

# ADMISSION APPLICATION

## Applicant Information

FULL LAST NAME OF APPLICANT	FIRST	MIDDLE	NICKNAME	GENDER
HOME ADDRESS		TELEPHONE		
CITY	STATE		ZIP	
PLACE OF BIRTH	BIRTHDATE	GRADE APPLIED FOR		
FOR ENTRANCE IN SEPTEMBER 20 _____	HAS THE APPLICANT APPLIED PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### FOR PRE-SCHOOL, PLEASE INDICATE YOUR FIRST AND SECOND CHOICE OF CLASSES:

3 BY FEBRUARY 1ST: TUESDAY / THURSDAY _____AM	4 YEAR OLDS: _____ MONDAY—THURSDAY AM
3 BY SEPTEMBER: TUESDAY / THURSDAY _____AM	_____ MONDAY—THURSDAY PM
MONDAY / WEDNESDAY / FRIDAY _____AM _____PM	5 YEAR OLDS: _____ MONDAY—FRIDAY AM
	_____ MONDAY—FRIDAY PM

IN WHAT SCHOOL DISTRICT DO YOU RESIDE? \_\_\_\_\_

## Family Information

PARENT NAME	PARENT NAME
HOME ADDRESS (IF DIFFERENT FROM APPLICANT)	HOME ADDRESS (IF DIFFERENT FROM APPLICANT)
CITY/STATE /ZIP	CITY/STATE/ZIP
OCCUPATION	OCCUPATION
COMPANY	COMPANY
BUSINESS TELEPHONE	CELL PHONE
BUSINESS TELEPHONE	CELL PHONE
E-MAIL	E-MAIL

PARENTS (PLEASE CHECK)  MARRIED  SEPARATED  DIVORCED  SINGLE  FATHER DECEASED  MOTHER DECEASED

WHO IS RESPONSIBLE FOR FINANCING THE APPLICANT'S EDUCATION? \_\_\_\_\_

### PLEASE LIST THE NAMES OF BROTHERS AND SISTERS BELOW:

FULL NAME (S)	CURRENT SCHOOL	BIRTHDATE	GENDER
FULL NAME (S)	CURRENT SCHOOL	BIRTHDATE	GENDER
DOES THE APPLICANT OR ANY OTHER MEMBR OF THE APPLICANT'S FAMILY BELONG TO THE SOCIETY OF FRIENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, NAME	AND RELATIONSHIP TO APPLICANT	MEETING	

**Family Information (continued)**

TO WHOM SHOULD CORRESPONDENCE BE SENT?

HAVE ANY RELATIVES ATTENDED GOSHEN FRIENDS SCHOOL? IF YES, WHO?

**School Information**

PRESENT SCHOOL

GRADE

SCHOOL ADDRESS

TELEPHONE

CITY

STATE

ZIP

FORMER SCHOOL

FROM

TO

FORMER SCHOOL

FROM

TO

**Testing**

VISUAL

YES

NO

DATE \_\_\_\_\_

BY WHOM \_\_\_\_\_

AUDITORY

YES

NO

DATE \_\_\_\_\_

BY WHOM \_\_\_\_\_

PSYCHOLOGICAL

YES

NO

DATE \_\_\_\_\_

BY WHOM \_\_\_\_\_

PSYCHO-EDUCATIONAL

YES

NO

DATE \_\_\_\_\_

BY WHOM \_\_\_\_\_

NEUROLOGICAL

YES

NO

DATE \_\_\_\_\_

BY WHOM \_\_\_\_\_

OTHER

YES

NO

DATE \_\_\_\_\_

BY WHOM \_\_\_\_\_

**Tuition Aid**

PLEASE CHECK HERE IF YOU WOULD LIKE ADDITIONAL INFORMATION IN FINANCIAL AID. FORMS WILL BE SENT TO FAMILIES AFTER THEY HAVE MADE AN APPLICATION TO THE SCHOOL.  YES, PLEASE SEND ME INFORMATION OF TUITION AID

**Additional Information**

HOW DID YOU HEAR OF GOSHEN FRIENDS SCHOOL?

WHY DO YOU WANT YOUR CHILD TO ATTEND GOSHEN FRIENDS SCHOOL?

ARE THERE ANY HEALTH CONCERNS THAT WE SHOULD BE MADE AWARE OF?

WHAT DO YOU CONSIDER YOUR CHILD'S STRENGTHS TO BE?

WHAT DO YOU CONSIDER AREAS IN NEED OF STRENGTHENING?

**THIS APPLICATION IS PENDING AND IS TO BE ACCOMPANIED BY THE APPLICATION FEE (\$75.00) WHICH IS NON-REFUNDABLE.**

SIGNATURE OF PARENT(S) OR GUARDIAN(S)

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**Goshen Friends School**

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