



APPLICATION FOR ADMISSION

Student Information

		Applying for School Year	Entering Grade
First Name	Middle Name	Last Name	Nickname
Date of Birth (<i>month/date/year</i>)	Age	Social Security	Gender
Address		City / State / Zip	
Telephone		Student E-mail	

Information About All "Mommy and Me" or Preschool Classes Your Child Has Attended:

Name of School/Class	Class Description
Name of School/Class	Class Description

Family Information

Parent / Guardian (A)		Relationship to Student
Address (if different from applicant)		City / State / Zip
Home Telephone	Cell Phone	E-mail
Business Telephone	Occupation	Employer Name and Address
Parent / Guardian (B)		Relationship to Student
Address (if different from applicant)		City / State / Zip
Home Telephone	Cell Phone	E-mail
Business Telephone	Occupation	Employer Name and Address

Address(es) to Which Reports and Correspondence Should Be Sent

Child's Name _____



APPLICATION FOR ADMISSION

PAGE 2

Family Information *(continued)*

Parents(s)/Guardian(s) is/are:

- Married Never been married Separated Divorced Widowed
 Domestic Partners Grandparent(s) Foster Parent(s) Legal Guardian(s) Other

Please explain if the applicant does not live with both biological parents in one household. With whom does the child live and who has primary legal custody?

Children in the Family *(other than student applying)*

Name	Date of Birth	Current School	Grade	Relationship to Student

Student's Grandparent(s)

Name(s) Maternal Paternal

Address (street/city/state/zip/country)

Name(s) Maternal Paternal

Address (street/city/state/zip/country)

How did you learn of Connecticut Friends School?

Child's Name _____



APPLICATION FOR ADMISSION

PAGE 3

Supplemental Information

1. Are there any health-related issues such as allergies or other health problems that we should be aware of? Is your child presently under medical treatment? *If yes, please explain:*

2. Has your child ever had any evaluation for any developmental concerns or received treatment (i.e. Birth to Three services, occupational, physical or speech therapies, etc.)? *If yes, please explain:*

3. Do you know of any reason why your child might not be able to fully participate in all school activities? *If yes, please explain:*

Child's Name _____



APPLICATION FOR ADMISSION

PAGE 4

Financial Information

Person Responsible for All Fees

Relationship to Student

Address

City / State / Zip

Telephone

E-mail

Photograph of Student

Although not mandatory, a small, passport-size photo of your child would be appreciated. Please attach here with tape or paper clip.



Application Fee

Please enclose a non-refundable \$75 application fee (waived for returning families) payable to: **Connecticut Friends School**.

Signature of Parent / Guardian (A)

Date

Signature of Parent / Guardian (B)

Date

Connecticut Friends School welcomes all applications and does not discriminate on the basis of race, color, family structure, national or ethnic origin, or religion.