



EL RANCHO SCHOOL, INC.
 5636 El Camino Avenue, Carmichael, CA
 Phone: (916) 482-8656 Fax: (916) 482-8658
www.elranchoschool.com

Application for Admissions

Date: _____

Student #1Name:		Date of Birth:
Student lives with:	Next Grade:	Male <input type="checkbox"/> , Female <input type="checkbox"/>
Student #2Name:		Date of Birth:
Student lives with:	Next Grade:	Male <input type="checkbox"/> , Female <input type="checkbox"/>
Student #3Name:		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"/>		Attendance:
Schedule of payments: Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/>		Full Time <input type="checkbox"/> Instructional Day <input type="checkbox"/>
Name of Sponsor #1:		
		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:	
Name of Sponsor #2 :		
		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:	
Custody Arrangements or Additional Information:		

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

Office use only: Class: _____ Schedule: _____ Start date: _____

