



40 Dulwich Road, Oakland, CA 94618  
 tel 510/428-2606  
 fax 510/428-9183  
 www.auroraschool.org



# Application for Enrollment

Please attach a \$60 application fee. Children must be 5 years old by September 1<sup>st</sup> to attend kindergarten.

Child's Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Today's Date \_\_\_\_\_

Present Grade \_\_\_\_\_ Grade Applying for \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Child lives with \_\_\_\_\_

## PARENT/ADULT

## PARENT/ADULT

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

## SCHOOLS YOUR CHILD HAS ATTENDED

School \_\_\_\_\_ School \_\_\_\_\_

Dates Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Teacher \_\_\_\_\_ Teacher \_\_\_\_\_





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Please list siblings and schools they are attending:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Other persons living in the household (please list names, ages, and relationship to child): \_\_\_\_\_

Describe your child's interests, after school activities: \_\_\_\_\_

Has your child had any major illness/surgery of which the school should be informed? \_\_\_\_\_

Does your child see any specialists (e.g., speech, psychotherapist, tutor, etc.)? \_\_\_\_\_

What kind of educational opportunity would you like for your child? \_\_\_\_\_

How would you expect to be involved in the Aurora community? \_\_\_\_\_

Please make any comments which would help us in becoming better acquainted with your child \_\_\_\_\_

Please provide any information about your child that would contribute to the diversity of our school \_\_\_\_\_

- Feel free to attach an additional sheet of paper for your responses.
- Tuition assistance is available. Contact the school admissions Director for additional information.
- Priority deadline for all new K/1 applications: January 25, 2008.

Referred by:  Friend (name) \_\_\_\_\_  East Bay Admissions Fair  
 Advertisement (publication) \_\_\_\_\_  Yellow Pages  
 Sibling (name) \_\_\_\_\_  Other \_\_\_\_\_  
 Information Night Flyer (location) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_