



Meeting Street

The Grace School

Admissions Application

2009- 2010 School Year

Application for Admission:

Please circle grade for which you are applying:

The Grace School K 1 2 3

Please indicate the academic year for which you are applying: Academic year beginning September 20 _____

Child/Student's Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Street) (City) (State) (Zip)

Home Telephone: _____ Date of Birth: _____

Applicant Social Security Number: _____

Applicant lives with: Both parents () Mother () Father () Other () _____

Family Information

Parent/Guardian's Name: _____ **Relationship** _____

Address: _____
(If different from Applicant) (Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email Address: _____ Business Phone: _____

Parent/Guardian's Name : _____ **Relationship** _____

Address: _____
(If different from Applicant) (Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Email Address: _____ Business Phone: _____

Party Responsible for Tuition: _____

(Name and relationship to applicant)

Interested in Financial Aid Material? _____ Yes _____ No

Sibling Information

Sister(s):

(Name, age) (School/Program currently attending, grade)

Brother(s):

(Name, age) (School/Program currently attending, grade)

(Name, age) (School/Program currently attending, grade)

(Name, age) (School/Program currently attending, grade)

Student Applicant's Educational History

Present School: _____ Present Grade: _____

Dates: _____ Telephone: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Previous School: _____ Grades Attended: _____

Dates: _____ Telephone: _____

Address: _____

(Street)

(City)

(State)

(Zip)

School Contact: Name: _____ **Position:** _____ **Phone** _____

Additional Applicant Information

Students Special Interests: (Optional)

Academic: _____

Artistic: _____

Athletic: _____

Other: _____

Any other information we should know about your child: _____

How did you learn about Meeting Street? (Please be specific)

Media/Advertisement () _____

Friend/Family () _____

School District () _____

Health Care Professional () _____

Other () _____

Ethnicity (Optional)

African American ()

American Indian/Alaskan Native

Asian/Pacific Islander ()

Caucasian ()

Latino/Hispanic ()

Multi-racial ()

Other () _____

Evaluations

If your child has seen a physician or other professional for an evaluation in any of the following areas, please check below the most appropriate description and forward a copy of the evaluation to Meeting Street.

Speech/ Language Development ()

Neuro/Psychological Evaluation ()

Emotional/Behavioral Development ()

Physical Development ()

Educational Evaluation ()

Early Intervention ()

Current Individual Education Plan ()

Audiology ()

Vision impairment or Difficulties ()

Are there any areas of concern related to child’s development or education that you wish to address or discuss? If so, please elaborate: _____

Meeting Street does not discriminate and no question in this application is used for the purpose of limiting or excusing applicant’s consideration for enrollment on a basis prohibited by local, state, or federal law.

Authorization:

Application Fee

() Enclosed is a check in the amount of \$50, payable to Meeting Street, for the non refundable application fee.

I submit that the above information is accurate. I give Meeting Street the right to contact the applicant’s pre-school or school districts in regards to my child’s educational record, including Individual Education Plans (IEP) and Transcripts.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

For Internal Use Only:

Approved: _____

Not Applicable: _____ Reason: _____

Pending: _____ Reason: _____