Year	Relationship

Signature of Mother	Signature of Father
Signature of Legal Guardian (If applicable)	Date of Application

- **Please Note: K applicants must be 5 years old before December 1.**

FOR SCHOOL USE ONLY:			
Date Received:	Received By:	Student ID #	Finance Dept:
		Family ID #	