

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last Middle First Nickname  
Gender  M  F Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
mm / dd / yyyy  
Current Grade \_\_\_\_\_ Grade Applying \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Student Phone \_\_\_\_\_ Student E-mail \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Current School \_\_\_\_\_ Date of Entrance \_\_\_\_\_  
mm / yyyy  
School Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone \_\_\_\_\_

**FAMILY INFORMATION**

**Parent/Guardian 1**

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_  
Last First  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent/Guardian 2**

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_  
Last First  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Sibling Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

**OTHER INFORMATION**

Religious affiliation \_\_\_\_\_  
How would you like to purchase the medical insurance for the student?  Your own  Excella Education \_\_\_\_\_