

Application for Admission

 Date of Application
 Academic Year Applying For

Applying for:

Cottage:	5 half	5 full
Pre-K:	5 half	5 full
Kindergarten:		5 full
Lower, Middle or Upper School Grade Level		

Please return this application with the \$100.00 non-refundable fee. When the form, the fee, and the other requested information have been received, the Director of Admissions will contact you regarding the next steps in the process.

Applicant Information

Applicant's Full Name (Last, First, M	/iddle)	
Name Applicant is called	DOB	MaleFemale
Address Where Applicant Resides		
City	State	Zip
Home Telephone		
With Whom Does Applicant Reside_		
(Only used for	Optional NAIS and VAIS Statistics; no	bearing on admission)
	vals and vals statistics, no	6
	Asian American	
Latino/Hisp	anic American M	iddle Eastern American
Multiracial American	Native American	Pacific Islander American

Friends School admits students without regard to race, color, sexual orientation, religion and national or ethnic origin. <u>Family Information</u>

Parents' Marital Status: Married	Separated	Divorced	Widowed/Widower	Single	
Who has legal custody of the application	nt?				
To whom should correspondence be a	addressed?				
Who is financially responsible for thi	s applicant?				
Parent / Guardian 1					
Name		Email ad	dress		
Relationship to applicant		Educatio	Education		
Home address		level)			
CityState	_Zip	Occupation			
Email address		Business			
Education	(highest	st Home Phone:			
level) Cell Pho		ne:			
Occupation		Best way	to reach you:		
Business Parent / Guardian 2					
Home Phone: Name					
Cell Phone:		Relationship to applicant			
Best way to reach you:		Home ad	dress		
Stepparent 1		City	State_	Zip	
Name		Email ad	dress		
Relationship to applicant		Educatio	n	(highest	
Home address		level)			
CityState	Zip	Occupati	on		

Business			
Home Phone:			
Cell Phone:			
Best way to reach you:			
Stepparent 2			
Name			
Relationship to applicant _			
Home address			
City	State	Zip_	
Email address			
Education			(highes
level)			
Occupation		<u></u>	
Business			
Home Phone:			
Cell Phone:			
Best way to reach you:			

How did you first learn about Friends School?
If someone referred you, please indicate below so we may thank them.
What information should Friends School have to meet your child's particular needs?
mic Information
Current Grade Level
No

Has student ever been expelled or asked to withdra	w from a scho	ol? Yes	No	
If yes, please explain:				
Has the applicant ever had educational testing?	Yes	No	Date	
Has the applicant ever had psychological testing?	Yes	No	Date	
Has the applicant ever had an IEP?	Yes	No	Date	
Has the applicant ever had a 504?	Yes	No	Date	

If you answered "yes" to any of the questions above, please attach a copy of documentation accordingly.

Please list any advanced or gifted programs in which the applicant participates.

Please detail any special needs the applicant requires. (e.g. disabilities, food allergies, tutoring)

List the applicant's academic, artistic or athletic interests.

<u>Consent</u> A \$100.00 non-refundable application fee is due with this Application for Admission.

Please make checks payable to Friends School.

By submitting this application for consideration by the admissions committee, I certify that this information is accurate to the best of my knowledge. Furthermore, I understand that the Admissions Committee may recommend that the applicant have additional testing administered through The Learning Center, for an additional non-refundable fee of \$150.00 payable prior to the day of scheduled testing. It is understood that the information contained in this application, and that which either the school or the applicant family requests, is confidential and shall not be disclosed to anyone beyond those involved in the admissions process.

Parent/Guardian 1	Date
Parent/Guardian 2	Date