

9191 Fletcher Parkway La Mesa, CA 91942 (619) 469-9443 www.sothschool.org

Application for Admission				
Student Information				
Student's Name (Last, First, and Middle)			Gender (Check one) Male Female	
Date of Birth (Month, Date, Year)		Place of Birth (City and State)		
Present School (If Applicable)		Present Grade Level or Last Completed (Circle One) PK K 1 2 3 4 5 6 7 8		
School Year for which Applying 20 - 20		Grade Level for which Applying (Circle One) PK K 1 2 3 4 5 6 7 8		
Parent Information				
Father's Name	Father's Email		Father's Mobile Phone	
Mother's Name	Mother's Email		Mother's Mobile Phone	
Residence Address (street, city, state, zip)			Residence Phone	
Father's Occupation		Employer		
Business Address (street, city, state, zip)		. I	Employer's Phone	
Mother's Occupation		Employer		
Business Address (street, city, state, zip)			Employer's Phone	
If parents are divorced or separated, to who should admissions correspondence be sent			With whom does the child reside?	
Church Information				
Name and Location of Home Church (if none, then write "none")			Is your child baptized?	
Do you regularly attend worship at your home church? Yes No			Yes No	
School Life Information				
Has your child ever had difficulty in school with regard to: Social adjustment Discipline A particular academic subject Other				
☐ Social adjustment ☐ Discipline ☐ A particular academic subject ☐ Other If you checked any of the above, please explain:				

School Life Information (Continued)				
Has your child ever skipped a grade level? Yes No	Has your child ever repeated a grade level?			
If yes, which one? K 1 2 3 4 5 6 7 8	If yes, which one? K 1 2 3 4 5 6 7 8			
Do you agree to be an active partner in your child's education? Yes No				
Commitment to School Policies				
Have you read the Parent/Student handbook? Yes No				
Do you agree to comply with all of the policies as defined by the <i>Hand</i> .	book and explained by the principal? Yes No			
Is your child up to date on all of his/her vaccinations? Yes No				
I will be applying for financial aid for this coming school year through FACTS Yes No				
Reasons for Enrolling?				
Why do you wish to enroll your child at Shepherd of the Hills?				
Parent Signatures				
Father's Signature	Date			
Mother's Signature	Date			
Scho	ool Use			
Principal's Comments:				
Date application was received:				
Date of family visit:				
Date application was approved by BCD:				
Date enrollment registration fee was received:				
Date academic and health records were received:				