814 Santa Barbara Street Santa Barbara, CA 93101 805 965-0228

anacapa@anacapaschool.org www.anacapaschool.org



APPLICATION FOR ADMISSION

I HEREBY APPLY I	FOR ADMISSION TO A	NACAPA SCHO	OL FOR THE _	GRADE.	
Applicant's Name			Preferred Name		
		First	Middle		
Home Address	No.	Street		Phone (
	City		State		Zip
Birth Date		I	Birthplace		Sex
	Month, Day, Year		r	City	State
Current School					Grade
		Name			
School Address	No.	Street	Phone () Area Code		
	110.	Succe		Their Co	uc
	City		State		Zip
HOW DID YOU FIR	RST LEARN ABOUT AN	JACAPA SCHOO)I.?		
	tor EErna (Tiboot Ti	William II Belloc			
		FAMILY I	NFORMATION		
	FATHER			M	OTHER
Name			Name		
Address			Address		
			Phone ()	
E-mail			E-mail		
Occupation_					
Employer_					
Business Address					
Dusiness Address			_ Business A	iddicss	
Business Phone ()		Business P	hone ()	
College(s) Attended			College(s) Attended_		
Degree(s)					
Degree(s)			Degree(s)_		
Names and ages of or	ther children in the family	y. CIRCLE ANY	WHO HAVE A	TTENDED ANACA	PA SCHOOL.
Name(s) and address	(es) of parent(s) or guard	ian(s) to whom gr	ade reports and f	inancial statements a	re to be sent:
Name(s)			Relationship to applicant		
A ddmana(ac)					
Address(es)	t		City	State	Zip
Are parents? Toger	therSepar	ated	Divorced	Single	Deceased
With whom is the app	nlicent living?				
with whom is the app	pricant nving!				

Maternal Grandparents' Name(s) and Address(es)
Paternal Grandparents' Name(s) and Address(es)
HEALTH STATEMENT
Rate the applicant's health. If the applicant has any physical handicap which would limit in any way participation in the full range of normal activities, or if the applicant has had any recent serious nervous or physical illness, please explain.
ACTIVITIES
List the school and community activities in which the applicant participated during the most recent school year. Mention any special awards, achievements, special talents, or interests.
ADDITIONAL INFORMATION
What do you value most in your child's character?
What short-term and long-term goals do you have for your child's education at Anacapa School?
Please evaluate your child's strengths and weaknesses (both academic and personal).
Additional comments (if any)
Signature of Applicant
Signature of Parent/Guardian Date