



SEMITA SCHOOL

APPLICATION FOR ADMISSION/SCHOLARSHIP

STUDENT INFORMATION

Student's Name:

Last

First

Middle

Home Address

Street

City

State

Zip

Country

Date of Birth (month/date/year)

Country of Birth

Sex (Circle)

Male Female

U.S. Citizen (Circle)

Yes

No

E-mail Address

Home Telephone

PARENT/GUARDIAN INFORMATION

Mother's Name:

Last

First

Middle

Home Address (if different from the student's)

Street

City

State

Zip

Country

E-mail Address

Home Telephone

Occupation

Father's Name

Last

First

Middle

Home Address (if different from the student's)

Street

City

State

Zip

Country

E-mail Address

Home Telephone

Occupation

REGISTRATION INFORMATION

Academic Year: 2017-18

Fall Semester

Spring Semester

Current Grade Level:



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EDUCATION INFORMATION (List all schools attended, starting with the last school first.)

Name of School	City	State (or Country)	Years of Attendance	Grades Completed

(If you need more space for additional schools, attach additional page(s) to this Application.)

I certify that the information provided in this application is accurate and complete.

Parent Signature: _____

Date _____

Please provide the following documents:

1. \$200.00 application fee. Application fee is not refundable and covers only the application process. Please make the check payable to "Semita School." For payment by credit card, please contact Admissions Office for further instruction.
2. Transcript(s) from the school(s) previously attended, including the current school, if applicable.
3. Transcript(s) must be submitted for scholarship applicants.

Send the application, essay, and application fee to:

Semita School Admissions
 6 Centerpointe Drive, Ste. 700
 La Palma, CA 90623

Or e-mail them to admissions@semitaschool.org.

Students will be notified of acceptance by email or telephone.

FOR OFFICE USE ONLY: DATE RECEIVED _____ **ADMISSION REVIEW** _____