

GOSHEN FRIENDS SCHOOL

Admission Application

Please submit this application with a nonrefundable fee of \$75.
Checks should be made payable to Goshen Friends School.

Student Information

Last name	First name	Middle	Nickname	Gender	Birthdate
-----------	------------	--------	----------	--------	-----------

Home address	Primary telephone number
--------------	--------------------------

City	State	Zip
------	-------	-----

In what school district do you reside?

For entrance in September 20__

Has student applied previously? ____ Yes ____ No

Preferred class placement: ____ Froggies ____ Owls ____ Ladybugs
 ____ Bears ____ Bumblebees ____ Butterflies

Family Information

Parent name

Parent name

Home address (if different from student)

Home address (if different from student)

City/State/Zip

City/State/Zip

Occupation

Occupation

Company

Company

Business telephone

Cell phone

Business telephone

Cell phone

Email address

Email address

Family Information (continued)

Please list the names of siblings below:

Full name	Current School	Birthdate	Gender
-----------	----------------	-----------	--------

Full name	Current School	Birthdate	Gender
-----------	----------------	-----------	--------

Does the applicant or any other member of the applicant's family belong to the Society of Friends? _____ Yes _____ No

Have any relatives attended Goshen Friends School? If yes, who and what year(s)? _____

School Information

Present School/Daycare _____

School address	City	State	Zip	Telephone number
----------------	------	-------	-----	------------------

Testing

If your child has had any of the testing listed below within the last three years, please provide date of testing and name of provider:

Visual Date: _____ Provider: _____

Auditory Date: _____ Provider: _____

Psychological Date: _____ Provider: _____

Psycho-Educational Date: _____ Provider: _____

Neurological Date: _____ Provider: _____

Other Date: _____ Provider: _____

Tuition Aid

_____ Please check if you would like information on financial aid. Forms will be sent after families have made application to the school.

Additional Information

How did you hear about Goshen Friends School? _____

Why would you like your child to attend Goshen Friends School? _____

What do you consider your child's strengths to be? _____

What do you consider areas in need of strengthening? _____

Signature of parent or guardian

Signature of parent or guardian

Applications can be mailed with \$75 application fee to: Goshen Friends School, 814 N. Chester Rd. West Chester, PA 19380.
For questions, please call 610-696-8183.

