

CALEXICO MISSION SCHOOL

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

www.calexicomissionschool.org

Application for Admission

Grade: _____

Name: _____
Last Name First Name Middle Name

Address: _____

_____ City State Zip Code

D.O.B.: _____ Place of Birth: _____

Religious Affiliation: _____

Family Information:

Father's Name: _____ Married

Address: _____ Separated

E-mail: _____ Divorced

Occupation: _____ Religion: _____ Widower

Telephone: _____
Home Cellular Work

Mother's Name: _____ Married

Address: _____ Separated

E-mail: _____ Divorced

Occupation: _____ Religion: _____ Widower

Telephone: _____
Home Cellular Work

How did you hear about CMS?

- Online search
- Facebook
- Advertisement
- Recommended by: _____



CALEXICO
MISSION SCHOOL

Last schools attended:

Name & Address

Grade

Year

Name & Address

Grade

Year

Name & Address

Grade

Year

Has the student ever been dismissed from any school? Yes ____ No ____

If yes, please explain: _____

Health Information:

Does the student have any medical conditions? Yes _____ No _____

If yes, please explain: _____

Learning Challenges:

ADD/ADHD Autism Asperger's Dyslexia

Other: _____ Currently taking any medication: Yes No

Emergency Data:

1. I hereby authorize the school to place my child to the custody of the following person who reside in the U.S. in the event of an emergency, disaster, or civil disturbance

Name

Address

Telephone

2. I hereby authorize the school to release my child to the custody of the following person in the event I am unable to pick him/her up myself.

Name

Address

Telephone

Signature

(Father____ Mother____ Guardian____)

FINANCIAL AGREEMENT



CALEXICO
MISSION SCHOOL

Person responsible for the account: _____

Address: _____

City

State

Zip Code

Telephone: _____

Casa

Cellular

Work

This is a financial agreement with Calexico Mission School for the academic services rendered to my child _____ 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 US residency with one of the following: electric, gas, or telephone bill, etc. Official 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 payment in a timely manner. Monthly installments are due and payable by the first of each month, and late on the 20th. A \$15 late fee will be applied to overdue accounts. Paying within the first 10 days of the month will offer you a \$10 on-time discount. Student 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 collections.

Name

Signature

Date

AUTHORIZED STUDENT RELEASE FORM



Student Name: _____

In the event of a major disaster which causes structural damage to our school (such as fire, earthquake, explosion, etc.) 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. _____

Your authorization will remain in effect for the entire duration of the school year and can only be modified by a request in writing.

Name

Signature

Date



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

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 instruction 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 information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

Person responsible: _____

Relationship: Father Mother Legal guardian

Signature

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 attend school trips.

Signature: _____

Relationship: Father Mother Legal guardian