

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. Enclosed **\$50.00** as a non-refundable application fee.
2. Asked **two people to send a recommendation** for the applicant to Parkmont.
3. Included any **recent educational or psychological testing** that has been done.
4. Sent **transcripts** from the student's current school.

Please return this form and fee 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 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

What conditions or type of educational structure do you feel best facilitate your child's learning in school?

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.

Does your child receive psychiatric or therapeutic care, or work with a tutor, diagnostician or specialist? If so, please list.

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

Is there any additional information you feel we should have about your child?

How did you learn about Parkmont?

Parent/Guardian's Signature: _____ Date: _____