



Admission Application

Application for Grade: _____ School Year: 20__ - 20__

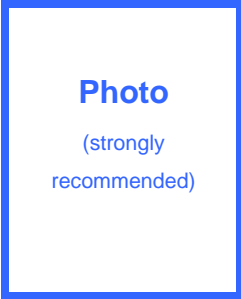
If applying for Kindergarten, child will attend: ___ Half Day ___ Full Day

Student: _____
Last Name First Name Middle Name Preferred Name

Birth Date: _____ Boy ___ Girl ___

Language Spoken at Home: _____

Ethnic Origin (Optional): _____ Religion (Optional): _____



Applicant's Current and Previous Education

Applicant's Present School: _____

School Address: _____
City State Zip

Previous Schools: _____ Grades Attended: _____

_____ Grades Attended: _____

Applicant's Relatives and Referrals

Names of Brothers and Sisters	Birth Date	Schools	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and relationship of relatives who have attended TLC and/or LCP:

_____ Year(s) attended

_____ Year(s) attended

Name of person who referred you to TLC and/or LCP, if applicable:

Applicant's Special Interests

Are there any academic special interests that you would like us to know?

Are there any extracurricular special interests that you would like us to know?

Parental Information

Please check any that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Student lives with both parents | <input type="checkbox"/> Parents separated | <input type="checkbox"/> Father remarried |
| <input type="checkbox"/> Student lives with mother | <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Student lives with father | <input type="checkbox"/> Single parent | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Student lives with guardian | <input type="checkbox"/> Mother remarried | |

Correspondence should be sent to: Father Mother Both Guardian

Father's Name

Mother's Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Home Telephone

Home Telephone

Cell Phone/ Pager

Cell Phone/ Pager

E-mail Address

E-mail Address

Father's Occupation

Mother's Occupation

Father's Employer

Mother's Employer

Father's Position

Mother's Position

Father's Business Telephone

Mother's Business Telephone

Name of person financially responsible: _____

Address to be used for billing (if different): _____



A non-refundable application fee of \$100.00 must accompany this application. An envelope is enclosed for your convenience.

Parent's Signature _____

Date _____

Please send this signed application and the \$100.00 non-refundable application fee to:

**The Learning Castle or
La Cañada Preparatory
Office of Admissions
4490 Cornishon Avenue
La Cañada Flintridge, CA 91011**