

Please print application (or type responses here, then print) and fax to: (202) 726-0748 or mail to Parkmont School Admissions Office

## ADMISSIONS APPLICATION

For this application to be considered, please check to see that you have:

1. Asked **two people to send a recommendation** for the applicant to Parkmont.
2. Included any **recent educational or psychological testing** that has been done.
3. Sent **transcripts** from the student's current school.

**Please return this form prior to student's visit to the school.**

Month and year for which application is made: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Applicant lives with: \_\_\_\_\_  
FULL NAME RELATIONSHIP TO STUDENT

### FAMILY INFORMATION:

#### Parent/Guardian 1

Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address (if different from applicant):  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Parent/Guardian 2

Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address (if different from applicant):  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Applicant's Brothers/Sisters

#### Age

#### School Attending

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S CURRENT SCHOOL:**

SCHOOL	CITY & STATE	DATES ATTENDED	GRADES
Name of Former Schools:			
SCHOOL	CITY & STATE	DATES ATTENDED	GRADES
SCHOOL	CITY & STATE	DATES ATTENDED	GRADES

**APPLICANT'S SCHOOL EXPERIENCE**

How would you describe your child's attitude toward school and academic pursuits?

What advantages do you feel Parkmont could offer your child?

What, if anything, in your child's previous schooling dissatisfied you or your child?

Does your child have any special needs, learning difficulties or other challenges? If so, please explain.

What are some of your child's activities or interests outside of school?

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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