



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 Re-Enrollment School Year: 2018-2019

Applicant's Last Name	First Name	Middle Initial	Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Home Phone No.	
City	State	Zip Code	Child's Birthplace	
Date of Birth	Grade for which applying		Present Grade	
Race/Ethnicity: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Other: <small>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.</small>				
Name(s) of Sibling(s)				
Present School's Name and Address				
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:				
Mother & Father are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Mother <div style="text-align: right;"><input type="checkbox"/> Father</div>				
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
<input type="checkbox"/> \$100 Application Fee enclosed	Check #	<input type="checkbox"/> Previously Applied	Indicate Year:	
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 #		

