

To whom should admissions correspondence be sent? _____

Please List the Names of Siblings Below:

Name	Date of Birth	Current School	Did they attend Goshen Friends?
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Does the Applicant or any other family member belong to the Religious Society of Friends? _____

Monthly Meeting name

Relationship to applicant

Additional Information

How did you hear of Goshen Friends School?

Are there any health concerns? Has any testing been done, ex. Auditory, neurological, psychoeducational?

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date