



Official Application for Admission Transfer Student



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

Please submit Admission Packet, Unofficial Transcript and
Non-refundable Application Fee of \$75.

Please print or type.

Date: _____

Applying to enter as:

- Freshman Sophomore Junior Senior
 1st Semester 2nd Semester International Student

Current grade level _____

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 _____ Email _____

Religion _____ Church/Parish _____

Ethnic Origin

- African American Asian American/Pacific Islander Caucasian Hispanic/Latino Native American (Indian, Eskimo, Hawaiian) Multi-national

Which language is spoken in the home? _____

EDUCATIONAL INFORMATION (Student)

School presently attending _____ How many years? _____ School Phone _____

School Address _____
Street Address City State Zip

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

FATHER STEP FATHER GUARDIAN Relation: _____

Full Name _____
Last First MI

Mailing Address (if different from above) _____
street city state zip

Home Phone _____ Cell Phone _____ Email Address _____

Religion _____ Occupation/Title _____

Employed by _____ Street Address _____
City State Zip Phone _____

MOTHER STEP MOTHER GUARDIAN Relation: _____

Full Name _____ Maiden Name _____
Last First MI

Mailing Address (if different from above) _____
street city state zip

Home Phone _____ Cell Phone _____ Email Address _____

Religion _____ Occupation/Title _____

Employed by _____ Street Address _____
City State Zip Phone _____

