



Applicant's Name _____
Applying for Grade _____
Entering in September, 20 _____

APPLICATION FOR ADMISSION

Applicant's Name (first, middle, last) _____ Boy Girl
Nickname _____

Home Address (street, city, state, country, postal code) _____

Home Telephone _____ Social Security Number _____

Date of Birth _____ Place of Birth _____ Citizenship _____

Current School Public Independent Parochial Current Grade _____

Principal _____ School Telephone Number _____

School Address _____

Other schools you have attended in the past three years (name, address and grades attended) _____

Have you ever taken leave from school for reasons such as disciplinary, medical, family emergency or any other reason? _____
If yes, please elaborate on separate page.

Have your absences effect our grades or participation in school activities? ___ *If yes, Please elaborate on separate page.*

Is English your first language? _____ If no, your first language is _____

If no, have you taken an English proficiency test? _____ If Yes, when? _____ If No, when will you take it? _____
Name of the test _____

Has your child ever had testing outside of school? _____
Type of testing: ___ Psychological ___ Neurological ___ Neuro-educational ___ Speech/ Language ___ Academic ___ Medical

If yes, please attach a copy of the testing and progress notes.

We would like to learn more about your interests and hobbies, about other things that are important to you, and about your achievements.

Tell us about the activities in which you participate. Describe the level of your participation, the length of time you have been involved, and indicate whether or not you plan to continue to pursue this activity.

ART, DRAMA, MUSIC

Activity:	Describe what you have done (be specific about classes, camps, instructors)
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ATHLETICS

Sport:	Describe what you have done (be specific about classes, camps, instructors)
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AWARDS, DISTINCTIONS AND POSITIONS OF LEADERSHIP

Title:	Description:
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ANY OTHER ACTIVITIES OR HOBBIES?

Activity:	Description:
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<hr/>	<hr/>

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FAMILY INFORMATION
(to be completed by parents or guardians)

Father

Mother

Full Name _____
Preferred Name _____
Home Address (street) _____
(City, State, Zip) _____
Home Telephone _____
Cell Phone _____
Home E-mail _____
Occupation or Title _____
Employer _____
Work Address _____
Work Telephone _____

Full Name _____
Preferred Name _____
Home Address (street) _____
(City, State, Zip) _____
Home Telephone _____
Cell Phone _____
Home E-mail _____
Occupation or Title _____
Employer _____
Work Address _____
Work Telephone _____

Parents are:
 married, separated, divorced, father deceased, mother deceased, single parent, other _____

With whom does the applicant live? _____

FAMILY INFORMATION

(to be completed by parent or guardian)

Correspondence and Fees

To whom should correspondence regarding this application be addressed? _____
Person(s) responsible for all fees and contractual obligations (and contact information if not already provided)

Relatives:

Brothers and sisters of applicant:

Full Name(s), Age(s), School (s) _____

Please answer the following questions:

How would you describe your family?

How would you describe your child? What if any, concerns do you have about your child's ability to fully participate in the range of activities included in our program?

Parents signature _____ Date _____

I have enclosed a \$55 application fee.