



CENTERS OF LEARNING

8854 HASKELL AVENUE • NORTH HILLS, CA 91343
TEL: 818.894.3213 • FAX: 818.893.8074

MAILING ADDRESS:
P.O. BOX 2037 • NORTH HILLS, CA 91393

APPLICATION FOR ADMISSION

Grades 1-12

Date: _____ Grade in September: _____

Student Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____

Date of Birth: _____ Birthplace: _____ Male ___ Female: ___

Pupil lives with: _____ Home Language: _____

Church affiliation: _____ Address: _____

School last attended: _____ Dates: _____

Address: _____
Street City State Zip

Reason for leaving: _____

Approximate GPA: _____ Other Schools Attended: _____

Is the student currently failing any classes? _____ Which one(s)? _____

Has the student ever received disciplinary action(s) by school or police officials? _____

What was the infraction? (i.e., fighting etc.) _____

If so, what was the action? (i.e., detention, suspension, expulsion or court proceedings) _____

*Has student ever received educational or psychological testing, tutoring, remediation, or special educational services? _____

If so, what was the diagnosis? _____

What grade level(s) were services provided? _____

What services were provided? (i.e., Resource program, special day classes, speech, vision services, etc.) _____

*Has student ever been placed on an Individualized Education Plan (IEP)? _____

If so, what was the IEP diagnosis and what services were recommended or received? _____

Date of last IEP meeting _____ Please supply Centers of Learning with a copy of the most recent complete IEP.

*Is student taking any medications or receiving educational therapy? _____

If so, for what diagnosis? _____

*Please provide documentation of any tutoring, remediation or special services, IEP's, tutoring records, etc.) with the completed application. Failure to disclose educational or psychological testing and/or remediation will result in the student's dismissal from Centers of Learning.



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Family Information

Father/Guardian

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Home Phone: _____ Cell Phone: _____

Profession/Position: _____ Email: _____

Business Name: _____ Phone: _____

Business Address: _____
 Street City State Zip

Mother/Guardian

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Home Phone: _____ Cell Phone: _____

Profession/Position: _____ Email: _____

Business Name: _____ Phone: _____

Business Address: _____
 Street City State Zip

Have you applied to Centers of Learning before? _____ If yes, what year? _____

How did you find Centers of Learning? Internet _____ Banners _____

Referred by: _____ Other _____

Parents' Comments

What do you believe is your child's greatest strength? _____

Please note any academic and/or social weakness of which we should be aware: _____

What are you looking to be provided by Centers of Learning for your child? _____

Additional Comments: _____

Important Note: Any pertinent information not disclosed will result in non-acceptance or immediate dismissal from Centers of Learning.

Parent Signature: _____