Los Orca

234 S. Main Street Silver Hills. CA 95119

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Student Status Report: Last Name: Dace 62679 ID: First Name: Chelsea Birth Date: 5/28/84 Middle Name: A Class: **Sophomore** Phone Number: (247) 970-6622 4 Semesters: Emergency Tele 1: (247) 979-3605 White Ethnicity: Emergency Tele 2: (247) 979-3605 Gender: **Female** Parent(s) Name: Matthew Dace Enrolled in 9th: 8/25/98 Mailing Address: 36661 Fircrest Dr Date Enrolled: 8/25/99 City/State/Zip: Milltown CA 90321-Transfer Date: MassLoad On Probation?: Date of Physician Certificate: 8/19/99 No Citizenship/Behavior?: No Subj Passed Last Semester: 25 Parental Consent?: Subj Taken This Semester: 25 Yes Kaiser Ins. Type: Policy Nbr: 1234-AB-56 Other Information: Medical info: 10-Jul-00 **STUDENT OWES:** \$0.00

Eligible for Badminton - Varsity Coed - Spring 99-00