APPLICATION FORM

APPLICANT

Name _____
    First Name   *Middle Name*   *Last Name*   *(Prefers to be called)*

Date of Birth _____ Age _____ Sex: □ Male □ Female Grade ____

Home Address _____

City _____ State _____ Zip _____ Telephone _____

MOTHER

_____
Dr./Mrs./Ms.   First Name   *Middle Name*   *Last Name*   *Date of Birth*

Home Address _____ Telephone _____
(if different from applicant)

City _____ State _____ Zip _____ E-mail_____

Level of Education _____ Name of Institution _____

Employer _____ Position _____

Business Address _____ Telephone _____

FATHER

_____
Dr./Mrs./Ms.   First Name   *Middle Name*   *Last Name*   *Date of Birth*

Home Address _____ Telephone _____
(if different from applicant)

City _____ State _____ Zip _____ E-mail_____

Level of Education _____ Name of Institution _____

Employer _____ Position _____

Business Address _____ Telephone _____

Marital Status: □ Married □ Divorced □ Separated □ Single □ Widowed

Applicant's Legal Guardian _____

STEP-PARENT
(if applicable)

_____
Dr./Mrs./Ms.   First Name   *Middle Name*   *Last Name*   *Date of Birth*

Home Address _____ Telephone _____
(if different from applicant)

City _____ State _____ Zip _____ E-mail_____

Level of Education _____ Name of Institution _____

Employer _____ Position _____

Business Address _____ Telephone _____

Please send financial correspondence to _____

CURRENT SCHOOL

School Name _____ □ Public   □ Private

Present Grade _____   Grades Repeated _____

Address _____
Street and Number

City _____ State _____ Zip _____ Telephone _____

Name of Principal or Head of School _____

School correspondence will be sent to student's home and current school unless otherwise indicated.

List all schools previously attended.

Name	City/State	Grades	Dates Attended

In order to expedite the application process, it would help us to know the names and addresses of the persons and/or institutions to whom you forwarded the recommendation or release forms which accompany this Application Form. We request that the forms be sent to all persons or institutions who have any information concerning your child, i.e., the physician, psychologist, school, occupational therapist, speech therapist, etc.

NOTE: IT IS THE RESPONSIBILITY OF THE PARENTS TO HAVE THESE RECOMMENDATIONS OR RELEASE FORMS SENT DIRECTLY TO THE PERSONS AND/OR INSTITUTINS LISTED BELOW.

TEACHER RECOMMENDATION FORMS

_____
Name   School   City/State

_____
Name   School   City/State

PHYSICIAN

_____
Name   Address   Telephone

COUNSELOR, PSYCHOLOGIST OR PSYCHIATRIST CURRENTLY WORKING WITH YOUR CHILD (*if applicable*)

_____
Name   Address   Telephone