

Century Academy

1025 Old Farm Road
Thousand Oaks, CA 91360-4941
Tel: (805)-496-0286 Fax: (805) 496-5169

ENROLLMENT APPLICATION

Date:

Student's Name: _____ Student ID# _____

Current Grade Level: _____ Gender: _____ Date of Birth: _____

Student's Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different from above): _____

Student's Home Ph: _____ Student's Cell: _____

Student's e-mail: _____

Mother's First Name: _____ Mother's Last Name: _____

Mother's Home Address: _____

Mother's Home Ph: _____ Mother's Cell: _____

Mother/Legal Guardian's Work Ph: _____ Mother's e-mail: _____

Father's First Name: _____ Father's Last Name: _____

Father's Home Address: _____

Father's Home Ph: _____ Father's Cell: _____

Father's Work Ph: _____ Father's e-mail: _____

Previous middle **and/or** high schools attended:

Does your student receive 504 services at their current school? Yes No

Does your student receive IEP services at current school? Yes No

Does your student receive ELL services at current school? Yes No

Do you have access to a computer at home? Yes No

Do you have internet service at home? Yes No

Do you have a printer at home? Yes No

STUDENT – You must answer the question below:

Please tell us why you think you are a good fit for Century Academy. (Consider study/work habits, motivation, academic goals, professional commitments and learning style. You may use the back of this form if needed.)

Student Signature _____ Date _____

PARENT OR LEGAL GUARDIAN – Please answer the question below:

Please tell us why you are choosing Century Academy for your student. (You may use a separate piece of paper if needed)

Parent Signature: _____ Date: _____