

BEGINNING SCHOOL AND LOWER SCHOOL APPLICATION

Intended School Year of Enrollment: 20 ____ - 20 ____

Applying to (please check one):

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> 2PreK | <input type="checkbox"/> 4PreK Half day | <input type="checkbox"/> Kindergarten Half day | <input type="checkbox"/> 1st grade |
| <input type="checkbox"/> 3PreK 3 day* | <input type="checkbox"/> 4PreK Full day | <input type="checkbox"/> Kindergarten Full day | <input type="checkbox"/> 2nd grade |
| <input type="checkbox"/> 3PreK 3 day pm* | <input type="checkbox"/> 4PreK Flex day | <input type="checkbox"/> Kindergarten Flex day | <input type="checkbox"/> 3rd grade |
| <input type="checkbox"/> 3PreK 5 day* | | | <input type="checkbox"/> 4th grade |
| | | | <input type="checkbox"/> 5th grade |

PHOTO
(optional)

*3PreK children must be toilet trained by the start of school.

APPLICANT

Name _____
last first middle preferred name

Home address _____
street city state zip

Male Female Birthdate _____ Present grade/age _____
mm / dd / yy

FAMILY

Parent Mr Mrs Ms Dr Other _____

Name _____

Home Address _____
street

city state zip

Home Phone () _____

Cell Phone () _____

Occupation/Position _____

Employer/Company _____
name

city state

Email _____

College(s) Attended _____

Applicant's parents are: Married Partners Divorced

Step-parent (name) _____

Correspondence regarding this application should be sent to (name) _____

Grandparents

Name(s) _____

Address _____
street

city state zip

Email _____

Parent Mr Mrs Ms Dr Other _____

Name _____

Home Address _____
street

city state zip

Home Phone () _____

Cell Phone () _____

Occupation/Position _____

Employer/Company _____
name

city state

Email _____

College(s) Attended _____

Separated Parent Deceased Never Married

Step-parent (name) _____

Grandparents

Name(s) _____

Address _____
street

city state zip

Email _____



SIBLINGS

Names and ages; schools currently attending _____

Please explain any special or unusual family circumstances _____

EDUCATION

Present school, preschool, or childcare program _____
Principal, Head, or Director (name and contact info) _____
Other School Attended _____

Rowland Hall has my permission to request copies of the academic and behavioral records of my child from his/her current school.

Yes No

HEALTH

Does the applicant need any accommodation in the admission process? _____

REFERENCE

Please list the name of a personal reference, such as a teacher, coach, or someone who knows the applicant well, and has not written a recommendation for the applicant.

Name _____ Relationship _____ Phone Number _____

FINANCIAL

Person responsible for payment of tuition and fees:

Name _____ Relationship to Applicant _____

Billing Address (if not provided elsewhere) _____
street

city

state

zip

Phone _____ Email Address _____

Please submit a \$50 application fee with this form. This fee is nonrefundable and not applicable to tuition.

The information herein is given for the purpose of obtaining admission to Rowland Hall. I certify that it is correct to the best of my knowledge.

Signature of parent or guardian _____ Date _____

NOTICE OF NONDISCRIMINATION Rowland Hall does not discriminate on the basis of physical ability, race, religion, gender, sexual orientation, national or ethnic origin in its admission or financial aid policies, or the administration of its educational, athletic, or other school programs.