



# EL RANCHO SCHOOL, INC.

5636 El Camino Avenue, Carmichael, CA

Phone: (916) 482-8656 Fax: (916) 482-8658

[www.elranchoschool.com](http://www.elranchoschool.com)

## Kindergarten – 8<sup>th</sup> Grade Application for Admissions

Date: \_\_\_\_\_

<b>Student #1Name:</b>		Date of Birth:
Student lives with:		Next Grade: Male <input type="checkbox"/> , Female <input type="checkbox"/>
<b>Student #2Name:</b>		Date of Birth:
Student lives with:		Next Grade: Male <input type="checkbox"/> , Female <input type="checkbox"/>
<b>Student #3Name:</b>		Date of Birth:
Student lives with:		Next Grade: Male <input type="checkbox"/> , Female <input type="checkbox"/>
Payments will be made: Credit <input type="checkbox"/> or Cash/check <input type="checkbox"/> Schedule of payments: Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/>		Attendance: Full Time <input type="checkbox"/> Instructional Day <input type="checkbox"/>
<b>Name of Sponsor #1:</b>		Married <input type="checkbox"/> , Divorced <input type="checkbox"/> , Separated <input type="checkbox"/> , Deceased <input type="checkbox"/> , Not married <input type="checkbox"/>
Home Street Address:		Home Phone No:
City:	CA Zip:	Cellular Phone No:
Mailing Address (if different):		Pager No:
City:	CA Zip:	Work Phone No:
Occupation:		Drivers Lic. No:
Employer's Name:		Email:
Employer's Street Address:		
City:	CA Zip:	
<b>Name of Sponsor #2 :</b>		Married <input type="checkbox"/> , Divorced <input type="checkbox"/> , Separated <input type="checkbox"/> , Deceased <input type="checkbox"/> , Not married <input type="checkbox"/>
Home Street Address:		Home Phone No:
City:	CA Zip:	Cellular Phone No:
Mailing Address (if different):		Pager No:
City:	CA Zip:	Work Phone No:
Occupation:		Drivers Lic. No:
Employer's Name:		Email:
Employer's Street Address:		
City:	CA Zip:	
<b>Custody Arrangements or Additional Information:</b>		

( ) Attached: Must be accompanied by the signed ERS 2016/17 Fee Schedule and Fiscal Policies.

# Student Emergency Care & Contact Information

Student: (last) \_\_\_\_\_ (first) \_\_\_\_\_

D. O. B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

As the parent, agency representative or legal guardian, I hereby give consent to El RANCHO SCHOOL to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for the child listed above. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent as his/her parent or legal guardian.

Emergency Instructions: \_\_\_\_\_

( ) I am providing an Epinephrine pen to be administered when my child has an allergic reaction to: \_\_\_\_\_

( ) I am providing an inhaler to be administered pursuant to the permission slip I will complete.

Child has the following drug allergies: \_\_\_\_\_

Child has the following food allergies: \_\_\_\_\_

Child's blood type, if known: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Plan Number: \_\_\_\_\_

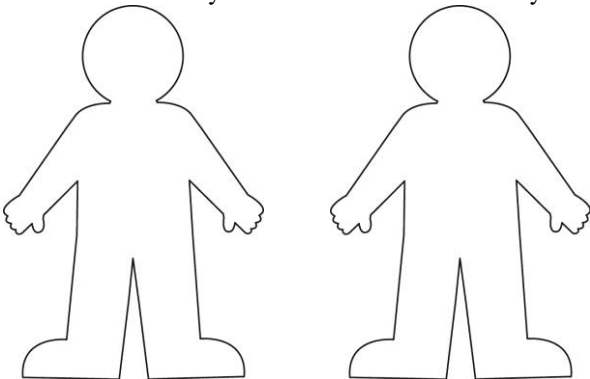
If in hometown, we prefer Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If in hometown, we prefer Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please draw where your child's permanent birthmarks/scars are located.**

Front of Body

Back of Body



**Parent or Guardian Must Complete**

Sponsor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete a similar form located in the office when your child has an accidental bruise/scratch/boo-boo when they are with you.

**The following adults may pick up the student from school at any time. Please list names of parents, step-parents, grandparents, roommates, or friends if authorized. I also authorize the school to call these people to pick up the student, if the school is unable to contact me:**

<u>FIRST &amp; LAST NAME</u>	<u>RELATIONSHIP</u>	<u>TWO CONTACT PHONE NUMBERS</u>
Sponsor 1:		
Sponsor 2:		