



Official Application Freshman Admission

Garces Memorial High School
2800 Loma Linda Drive * Bakersfield, CA 93305 * 661.327.2578 * FAX 661.327.5427
www.garces.org



Admission Packet and Non-refundable Application Fee of \$75 due by January 31, 2012. This application has two sides. Both sides must be completed to be considered for admission.

Date Received at Garces: _____ Fee Paid by: _____ Check _____ Cash _____ Credit Card _____

BIOGRAPHICAL INFORMATION (Student)

Full Legal Name _____
Last _____ First _____ Middle (Complete) _____ Jr., III, etc. _____

Name preferred to be called _____ Gender Male Female

Date of Birth _____ / _____ / _____ Birthplace _____ Social Security Number _____
Month Day Year City State

Street Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____

Religion _____ Church/Parish _____

Ethnic Origin

- African American American Indian Asian American Caucasian Hispanic Multi-national Pacific Islander/Hawaiian

Which language is spoken in the home? _____

Student email address (*required once enrolled): _____

PARENT/GUARDIAN INFORMATION (complete for ONLY the parents/guardians with which student lives)

FATHER STEP FATHER GUARDIAN

If Guardian, Relationship _____

Last Name _____

First Name _____ MI _____

Mailing Address _____

Email Address _____

Home Phone _____

Cell Phone _____

Religion _____ Parish _____

Occupation/Title _____

Employed by _____

Business Phone _____

Business Address _____

MOTHER STEP MOTHER GUARDIAN

If Guardian, Relationship _____

Last Name _____

First Name _____ MI _____

Maiden Name _____

Mailing Address _____

Email Address _____

Home Phone _____

Cell Phone _____

Religion _____ Parish _____

Occupation/Title _____

Employed by _____

Business Phone _____

Business Address _____

INFORMATION (Student)

School presently attending _____ How many years? _____ Current grade level _____

School Phone _____ Which public high school would you attend? _____

If applicable, school previously attended _____ School Phone _____

Are there any accommodations your student will need to be academically successful? _____

*Please check if your student has received special services or has an IEP RSP on File IEP

RELATIVES ATTENDING OR ALUMNI OF GARCES MEMORIAL

Name _____ Relation _____ Class of _____

Name _____ Relation _____ Class of _____

Name _____ Relation _____ Class of _____

Name _____ Relation _____ Class of _____

SIBLINGS AND SCHOOLS THEY ATTEND OTHER THAN GARCES MEMORIAL

Name _____ Relation _____ School _____

Name _____ Relation _____ School _____

SCHOOL COMMUNICATIONS

Primary USPS Mail Address will be the address information provided on Side 1 for student and parent/guardian. Please provide Parent/Guardian primary contact information for school correspondence for email and phone.

Primary Email Address: _____ Primary Phone: _____

Correspondence to be addressed as Mr. and Mrs. _____
 Mr. _____
 Mrs. _____
 Other _____

To be completed if another parent/guardian would like to receive information on the applicant.

Relation to applicant Mother Father Other _____

Name _____

Primary Email Address: _____ Primary Phone: _____

USPS Mail Address _____
street address city state zip

Correspondence to be addressed as Mr. and Mrs. _____
 Mr. _____
 Mrs. _____
 Other _____

Garces Memorial High School presumes that you have read through the admissions material and that you support its contents. If you have any further questions or wish further clarification, please contact the Main Office. Garces Memorial High School admits students of any race, color and national or ethnic origin.