



Student Reference Statements

16560 Harbor Blvd
Fountain Valley
CA, 92708
714.418.9100
Fax 714.418.9109

SS# _____

Student Name _____

Driver's License Number _____

State _____

Alien 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

Name _____
Address _____
City, State, Zip _____
Phone _____
Employed By: _____
Deceased:

Father

Name _____
Address _____
City, State, Zip _____
Phone _____
Employed By: _____
Deceased:

Additional References**1. Adult Relative/ Friend (circle one)**

Name _____
Address _____
City, State, Zip _____
Phone _____
Employed By: _____

3. Adult Relative/Friend (circle one)

Name _____
Address _____
City, State, Zip _____
Phone _____
Employed By: _____

2. Adult Relative/ Friend (circle one)

Name _____
Address _____
City, State, Zip _____
Phone _____
Employed By: _____

4. Adult Relative/Friend (circle one)

Name _____
Address _____
City, State, Zip _____
Phone _____
Employed By: _____