



VIRGINIA BEACH FRIENDS SCHOOL

Knowledge. Character. Community.

Application for Admission

Date of Application _____ Academic Year Applying For _____

Applying for:

Cottage: T/Th half _____ T/Th full _____ MWF half _____ MWF full _____
 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, Middle) _____

Name Applicant is called _____ DOB _____ Male _____ Female _____

Address Where Applicant Resides _____

City _____ State _____ Zip _____

Home Telephone _____

With Whom Does Applicant Reside _____

Optional

(Only used for NAIS and VAIS Statistics; no bearing on admission)

Please check all that apply to the applicant:

African American _____ Asian American _____ Caucasian American _____
 Latino/Hispanic American _____ Middle 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

Family Information

Parents' Marital Status: Married____ Separated____ Divorced____ Widowed/Widower____ Single____

Who has legal custody of the applicant? _____

To whom should correspondence be addressed?_____

Who is financially responsible for this applicant? _____

Parent / Guardian 1

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Cell Phone: _____

Best way to reach you:

Stepparent 1

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Cell Phone: _____

Best way to reach you:

Parent / Guardian 2

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Cell Phone: _____

Best way to reach you:

Stepparent 2

Name _____

Relationship to applicant _____

Home address _____

City _____ State _____ Zip _____

Email address _____

Education (highest level) _____

Occupation _____

Business _____

Home Phone: _____

Best way to reach you:

Cell Phone: _____

List any relatives who attended Friends School.

If someone referred you, please indicate below so we may thank them.

Please list siblings and schools that they are currently attending.

What information should Friends School have to meet your child's particular needs?

Why do you want the applicant to attend Friends School?

How long do you plan to have the applicant attend Friends School?

How did you first learn about Friends School?

Applicant's Academic Information

Current School _____ Current Grade Level _____

Please list all schools attended in past 3 years:

Has the student ever been home schooled? Yes _____ No _____

If yes, please list program/curriculum _____

Has student ever been expelled or asked to withdraw from a school? 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.

Consent

**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