





2802 South Flower St. Santa Ana, CA 714-569-6300

Please **print or type** the following information:

Student's Last Name:	
Student's First Name:	
Home Address:	
Current Grade Level:	
Next Grade Level:	
Current School:	
Student ID #:	
Date of Birth:	
Mother/Guardian Name:	
Mother/Guardian Phone Number:	
Mother/Guardian Email Address:	
Father/Guardian Name:	
Father/Guardian Phone Number:	
Father/Guardian Email Address:	
Student's First Language:	

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Please list the classes you are currently taking:	*0	Now no 3 107
Why do you want to join the IB Middle Years Program at Saddleback High School?		
What personal qualities do you possess which will enable you to be successful in a rigorous academic program such as the International Baccalaureate Program?		
What is an area of improvement that you would like to work on to become successful?		
Are you involved in any sports or extracurricular activities? Please list them all.		
Current Teacher's Full Name:		
Teacher's Email Address for Recommendation Form:		
Do you have any questions/concerns/ accommodations?		
Student Signature:		
Parent Signature:		

Please email this completed application to the IB Coordinator, Heather.LaBare@sausd.us, or drop off at Saddleback High School.

Upon receiving, I will send your teacher(s) a recommendation form.



