

MIDDLE SCHOOL AND UPPER SCHOOL APPLICATION

Applying to (please check one):

For school year 20____ - 20 ____

MIDDLE SCHOOL Sixth Grade
 Seventh Grade
 Eighth Grade

UPPER SCHOOL Ninth Grade Eleventh Grade
 Tenth Grade Twelfth Grade

PHOTO
(optional)

APPLICANT

Name _____
last first middle preferred name

Home address _____
street city state zip

Home Phone () _____ Email _____ Present Grade _____

Male Female Birthdate _____ Country of Citizenship _____
mm / dd / yy

FAMILY

Parent Mr Ms Mrs Dr Other _____ **Parent** Mr Ms Mrs Dr Other _____

Parent's / Guardian's Name _____ Parent's / Guardian's Name _____

Home Address _____
street

_____ city state zip _____ city state zip

Home Phone () _____ Home Phone () _____

Cell Phone () _____ Cell Phone () _____

Email _____ Email _____

Occupation / Position _____ Occupation / Position _____

Employer / Company _____ Employer / Company _____

Business Phone () _____ name Business Phone () _____ name

Applicant's parents are: Married Partners Divorced Separated Parent Deceased Never Married

Step-parent (name) _____ Step-parent (name) _____

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

Please list other children in the family and schools currently attending:

_____ name age | grade school

_____ name age | grade school

Grandparent's Name(s) _____ Grandparent's Name(s) _____

Address _____
street

_____ city state zip _____ city state zip

Email _____ Email _____



EDUCATION

Current school _____ Grades attended _____

School address _____
street city state zip

Principal, Head, Director, or Counselor _____ School phone () _____

Other schools attended _____
name grades attended
name grades attended

Does the applicant need any accommodation in the admission process because of health irregularities or educational challenges? _____

If yes, please explain. _____

If there are circumstances or learning differences that may have affected the applicant's prior school performance. Please explain and include specific testing and/or past academic support received (attached documentation as appropriate). _____

Please share any additional background information about your child that you feel is important (e.g., personal, family circumstances, social, cultural, religious, or medical). _____

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.