



RETURN APPLICATION TO:  
 Ellen Ochoa Prep Academy  
 8110 Paramount Blvd.  
 Pico Rivera, CA 90660  
 (562)- 801-7560



**Ellen Ochoa Prep Academy**  
 STUDENT APPLICATION (PAGE 1 OF 2)

Student Name: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone #: \_\_\_\_\_

Siblings/Grades: \_\_\_\_\_

**Please attach the following documents:**

**Transcript**

**Report Card**

**Recent Standardize Test Scores**

**Please check any services received:**

**ELD**     **GATE**     **SPEC. ED.** (Provide IEP)     **AVID**     **504 Plan** (Provide Plan)

**Signature of Student**

I understand that the Ellen Ochoa Prep Academy is a rigorous program. I realize that my participation at the Ellen Ochoa Prep Academy will give me a brighter future by providing me with a foundation and proven path to college and career success. I am prepared to make this commitment and will give my best effort while attending this school.

X \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent/Guardian**

I understand that the Ellen Ochoa Prep Academy has a rigorous academic curriculum and maintains high expectations. I will support my child's consistent attendance and work ethic. I understand and commit to support my student fully in this program.

X \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Approved

Denied

Comments \_\_\_\_\_

Principal Signature \_\_\_\_\_ Counselor Signature \_\_\_\_\_

