



Foothill Preparatory School

9123 Broadway, Temple City, CA 91780

PERSONAL INFORMATION

Student Last Name: _____ Middle Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Age: _____ Sex: _____ Date of Birth (MM/DD/YYYY): _____

Email Address: _____ City of Birth : _____

Father/Guardian Last Name: _____ Middle Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Mother/Guardian Last Name: _____ Middle Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

If family is not together, please give the following information

Father Deceased

Mother Deceased

Parents Separated or Divorced

Emergency Contact Person in USA: _____ Contact Person's Phone: _____

Applying for Year: _____ Summer School Fall Spring For Grade: _____

Last School Attended: _____ Dates of Attendance: _____

School Address: _____

How did you learn about Foothill Preparatory School? _____

Please describe your son or daughter, and how we can best assist in your/their education plan.
