

## APPLICATION FOR ADMISSION

### APPLICANT INFORMATION

Date \_\_\_\_\_  
Applicant's full name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Applying for grade \_\_\_\_\_ Beginning September, 20 \_\_\_\_\_  
Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Present age \_\_\_\_\_

### SCHOOL INFORMATION

Current school \_\_\_\_\_ Applicant's present grade \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Head or Principal \_\_\_\_\_  
Homeroom teacher \_\_\_\_\_  
Schools previously attended \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

### FAMILY INFORMATION

Parent or guardian #1	Parent or guardian #2
Address	Address
Relationship to child	Relationship to child
Telephone	Telephone
Position/Job Title	Position/Job Title
E-mail address	E-mail address
Employer	Employer
Business telephone	Business telephone

#### Siblings:

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Gender \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Gender \_\_\_\_\_ School \_\_\_\_\_

### APPLICATION DEADLINE

January 15

## QUESTIONS FOR PARENTS

Please answer these questions on a separate sheet of paper. Parents for whom English is not a first language are welcome to write in the language most comfortable for them.

1. What do you believe to be your child's particular strengths, interests and needs?
2. What are the reasons you feel The Learning Project would be a good place for your child?
3. How would you hope to describe your child ten years from now?
4. What are your hopes for your child's elementary school experience?
5. Please indicate any circumstances (health, behavioral, family-related or otherwise) that might affect your child's school experience or make necessary special arrangements by the school.
6. Please provide any further information that will help us understand your child and meet his or her needs.

## REQUEST FOR TUITION ASSISTANCE

The school provides tuition assistance to many families who cannot afford the full tuition. Please indicate if you would like us to send a:

- Parent Tuition Assistance Packet

## RELEASE FORM

By typing or signing my name below, I grant *The Learning Project* permission to request and receive confidential school information regarding the applicant and to retain such material in a confidential school file. I understand that I am not entitled to see information sent in confidence. Such material should be mailed by the child's school directly to *The Learning Project*.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONFIRMATION CHECKLIST

Applications must be received prior to the interview.

- I have an interview scheduled for \_\_\_\_\_ (date).
- I need to set up an interview and will call the school to do so.
- I have sent the application fee in full or in part.
- I have included a family photo with this application. (optional)

## APPLICATION FEE

The school incurs substantial costs associated with the admissions process and so we ask parents who can afford to do so to send an application fee of \$35. Those for whom this fee is too much should send what they can afford.