



Garces Memorial High School Admissions Application

Return to Garces Memorial High School Office of Admissions, 2800 Loma Linda Dr, Bakersfield, CA 93305

Non Refundable Application Fee: \$75

Biographical Information

Full Legal Name _____

Last First Middle(Complete) Title

Name you preferred to be called _____ Gender Male Female

Social Security Number _____ Date of Birth _____ Birthplace _____
Month Day Year City State

Street Address _____ Home Phone _____

City _____ State _____ Zip _____ County _____

Religion _____ Church/Parish _____

Ethnic Origin (optional)

African America Asian American/Pacific Islander Caucasian Hispanic/Latino
 Native American (Indian, Eskimo, Hawaiian) Multiracial Other _____

What language is spoken in the home? _____

Do you plan to apply for tuition assistance? YES NO *If yes, please make sure you fill out the Tuition Assistance application.*

Education Information

Currently attending _____ Current grade level _____

School address _____
Street Address City State Zip

School Phone _____ Currently on an IEP or 504? YES NO

Parent / Guardian Information

Mother

Mother Other _____
Full Name _____
Street Address _____
City/State/Zip _____
Cell phone _____
Email address _____
Birthdate/Birthplace _____
Maiden Name: _____
Religion _____
Occupation _____
Place of Business _____
Work Address _____
City/State/Zip _____
Work Phone _____
Garces Alum? YES NO Class of _____
 Married Separated Divorced Deceased

Father

Father Other _____
Full Name _____
Street Address _____
City/State/Zip _____
Cell phone _____
Email address _____
Birthdate/Birthplace _____
Religion _____
Occupation _____
Place of Business _____
Work Address _____
City/State/Zip _____
Work Phone _____
Garces Alum? YES NO Class of _____
 Married Separated Divorced Deceased

Emergency Contact

Name _____ Relation _____ Phone _____

Physician's Name _____ Phone _____

Siblings

Name _____ Age _____ School/College _____	Garces Alum? <input type="checkbox"/> YES <input type="checkbox"/> NO Class of _____
Name _____ Age _____ School/College _____	Garces Alum? <input type="checkbox"/> YES <input type="checkbox"/> NO Class of _____
Name _____ Age _____ School/College _____	Garces Alum? <input type="checkbox"/> YES <input type="checkbox"/> NO Class of _____

Other Alumni Relatives

Name _____ Relation _____ Class Year _____	Name _____ Relation _____ Class Year _____
Name _____ Relation _____ Class Year _____	Name _____ Relation _____ Class Year _____
Name _____ Relation _____ Class Year _____	Name _____ Relation _____ Class Year _____

Application Procedure

1. Complete Admissions Application
2. Pay \$75 application fee
3. Ask your principal, counselor or a teacher to fill out the Official Recommendation form and return it to Garces by January 31st.
4. Have your current school complete the Official Transcript Release form and return it to Garces by January 31.
5. Submit your Incoming Student Essay to the Garces Office of Admissions by January 31
6. Schedule your incoming student interview with the Office of Admissions once your application packet has been completely submitted.

Office Use Only

Date Received _____

Application Fee Paid _____

Applying to enter as

Freshman Sophomore Junior Senior

Term

Fall _____ Spring _____



GARCES
MEMORIAL HIGH SCHOOL

Garces Admissions Office

(661) 327-2578

www.garces.org