



Ron McClain, Head of School  
4842 Sixteenth Street, N.W.  
Washington, DC 20011  
202-726-0740

Please complete all fields below and submit to us via email, drop-off, or mail.

## ADMISSIONS APPLICATION

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

- 1) Submitted \$50.00 as a non-refundable **application fee**.
- 2) Requested **recommendations** from two people (*letter or common recommendation form accepted*).
- 3) Sent **transcripts** from applicant's current/recent school(s).
- 4) Included most recent reports for **educational and/or psychological testing** that has been done.

Please return this form and application fee prior to student's visit to the school.

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

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

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 Siblings/Other Individuals in Household	Age	School Attending (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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: \_\_\_\_\_

**Please complete this application and send to us via one of the following methods:**

- Email to [admissions@parkmont.org](mailto:admissions@parkmont.org) (**preferred method**)
- Drop-off by placing in mail slot on front porch of school
- Mail to Parkmont School Admissions, 4842 Sixteenth St NW, Washington, DC 20011