

# THE UNIVERSITY SCHOOL

## APPLICATION FOR ADMISSION



LEGAL NAME OF STUDENT

PREFERRED NAME

STUDENT EMAIL

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

YEAR OF PROPOSED ENTRY

9

10

11

12

GRADE OF PROPOSED ENTRY (CHECK ONE)

BOTH PARENTS

MOTHER

FATHER

GUARDIAN

STUDENT LIVES WITH (CHECK ONE)

HOME ADDRESS

CITY

STATE

ZIP

PRIMARY CONTACT EMAIL

HOME PHONE

CELL PHONE

NAME OF FATHER OR LEGAL GUARDIAN

OCCUPATION

FIRM

BUSINESS ADDRESS

CITY

STATE

ZIP

EMAIL

HOME PHONE

CELL PHONE

NAME OF MOTHER OR LEGAL GUARDIAN

OCCUPATION

FIRM

BUSINESS ADDRESS

CITY

STATE

ZIP

EMAIL

HOME PHONE

CELL PHONE

WHERE, OR FROM WHOM, DID YOU HEAR ABOUT THE UNIVERSITY SCHOOL?

## ACADEMIC HISTORY

LOCAL SCHOOL DISTRICT

NAME OF PRESENT SCHOOL

NAME OF PRINCIPAL

SCHOOL ADDRESS

CITY

STATE

ZIP

 YES NO

MAY A TRANSCRIPT BE REQUESTED NOW?

 YES NO

DOES YOUR CHILD HAVE AN IEP OR 504 PLAN?

## MEDICAL HISTORY

MEDICAL INSURANCE COVERAGE FOR STUDENT (NAME OF COMPANY)

 YES NO

IS YOUR STUDENT PRESENTLY TAKING MEDICATION?

NAME OF MEDICATION

 YES NO

DOES YOUR CHILD HAVE ANY ALLERGIES?

IF YES, PLEASE EXPLAIN

 YES NO

IS YOUR STUDENT SEEING A MENTAL HEALTH PROFESSIONAL?

NAME OF MENTAL HEALTH PROFESSIONAL

 YES NO

DOES YOUR CHILD HAVE A DOCUMENTED MENTAL HEALTH DIAGNOSIS OR LEARNING DISABILITY?

IF YES, PLEASE EXPLAIN:

PLEASE SHARE ANY EDUCATIONAL, PERSONAL, OR HEALTH CONCERNS OF WHICH WE SHOULD BE AWARE

## EMERGENCY CONTACTS

NAME/PHONE

NAME/PHONE



PARENT/GUARDIAN SIGNATURE

DATE