



# 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)

## 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"/>                                |  | 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"/>   |   |
| <b>Name of Sponsor #1:</b>   |  |   |   |
| Home Street Address:   |  | Married <input type="checkbox"/> , Divorced <input type="checkbox"/> , Separated <input type="checkbox"/> ,<br>Deceased <input type="checkbox"/> , Not married <input type="checkbox"/> |   |
| City: CA Zip:  |  | Home Phone No:  |   |
| Mailing Address (if different):  |  | Cellular Phone No:  |   |
| City: CA Zip:  |  | Pager No:   |   |
| Occupation:  |  | Work Phone No:  |   |
| Employer's Name:   |  | Drivers Lic. No:  |   |
| Employer's Street Address:   |  | Email:  |   |
| City: CA Zip:  |  |   |   |
| <b>Name of Sponsor #2 :</b>  |  |   |   |
| Home Street Address:   |  | Married <input type="checkbox"/> , Divorced <input type="checkbox"/> , Separated <input type="checkbox"/> ,<br>Deceased <input type="checkbox"/> , Not married <input type="checkbox"/> |   |
| City: CA Zip:  |  | Home Phone No:  |   |
| Mailing Address (if different):  |  | Cellular Phone No:  |   |
| City: CA Zip:  |  | Pager No:   |   |
| Occupation:  |  | Work Phone No:  |   |
| Employer's Name:   |  | Drivers Lic. No:  |   |
| Employer's Street Address:   |  | Email:  |   |
| City: CA Zip:  |  |   |   |
| <b>Custody Arrangements or Additional Information:</b>   |  |   |   |
|  |  |   |   |
|  |  |   |   |

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

Office use only: Class: \_\_\_\_\_ Schedule: \_\_\_\_\_ Start date: \_\_\_\_\_



