

Cornerstone Academy (Ministry of Cornerstone Evangelical Baptist Church)

ADMISSIONS APPLICATION

To be completed by the parent/guardian and submitted with the application fee. (Please make checks payable to Cornerstone Academy—U.S. applicants \$20; International applicants \$300USD.) Fill in each section clearly and sign at the end of this form. Mail to: Admissions Office, Cornerstone Academy, 501 Cambridge Street, San Francisco, CA 94134.

Applicant Information

Check One: U.S. Applicant International Applicant

Last Name _____ First _____ Middle _____

Preferred Name _____ Gender Female Male Date of Birth: _____

City/State/Country of Birth _____ Citizen of _____ First language _____

Applicant mailing address _____ Telephone _____

E-mail address _____

City _____ State _____ Zip _____ Country _____

Grade of proposed entry to Cornerstone Academy _____ Year of proposed entry _____ Present grade _____

Sibling(s), age(s), and school(s) attending

List schools attended by your child during the last three years

Year(s) attended School School address

List the most important factors that led you to inquire about Cornerstone Academy:

Voluntary Information

For accurate record keeping and effective support of our entire student body, please complete the following *optional* information. Racial/ethnic background (*check more than one if applicable; specify further if you wish*):

African/African American _____ Latino/Hispanic _____

Asian/Asian American _____ Middle Eastern American _____

Caucasian _____ Multiracial _____

International _____ Native American _____

To what other schools will your child be applying?

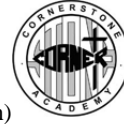
Social Security Number _____

(over)

801 Silver Ave
San Francisco, CA 94134
(415) 587-7256

501 Cambridge Street
San Francisco, CA 94134
(415) 585-5183

1925 Lawton Street
San Francisco, CA 94122
(415) 665-9747



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Family Information

Parent 1: Relationship to Applicant _____

Title (*Mr./Ms./Mrs./Dr./etc.*) _____ Last Name _____

First _____ Middle _____

Parent 1 Mailing Address (*if different from applicant*) _____ Telephone _____

Preferred E-mail _____

City _____ State _____ Zip _____ Country _____

Occupation _____ Business Name _____

Business Telephone _____ Business Fax _____ Business E-mail _____

Parent 2: Relationship to Applicant _____

Title (*Mr./Ms./Mrs./Dr./etc.*) _____ Last Name _____

First _____ Middle _____

Parent 2 Mailing Address (*if different from applicant*) _____ Telephone _____

Preferred E-mail _____

City _____ State _____ Zip _____ Country _____

Occupation _____ Business Name _____

Business Telephone _____ Business Fax _____ Business E-mail _____

Parents are: married divorced separated never married

Other (*please explain*): _____

If parents are not living together, who is the custodial parent? parent 1 parent 2 both

To whom should admissions correspondence be sent? parent 1 parent 2 both

Please tell us, in the space provided, why Cornerstone Academy might be an appropriate school for your child.

Signature of parent/guardian _____ Date _____

We admit qualified students of any race, color, disability, religious affiliation, national and ethnic origin, and sexual orientation to all rights, privileges, programs, and activities generally accorded or made available to students at our school. We do not discriminate in violation of any law or statute in the administration of our educational policies, admissions policies, scholarship and loan program, and athletic or other school-administered programs.

501 Cambridge Street, San Francisco, CA 94134 TEL 415-585-5183 FAX 415-469-9600 WEB SITE www.cornerstone-academy.net

OFFICE USE ONLY

Application Date _____	PD _____	School Year _____	Grade _____	Forms completed _____
Registration Date _____	W.L. _____	Silver _____	Lawton _____	Cambridge _____
Enrollment Date _____	Enroll. Fee Date _____	# _____	Amt _____	Silver _____
Verification of Age: B.C. _____	Passport _____	Permanent Resident#/ I-20 # _____	Cambridge _____	

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