



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. Mrs. Ms. Dr. _____
LAST FIRST 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