PARAMOUNT BARD ACADEMY

Delano, California

Paramount Bard Academy
1942 Randolph Street
Delano, CA 93215
(661) 454-3000
(661) 454-3099 fax

2010/2011 Application Form

(Submitting an Application Form does not automatically guarantee enrollment)

Student Information (Please print using black or blue ink)

Name_____
(Last) (First) (Middle)

Primary Address:_____
(Street) (City) (Zip)

Primary Phone #:_____ Male☐ Female☐

Present Grade_____ Applying for Grade_____ Birthdate:_____

School District of Residence:_____

Please Note: Information on this form may be shared with the chartering agency.

Mother/Guardian Name:_____

Address (if different from above):_____

Home phone (if different from above):_____ Business Phone:_____

Cell #:_____ E-mail:_____

Father/Guardian Name:_____

Address (if different from above):_____

Home phone (if different from above):_____ Business Phone:_____

Cell #:_____ E-mail:_____

Other Children at Home:

Name	Grade/School	Name	Grade/School	Name	Grade/School

The undersigned declares that the above information is true and correct to the best of his/her knowledge.

_____

Parent/Guardian Signature **Date**