

Cornerstone Academy: I-20 Registration for Admission

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Date: _____ For School Year: __ Grade: 5__ 6__ 7__ 8__ 9__ 10__ 11__ 12__
Student Residency(High School ONLY): Board at school ____ Stay with Guardian ____

PERSONAL DATA

Student's _____ Female ____ Male ____
Name Last/Family First/Given Middle/likes to be called
Birthdate ____/____/____ | _____ | _____ | _____
Month Day Year Birthplace Citizenship Home/Dominant Language English Proficiency

PERMANENT MAILING ADDRESS

Address _____ (____) _____
Street # Street Name Home Phone
_____ (____) _____
City Country E-Mail Address if available

FAMILY DATA

Father's Name Last/Family First/Given English Marital Status
Home Address _____ (____) _____
if different from above Street # Street Name Home Phone
(____) _____ (____) _____
Fax Number(if available) E-Mail Address if available

Father's Occupation Business Address Phone

Mother's Name Last/Family First/Given English Marital Status
Home Address _____ (____) _____
if different from above Street # Street Name Home Phone
(____) _____ (____) _____
Fax Number(if available) E-Mail Address if available

Mother's Occupation Business Address Phone

Student lives with: Both parents ____ Father ____ Mother ____ Guardian ____

Name of Church regularly attending: _____

PREVIOUS SCHOOL(S)

Name and Address of School(s)	Grade/completed	Date from	Date to

ETHNICITY

Please identify my child as:(check ONE of the racial/ethnic codes below)

American Indian African American Chinese Hispanic Other White
 Korean Indo Chinese Filipino Japanese Samoan
 Decline to identify Other Non-white

(When parent/guardian declines to identify, School will assign a racial/ethnic identification to the student)

EMERGENCY CONTACT (Guardian or Relative / friend in CALIFORNIA)

Last/Family Name First/Given Relationship to Student
Address _____ (____) _____
Street # Street Name Home Phone
_____ (____) _____
City Country Fax Address if available

MEDICAL INFORMATION (to be completed by Parents / Guardian)

1. Does your child have any of the following medical conditions which may require emergency care at school?

