



## Application for Elementary or Middle School Admission

Please PRINT or TYPE all information

**Application Fee: \$ 150.00**

\*A Family Photo is also required.

**For entrance in September 20** \_\_\_\_\_

**Grade: K 1 2 3 4 5 6 7 8** (Kindergarten applicants must be 5 years old by September)

### **Student Information**

Name: \_\_\_\_\_ Birth date \_\_\_\_|\_\_\_\_|\_\_\_\_ Sex: M F  
                    First                    Middle                    Last

Home Address: \_\_\_\_\_  
                    City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Parent/Guardian 1 – Information**

Parent/Guardian Name: \_\_\_\_\_ Ethnicity \_\_\_\_\_ (Optional)

Home: Address \_\_\_\_\_  
                    City \_\_\_\_\_ State \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of years: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

### **Parent/Guardian 2 – Information**

Parent/Guardian Name: \_\_\_\_\_ Ethnicity \_\_\_\_\_ (Optional)

Home: Address \_\_\_\_\_  
                    City \_\_\_\_\_ State \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of years: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

**Student lives with** \_\_\_\_\_

Siblings

Age

School(s) attending

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All School(s) previously attended:

School

Location/Phone

Dates

Reason for Change

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In order to meet the needs of your child, we need to know as much about them as possible.

Has your child had any special physical, educational, emotional, or social intervention?

Yes:\_\_\_No:\_\_\_ If yes, please explain: \_\_\_\_\_

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Has any accelerated work been completed?

Yes:\_\_\_\_\_

No:\_\_\_\_\_

Any remedial or support work been completed?

Yes:\_\_\_\_\_

No:\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Why are you selecting private education for your child? \_\_\_\_\_

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What is the most important thing you want your child to get out of his/her education?

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How do you believe our program can provide this? \_\_\_\_\_

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Referred by: \_\_\_\_\_ Schoolhouse Family? Yes No

Have you had a tour of the Hollywood Schoolhouse? If so, when? \_\_\_\_\_

If not, please call to schedule one. We prefer that all those parenting a child attend a tour of the Schoolhouse.

Please list all other schools to which application has been made.

Name of School

For entrance at what level?

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Name of person completing this form: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_