

DATE: _____ APPLYING FOR SCHOOL YEAR: _____ GRADE: *(PLEASE CHECK BELOW)*

- Nursery School *(3 years old by Feb. 1)*
 Preschool *(3 years old by Sept. 1)*
 Pre-Kindergarten *(4 years old by Sept. 1)*
 Kindergarten *(5 years old by Sept. 1)*
- Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8

APPLICANT

Last Name		First Name	Middle Name
Nickname	Sex	Date of Birth	Date of Adoption
Home Address			
City		State	Zip
Home Telephone	Social Security Number		School District

PARENT

Last Name		First Name	Middle Name
Home Address			
City		State	Zip
Home Telephone	Business Telephone	E-mail	
Employer	Position/Title	Employer City/State	

PARENT

Last Name		First Name	Middle Name
Home Address			
City		State	Zip
Home Telephone	Business Telephone	E-mail	
Employer	Position/Title	Employer City/State	

PARENTS: (please check appropriate items)

Married Single Partners Separated Divorced Father Deceased Mother Deceased

Please print your name as you would like to receive mailings:

STUDENT RESIDES WITH: (please check appropriate items)

Mother Father Both Parents Stepmother Stepfather Other, please specify: _____

OTHER CHILDREN IN THE FAMILY:

Name: _____ Birthdate: _____ School: _____

OTHER ADULTS IN HOME:

Name: _____ Relationship: _____

FAMILY MEMBERS WHO HAVE ATTENDED FRIENDS SCHOOL HAVERFORD:

Full Name: _____ Relationship: _____ Years Attended: _____

ARE YOU A MEMBER OR ATTENDER OF THE SOCIETY OF FRIENDS?

Please specify Monthly Meeting: _____

GRANDPARENTS: (use additional sheet if necessary)

Grandparents: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Grandparents: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

DO YOU KNOW ANY CURRENT FRIENDS SCHOOL HAVERFORD STUDENTS OR ALUMNI? IF SO, WHOM?

WHO IS RESPONSIBLE FOR FINANCING THE CHILD'S EDUCATION?

We/I would like to receive information on Financial Aid and/or payment plans.

CURRENT SCHOOL:

Name: _____ Dates Attended: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Name of Principal or Head: _____

TESTING:

Please indicate tests that have been administered to your child. Please note that outside testing is required for grades 1-8.
(See admission checklist in packet of information)

WISC-IV (Wechsler Intelligence Scale for Children) Date: _____
Required for grades 1-6; grades 7 & 8 may submit WISC-IV or ISEE results.

ISEE (7th & 8th grade only) Date: _____

WPPSI-III (Wechsler Preschool and Primary Scale of Intelligence) Date: _____

Stanford-Binet 5 Date: _____

Full Scale Psychoeducational Evaluation Date: _____

Audio/Visual or Occupational Therapy Evaluations Date: _____

Other (Please specify) _____ Date: _____

Is the applicant able to meet the essential performance requirements of the program,
either with or without reasonable accommodations?

HOW DID YOU FIRST HEAR OF FRIENDS SCHOOL HAVERFORD?

Recommended by: _____

Online Ad - Please Specify Site: _____

Radio - Please Specify Station: _____

Print Ad - Please Specify Publication: _____

Online Search

Yard Sign/Banner

Other - Please Specify: _____



Please answer the following questions thoughtfully and frankly. Your responses will help us know and understand your child more completely. If more space is needed, please attach an additional sheet.

WHAT ARE YOUR CHILD'S STRENGTHS?

WHAT ARE AREA(S) OF DIFFICULTY?

COMMENT ON YOUR CHILD'S HOME LIFE, INCLUDING RELATIONSHIPS WITH PARENTS, SIBLINGS, AND OTHER HOUSEHOLD MEMBERS.

WHY WOULD YOU LIKE YOUR CHILD TO ATTEND FRIENDS SCHOOL HAVERFORD?

Application must be received at least 1 day prior to scheduled student visit. This application is to be accompanied by a \$100.00 non-refundable fee. Please make your check payable to: **Friends School Haverford** and mail to: **Director of Admission, Friends School Haverford, 851 Buck Lane, Haverford, PA 19041.**

Signature of Parent or Guardian

Date