



4842 Sixteenth Street, NW
Washington, DC 20011
202-726-0740

Ron McClain
Head of School

Admissions Application

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

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

- 1) Submitted **\$75.00** as a non-refundable application fee via PayPal on our website or by check.
- 2) Requested **recommendations** from two people (*letter or common recommendation form accepted*).
- 3) Send **transcripts** from applicant's current/recent school(s).
- 4) Included most recent **reports for educational and/or psychological testing** that have been done.
- 5) We recommend anyone who wants to apply for financial aid do so as early as possible in the process. Please request a FA form or find on our website.

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

APPLICANT INFORMATION

Applicant's Birth Name:		Preferred Name:		Month and Year for which application is made:		Grade applying for:	
Sex Assigned at Birth:	Gender Identity:	Pronouns:	Applicant's Social Security Number:				
Date of Birth:	Place of Birth:		Citizenship:		Applicant's Email:		
Age:	Applicant's Address:					ZIP code:	
Full Name(s) of Guardian(s) Applicant Lives with:			Relationship to Applicant:		Home Telephone Number:		
Applicant's Current School:		City and State:		Dates attended:		Grades:	

Other Former Schools (if applicable):

School:	City and State:	Dates Attended:	Grades:
School:	City and State:	Dates Attended:	Grades:

FAMILY INFORMATION

Parent/Guardian 1

Full Name:	Occupation:
Mobile Phone:	Employer:
Home Phone:	Business Phone:
Email:	
Address (if different from applicant):	

Parent/Guardian 2

Full Name:	Occupation:
Mobile Phone:	Employer:
Home Phone:	Business Phone:
Email:	
Address (if different from applicant):	

Applicant's Siblings/Other Individuals in Household

Name:	Age:	Name:	Age:	Name:	Age:
School Attending (if applicable):		School Attending (if applicable):		School Attending (if applicable):	
Name:	Age:	Name:	Age:	Name:	Age:
School Attending (if applicable):		School Attending (if applicable):		School Attending (if applicable):	

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 anything else you feel we should know about your child?

How did you learn about Parkmont?

Parent/Guardian Signature

Date:

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

- **Email to 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