



Armenian Sisters' Academy of Los Angeles

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2361 Florencita Dr. Montrose, CA 91020
Tel: 818•249•8783 • Fax: 818•249•7288



APPLICATION FOR ADMISSION

APPLICANT'S NAME _____
Last First Middle Female Male

HOME ADDRESS _____
Street City State Zip Phone No.

DATE OF BIRTH _____ PLACE OF BIRTH _____

BAPTISM _____ DPT IMMUNIZATION _____
Church Date Doctor Date

FATHER _____
Full Name Occupation Business Phone No.

Place Of Employment Address

MOTHER _____
Maiden Name Occupation

Place Of Employment Address

MEDICAL DIFFICULTIES NO YES _____
If any, Please Explain

EMERGENCY TEL. NO. _____

Do not write below this line

REGISTRATION FEE IS NON-REFUNDABLE

Personal interview will be granted after application and fee have been received

APPLICATION FEE _____ DATE PAID _____ TUITION _____

PERSONAL INTERVIEW _____ DATE _____ YEARLY _____

LEVEL _____ STARTING DATE _____ MONTHLY _____

FULL SESSION 7:45-3:00 EXTENDED DAY 7:30-5:00

COMMENTS _____

SIGNATURE _____ DATE _____
Parents/Guardian Principal