



**APPLICATION FORM**  
**ALPHA BEACON CHRISTIAN SCHOOL • BEACON CHRISTIAN HIGH SCHOOL**  
 525 W. 42nd Avenue. San Mateo, CA 94403

Non-refundable fee: \$100.00  
 Tel: (650)212-4222  
 Fax: (650)212-1026  
 E-Mail: abcinfo@alphabeacon.org

Grade applying for: \_\_\_\_\_

Date: \_\_\_\_\_  
 Month / Day / Year

Student's Last Name First Name Middle Name Birth Date

Address City State Zip Code Home Phone No.  
 ( )

Previous School: \_\_\_\_\_ Names/Ages of other children in the family: \_\_\_\_\_

Child is currently living with:  Both parents  Single parent (  Mother  Father )  Guardian (please fill out below)

Guardian's Last Name First Name Home Phone No. Alternate Phone No.  
 ( ) ( )

Address City State Zip Code

Financial payments will be handled by: \_\_\_\_\_ (Please fill out below if different from child or Guardian's address)  
 Name

Mailing Address City State Zip Code Contact Phone No.  
 ( )

How did you hear about our school?  Ph. Directory  Newspaper  Radio  Website  Event: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Father's Information**

Last Name First Name Home Phone No. Alternate Phone No.  
 ( ) ( )

Employer Job Title City Work Phone No.

Have you accepted Jesus Christ as your Savior?  No  Yes (If yes, when: \_\_\_\_\_)

Do you currently attend church?  No  Yes (If yes, where: \_\_\_\_\_ Pastor: \_\_\_\_\_)

**Mother's Information**

Last Name First Name Home Phone No. Alternate Phone No.  
 ( ) ( )

Employer Job Title City Work Phone No.

Have you accepted Jesus Christ as your Savior?  No  Yes (If yes, when: \_\_\_\_\_)

Do you currently attend church?  No  Yes (If yes, where: \_\_\_\_\_ Pastor: \_\_\_\_\_)

Alpha Beacon Christian School does not discriminate against anyone on the basis of race, color, or ethnic origin. We do not promote denominational emphasis. We integrate Bible-based truths in our program. By signing this form below, I would like my child to be tested and interviewed as a candidate for this school. Official enrollment may be granted upon completion of the registration process and signing the Admission Agreement.

Signature

Relationship

**OFFICE USE ONLY**

Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ INIT: \_\_\_\_\_ APPLIC: \_\_\_\_\_ REG: \_\_\_\_\_ TUITION: \_\_\_\_\_ OTHER: \_\_\_\_\_

Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ INIT: \_\_\_\_\_ APPLIC: \_\_\_\_\_ REG: \_\_\_\_\_ TUITION: \_\_\_\_\_ OTHER: \_\_\_\_\_

Received Admission Agreement? \_\_\_\_\_ SMART Form: \_\_\_\_\_ Med. Form: \_\_\_\_\_ NOTE: \_\_\_\_\_