

SS#

Student Reference Statements

Student Name

16560 Harbor Blvd Fountain Valley CA, 92708 714.418.9100 Fax 714.418.9109

Driver's License Number	State	Alien Number
Diver's License Number	State	Anen Number
Are you a U. S. Citizen? Yes □	No 🗆	
Date you first resided in California:		
Please fill out the following information below using the following instructions 1. No P.O. Boxes will be accepted as addresses. 2. One parent at the same address may be used. 3. If a parent is deceased, note in the proper space. 4. All others relative must have different addresses & phone numbers. 5. Additional references must have complete information provided.		
Mother		<u>Father</u>
Name		Name
Address		Address
City, State, Zip		City, State, Zip
Phone		Phone
Employed By:		Employed By:
Deceased:		Deceased:
Additional References		
1. Adult Relative/ Friend (circle one) Name	Na	Adult Relative/Friend (circle one)
Address	A(ddress
City, State, Zip	C1	ity, State, Zip
Phone Employed By:	F1	none nployed By:
Employed By.		iipioyed By
2. Adult Relative/ Friend (circle one) Name Address	Na	Adult Relative/Friend (circle one) ame ddress
City, State, Zip	Ci	ity, State, Zip
Phone	Ph	none
Employed By:	Er	nployed By: