

Admissions Application



I request that my child be registered in the following (check appropriate):

- Toddler (1.6 - 3.5 yrs.) Full Day Half Day
 Primary (3.5 - 6 yrs.) Full Day
 Kindergarten (5 - 6 yrs.) Full Day

Child's Name: _____
(FIRST) (MIDDLE) (LAST)

Sex (M/F) Age Home Phone Number Birth Date (mm/dd/yyyy)

Schools Attended Previously:

Name of School Age Group Half Day Full Day

Has your child ever been expelled by another school? Yes No

If yes, please explain: _____

Has your child ever been a recipient of a special services program? Please check all those that apply.

- Physical or Occupational Therapy Speech Therapy
 Visual or Hearing Other: _____

Parents are: Married Separated Divorced Widowed Single Deceased

Child lives with: Both parents Mother Father Other: _____

Person who has legal custody of the child: Both parents Mother Father Other: _____

Parent/Legal Guardian 1

(First) (Middle) (Last) E-mail

Work Phone Home Phone Cell Phone

Home Address (Street) (City) (State) (Zip)

Employer Occupation Address

Parent/Legal Guardian 2

(First) (Middle) (Last) E-mail

Work Phone Home Phone Cell Phone

Home Address (Street) (City) (State) (Zip)

Employer Occupation Address