



PUC ELEMENTARY SCHOOL

PACIFIC UNION COLLEGE
ELEMENTARY SCHOOL
135 Neilsen Court
Angwin, California 94508
707.965.2459
707.965.2480 fax
www.pucelementary.org

Student Application

Name: _____
First Middle Last Nickname

Gender: Boy Girl Grade Level: _____ Ethnicity: _____

Birth date: _____ Place of Birth: _____

Religious Affiliation: _____ Home Church: _____

Baptized? Yes No Baptism Date: _____

Medical Conditions or Allergies? Yes No (If yes, please detail on the reverse side.)

Doctor's Name: _____ Doctor's Telephone: _____

Ever attended home school? Yes No

Special Education needs? Yes No

Home mailing address: _____

Street Address if different from above: _____

Student email address: _____ Home Telephone: _____

Parent/Guardian: Information on Parents or Guardians that live with the student at the above address:

1. _____

| | | | | |
|-----------------------|---------------|------------|-------------------------|----------------|
| Salutation | First Name | Last Name | Relationship to student | Marital Status |
| Occupation | Place of Work | Work Phone | Cell Phone | Fax |
| Religious Affiliation | Home Church | email 1 | email 2 | |

2. _____

| | | | | |
|-----------------------|---------------|------------|-------------------------|----------------|
| Salutation | First Name | Last Name | Relationship to student | Marital Status |
| Occupation | Place of Work | Work Phone | Cell Phone | Fax |
| Religious Affiliation | Home Church | email 1 | email 2 | |

Information on Parent or Guardian that does **not** live at the student's address

| | | | | |
|-----------------------|---------------|------------|-------------------------|----------------|
| Salutation | First Name | Last Name | Relationship to student | Marital Status |
| Occupation | Place of Work | Work Phone | Cell Phone | Home Phone |
| Religious Affiliation | Home Church | email 1 | email 2 | |

Emergency Contact Information

Person to call in case of emergency if parent or guardian cannot be reached:

| | | |
|------|--------------|-------------------|
| Name | Relationship | Telephone Numbers |
|------|--------------|-------------------|

| | | |
|------|--------------|-------------------|
| Name | Relationship | Telephone Numbers |
|------|--------------|-------------------|

Financial

Who is financially responsible for the student? _____

Medical Details

Please give details of any medical conditions or allergies: _____

I will notify the school if any of the above information changes during the school year. I agree that name, mailing address and home phone number may be published in the PUC Elementary school directory unless I specify otherwise. I agree that school photos and snapshots may be used in publications such as the school yearbook, class projects, or promotional materials. I understand that students must have a signed permission slip in order to participate in school field trips (phone permission is insufficient). I have read and agree to honor school policies and guidelines published in the school Bulletin.

| | | |
|--------------------|-----------|------|
| Parent or Guardian | Signature | Date |
|--------------------|-----------|------|