



GAVILAN HILLS ACADEMY
2080 Pacheco Pass Road Gilroy, CA 95020
(408) 842 7455

REGISTRATION 2009 – 2010

STUDENT INFORMATION

Last	First	Middle
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Address	City	Zip
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Birthdate	Social Security No.	Phone Number (home)	Email Address
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PREVIOUS SCHOOL

Name _____ Address _____
City _____ Zip _____

PARENT/GUARDIAN INFORMATION

FATHER

Last	First	Email Address
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Address	City	Zip	Phone Number(cell)
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Employer Name	Phone Number
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MOTHER

Last	First	Email Address
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Address	City	Zip	Phone Number(cell)
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Employer Name	Phone Number
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STEPMOTHER

Last	First	Email Address	
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Address	City	Zip	Phone Number
<hr/>			
Employer Name			Phone Number

STEPFATHER

Last	First	Email Address	
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Address	City	Zip	Phone Number
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Employer Name			Phone Number

CHILDCARE PROVIDER (IF APPLICABLE)

Last	First	Phone Number
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IN CASE OF EMERGENCY THE FOLLOWING PEOPLE ARE AUTHORIZED TO REMOVE MY CHILD FROM THE GAVILAN HILLS ACADEMY CAMPUS.

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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