



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: _____

