

ADMISSION APPLICATION

Applicant Information

FULL LAST NAME OF APPLICANT	FIRST	MIDDLE	NICKNAME	GENDER
HOME ADDRESS		TELEPHONE		
CITY	STATE		ZIP	
PLACE OF BIRTH	BIRTHDATE	GRADE APPLIED FOR		
FOR ENTRANCE IN SEPTEMBER 20 _____		HAS THE APPLICANT APPLIED PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

FOR PRE-SCHOOL, PLEASE INDICATE YOUR FIRST AND SECOND CHOICE OF CLASSES:

3 BY FEBRUARY 1ST:	TUESDAY / THURSDAY	_____AM	4 YEAR OLDS:	_____ MONDAY—THURSDAY AM
3 BY SEPTEMBER:	TUESDAY / THURSDAY	_____AM		_____ MONDAY—THURSDAY PM
	MONDAY / WEDNESDAY / FRIDAY	_____AM _____PM	5 YEAR OLDS:	_____ MONDAY—FRIDAY AM
				_____ MONDAY—FRIDAY PM

IN WHAT SCHOOL DISTRICT DO YOU RESIDE? _____

Family Information

PARENT NAME	PARENT NAME
HOME ADDRESS (IF DIFFERENT FROM APPLICANT)	HOME ADDRESS (IF DIFFERENT FROM APPLICANT)
CITY/STATE /ZIP	CITY/STATE/ZIP
OCCUPATION	OCCUPATION
COMPANY	COMPANY
BUSINESS TELEPHONE	BUSINESS TELEPHONE
CELL PHONE	CELL PHONE
E-MAIL	E-MAIL

PARENTS (PLEASE CHECK) MARRIED SEPARATED DIVORCED SINGLE FATHER DECEASED MOTHER DECEASED

WHO IS RESPONSIBLE FOR FINANCING THE APPLICANT'S EDUCATION? _____

PLEASE LIST THE NAMES OF BROTHERS AND SISTERS BELOW:

FULL NAME (S)	CURRENT SCHOOL	BIRTHDATE	GENDER
FULL NAME (S)	CURRENT SCHOOL	BIRTHDATE	GENDER

DOES THE APPLICANT OR ANY OTHER MEMBR OF THE APPLICANT'S FAMILY BELONG TO THE SOCIETY OF FRIENDS? YES NO

IF YES, NAME	AND RELATIONSHIP TO APPLICANT	MEETING
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Family Information (continued)

TO WHOM SHOULD CORRESPONDENCE BE SENT?

HAVE ANY RELATIVES ATTENDED GOSHEN FRIENDS SCHOOL? IF YES, WHO?

School Information

PRESENT SCHOOL

GRADE

SCHOOL ADDRESS

TELEPHONE

CITY

STATE

ZIP

FORMER SCHOOL

FROM

TO

FORMER SCHOOL

FROM

TO

Testing

VISUAL

YES

NO

DATE

BY WHOM

AUDITORY

YES

NO

DATE

BY WHOM

PSYCHOLOGICAL

YES

NO

DATE

BY WHOM

PSYCHO-EDUCATIONAL

YES

NO

DATE

BY WHOM

NEUROLOGICAL

YES

NO

DATE

BY WHOM

OTHER

YES

NO

DATE

BY WHOM

Tuition Aid

PLEASE CHECK HERE IF YOU WOULD LIKE ADDITIONAL INFORMATION IN FINANCIAL AID. FORMS WILL BE SENT TO FAMILIES AFTER THEY HAVE MADE AN APPLICATION TO THE SCHOOL. YES, PLEASE SEND ME INFORMATION OF TUITION AID

Additional Information

HOW DID YOU HEAR OF GOSHEN FRIENDS SCHOOL?

WHY DO YOU WANT YOUR CHILD TO ATTEND GOSHEN FRIENDS SCHOOL?

ARE THERE ANY HEALTH CONCERNS THAT WE SHOULD BE MADE AWARE OF?

WHAT DO YOU CONSIDER YOUR CHILD'S STRENGTHS TO BE?

WHAT DO YOU CONSIDER AREAS IN NEED OF STRENGTHENING?

THIS APPLICATION IS PENDING AND IS TO BE ACCOMPANIED BY THE APPLICATION FEE (\$75.00) WHICH IS NON—REFUNDABLE.

SIGNATURE OF PARENT(S) OR GUARDIAN(S)

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Goshen Friends School

814 North Chester Road • West Chester, Pennsylvania • (610) 696-8869 • fax (610) 696-2578