



Westlake Academy Student Application

Please Type or Print

Student Information						
Application Date	Mo /Day /Year	Grade Level as of Sept. 1, 2007		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		