



2924 Clayton Road
Concord, CA 94519
925.676.2982

ADMISSIONS VISIT FORM

Name(s) of prospective student(s): _____ Age(s): _____

Current school or educational environment: _____

Name(s) and address(es) of adults accompanying student: (As a matter of policy, we require **both** parents or guardians, who live in the immediate area, to attend the visit.)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone number: _____

Email Address: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone number: _____

Email Address: _____

How did you hear about Diablo Valley School? _____

Please complete this form and submit during your visit with a non-refundable **\$25.00** fee to ***Diablo Valley School***.

[for office use only]

Fee paid: () Date: _____ Facilitated by: _____

Comments: