



APPLICATION FOR ADMISSION THE UNIVERSITY SCHOOL

Name of Student _____ Nickname _____

Age _____ Date of Birth _____ S.S.# _____

Year and Grade of Proposed Entry: Year _____ Grade _____

Home Address _____

Home Phone _____ Email _____

Applicant lives with: both parents _____ mother _____ father _____ guardian _____

Full Name of Father or Legal Guardian _____

Occupation or Profession _____

Firm _____

Business Address _____

Business Telephone Number _____

Full Name of Mother or Legal Guardian _____

Occupation or Profession _____

Firm _____

Business Address _____

Business Telephone Number _____

Brother and Sisters (names and ages)

School (s) attending

Medical Insurance Coverage for Student (Name of Company) _____

Local School District _____

Name of Present School _____

Address _____

Name of Principal/Guidance Counselor _____

May a transcript be requested now? _____

Where, or from whom, did you hear about The University School? _____

In the space below, please share any educational, personal, or health considerations of which we should be aware.

Is your student seeing a counselor (psychiatrist/psychologist/therapist)?

Yes _____ No _____ Name of Counselor _____

Is your student presently taking medication?

Yes _____ No _____ Name of Medication _____

Has your student been tested for any special needs/learning disabilities? (test results required)

Yes _____ No _____ Date _____

Signature of Parent or Guardian _____

Date _____

A NON REFUNDABLE FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION