



# Application for Admission

Lower/Upper Elementary Program (please circle)

Observation Date: \_\_\_\_\_ Child's Visitation Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

**Student Information:** Please Circle: Male Female

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Preferred Name Date of Birth (MM/DD/YY) Age as of September 1st

\_\_\_\_\_  
Street Address City State Zip Code

**Parent 1:**

\_\_\_\_\_  
Last Name First Name Cell Phone Alternate Phone  
Relationship to Applicant: \_\_\_ Father \_\_\_ Mother \_\_\_ Other, please specify: \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_ Check here if same address as applicant City State Zip Code

\_\_\_\_\_  
Employer Name Business Phone Business Email

**Parent 2:**

\_\_\_\_\_  
Last Name First Name Cell Phone Alternate Phone  
Relationship to Applicant: \_\_\_ Father \_\_\_ Mother \_\_\_ Other, please specify: \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_ Check here if same address as applicant City State Zip Code

\_\_\_\_\_  
Employer Name Business Phone Business Email

\_\_\_\_\_  
Parent/Guardian Signature:

**FOR OFFICE USE ONLY:** Date application received: \_\_\_\_\_ Received by: \_\_\_\_\_

Application Fee - \$110 \_\_\_ Check \_\_\_ Cash \_\_\_ Credit Card