

CALEXICO MISSION SCHOOL

601 E. First Street • Calexico, CA • 92231 • Phone: 760-357-3711/Fax: 760-357-3713

www.calexicomissionschool.org

Applying for:

<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Elementary	<input type="checkbox"/> Jr. High	<input type="checkbox"/> Secondary	<input type="checkbox"/> ESL
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Student name:

_____	_____	_____	_____
Last (Father)	Last (Mother)	First name	Middle In.

Address:

_____		_____	
Street		Suburb	
_____	_____	_____	_____
City	State	Zip Code	

Telephone:

Home: _____	Business _____
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Birth

_____	_____	_____	_____	_____
Place	Date (m----- day----- year)			Age

Family Data

Father's name: _____	<input type="radio"/> Married	
Address: _____	<input type="radio"/> Separated	
E-mail _____	<input type="radio"/> Divorced	
Occupation _____	<input type="radio"/> Widower	
Religion _____		
Telephone _____		
Home	Cellular	Work

Mother's name _____	<input type="radio"/> Married	
Address _____	<input type="radio"/> Separated	
E-mail _____	<input type="radio"/> Divorced	
Occupation _____	<input type="radio"/> Widower	
Religion _____		
Telephone _____		
Home	Cellular	Work

Referred by:

Continue other side



CMS

SCHOLASTIC INFORMATION: Transcripts from previous schools required.

Last Schools attended:

Names	Address	Year	Grade

Ever dismissed from any school? Yes () No () If Yes, when: _____

Why? _____

FINANCIAL DATA:

() **1. Immunization Record**

() **2. Physical Examination**

Under Medical Conditions? () Yes () No

If Yes, Explain: _____

EMERGENCY DATA:

1. I hereby authorize the school to place my child to the custody of the following person who resides in the United States in the event of an emergency, a disaster, or civil disturbance.

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Name

Address

Phone

2. I hereby authorize the school to release my child to the custody fo the following person in the event I am unable to pick them up myself.

--	--	--

Name

Address

Phone

SIGNATURE: _____ () Mother () Father () Guardian

Continue other side



CMS

FINANCIAL DATA:

Person responsible for your account:

Name: _____

Address: _____

Phone: _____

Home

Work

Relation to Student () Mother () Father () Guardian

Financial Agreement:

This is a financial agreement with Calexico Mission School for the academic education that my son/daughter _____ will receive at this institution.

The parents hereby acknowledge the obligation to fulfill the requirements stipulated below.

1. It is required to show proof of Mexican or USA residency with one of the following: electric, gas, telephone bill, etc. Picture identification, such as, driver's license is also required.
2. In the case of an address change, we must receive the new address information within 15 days of the change, so as to have student information current.
3. By signing this document you agree to make your monthly tuition payments in a timely manner. Monthly installments are due and payable by the first of each month, and late on the 20th. A \$15.00 late fee will be applied to overdue accounts. Paying within the first 10 days of the month will offer you a \$10.00 on time discount. Students accounts must be kept current. Students whose accounts are not paid on the 20th of each month will be required to temporarily withdraw from classes until the account has been paid. No refunds will be granted for any school days missed due to delinquency-related suspensions.
4. Having read the previous points, the parents hereby acknowledge and accept all financial educational obligations for this student. If for any reason payments are not made, the account will be sent to collection.

Signature of Agreement

Father ()

Mother ()

Guardian ()

Date

Continue other side



AUTHORIZED STUDENT RELEASE FORM

CMS

Student name: _____

Note: In the event of a major disaster which causes structural damage to our school (such as fire, earthquake, explosion) students will be released to authorized individuals ONLY.

Please list the names of adults (18 years or older) who are authorized to sign for the release of your child. Please print clearly.

Note: There must be a form for each child.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature _____

Father

Mother

Guardian

Date

Continue other side



**CONTINUING CONSENT TO TREATMENT
AND
AUTHORIZATION TO RELEASE INFORMATIO**

CM

We, the undersigned parents or guardian of _____ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____, M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that a reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize CALEXICO MISSION SCHOOL or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to requesting insurance agency or its representative, any all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

A photo static copy of this authorization shall be considered as effective and valid as the original.

PERSON RESPONSIBLE: _____

_____ DATE: _____

SCHOOL SPONSORED TRIP AUTHORIZATION

By signing your name below, you are giving your child permission to go on all school sponsored field trips. By not signing below, you are NOT giving your child permission to go.

Signature: _____

Father () Mother () Guardian ()