DEL MAR PINES SCHOOL

PLACE RECENT PHOTO HERE

Student Application

Please Print all Information

Applicant: _____ ☐ Male ☐ Female
LAST FIRST

Name By Which Applicant is Familiarly Known: _____

Date of Birth: ___/ ___ /___ Applying For Grade: _____ Applying for Academic Year: _____

School Presently Attending: _____

Name of Person Who Referred You to Del Mar Pines: _____

Are You Applying to Any Other Schools: ☐ Yes ☐ No School(s): _____

		FATHER		MOTHER	
Name:	Mr. Dr.	_____ LAST	FIRST	Mrs. Ms. Dr. _____ LAST	FIRST
Home Address:		_____		_____	
City, State, Zip:		_____		_____	
Home Telephone:		_____		_____	
Cellular Telephone:		_____		_____	
Business Telephone:		_____		_____	
Email Address:		_____		_____	
Occupation:		_____		_____	
Employer:		_____		_____	

Applicant's Siblings	Age	Sex	School Now Attending

APPLICATION FEE: A NON-REFUNDABLE CHECK IN THE AMOUNT OF $50.00 MUST BE ENCLOSED WITH THE APPLICATION. MAKE CHECK PAYABLE TO **DEL MAR PINES SCHOOL**.

TESTING/EVALUATION FEE: PLEASE BE ADVISED THAT A FEE OF $150.00 IS DUE AT THE TIME OF TESTING.

_____
SIGNATURE OF PARENT **DATE**

3975 Torrington Street • San Diego, California 92130 • 858.481.5615 • fax 858.481.0942