



Westlake Academy Student Application

Please Type or Print

Student Information						
Application Date	Mo /Day /Year	Grade Level as of Sept. 1, 2008		Date of Birth	Mo /Day /Year	
First Name		Middle Name		Last Name		
School district student is zoned to attend according to address			School student is zoned to attend according to address			
Primary Guardian Contact Information						
Primary Guardian (s) (With Whom Student Lives)				Relationship		
Street Address						
City, State			Zip		Country	
Day Phone			Evening Phone			Cell/Pager
Email address				Fax		
Additional/Other Guardian Contact Information						
Other Guardian				Relationship		
Street Address						
City, State			Zip		Country	
Day Phone			Evening Phone			Cell/Pager
Email address				Fax		
For Office Use Only						
Date Application Received	Mo /Day /Year	Accepted by		Grade verified		Yes _____ No _____
Notes				Entered in Computer		Yes _____ No _____
				Siblings enrolled at Westlake Academy		