

CLEMENT SCHOOL

P.O. Box 18248 • San Jose, CA 95158-8248

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Web site: <http://www.clementscool.com>



FOR OFFICE USE ONLY



Today's Date: _____ School Start Date _____
(Month/Year)

Child's Full Name: _____ Child's Birthday: _____ Male Female

Preschool/Pre-kindergarten

- M - F Morning (8:45am to 11:40am) – 5 Day
- M W F Morning (8:45am to 11:40am) – 3 Day
- T Th Morning (8:45am to 11:40am) – 2 Day

Junior Kindergarten

- M - F Morning (9:10am to 12:20pm) - 5 Day
- M W F Morning (9:10am to 12:20pm) - 3 Day

Home Ph:() _____ Mother's Cell Ph:() _____ Father's Cell Ph:() _____

Mother's Full Name: _____ Employer: _____ Work Phone: _____
(or Legal Guardian)

Occupation: _____ Email: _____

Father's Full Name: _____ Employer: _____ Work Phone: _____
(or Legal Guadian)

Occupation: _____ Email: _____

Student lives with: Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother Guardian

Home Address: _____ City: _____ Zip: _____

Person to be called in case of emergency (if parent cannot be reached):

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

School last attended before entering Clement: _____ For how long?: _____

Please list other children in family:

Name: _____ Birth date: _____ Name: _____ Birth date: _____

All Preschool Students:

Please note that a \$125.00 non-refundable registration fee is due with this application. This fee is **NOT** applicable to tuition. All students must provide proof of current immunizations PRIOR to the start of school.

Junior Kindergarten Students:

Please note that a \$200.00 non-refundable registration fee is due with this application. This fee is **NOT** applicable to tuition. All students must provide proof of current immunizations PRIOR to the start of school.

PRE-PAYMENT TUITION:

Please note that a non-refundable tuition prepayment in the amount of 50% of your regular monthly tuition is due on June 1st. This prepayment **WILL BE** applied towards your first month's tuition. The balance will be due August 2nd.

Please read the following carefully:

Briefly describe your child's medical history and all health considerations (i.e. allergies, bee sting allergy, epilepsy, etc.). If your child is currently being treated by a physician, please indicate the nature of that treatment – including any medication.

I authorize Clement School to obtain emergency medical and/or dental care for my child at my expense. I have provided written notice above of any serious condition or allergies that affect my child.

The above information is true and correct to the best of my knowledge.

Signature

Relationship Date

Signature

Relationship Date

OFFICE USE ONLY	TEACHER _____	New or Returning Student _____
	SESSION _____	Registration Fee _____
	CLASS NUMBER _____	Check Number _____
	Notice Given _____	Registration Papers Given? _____
	Exit Date _____	Begin Date _____
		<input type="checkbox"/> Enter family <input type="checkbox"/> Ledger <input type="checkbox"/> TEX <input type="checkbox"/> Class assign <input type="checkbox"/> Contact <input type="checkbox"/> Medical