



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

Ron McClain
Head of School

Admissions Application

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

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

- 1) Requested **recommendations** from two people (*letter or common recommendation form accepted*).
- 2) Sent **transcripts** from applicant's current/recent school(s).
- 3) Included most recent **reports for educational and/or psychological testing** that have been done.

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

APPLICANT INFORMATION

Applicant's Name:		Month and year for which application is made:		Grade applying for:	
Pronouns:	Age:	Date of Birth:	Applicant's Social Security Number:		
Place of Birth:		Applicant's Address:			ZIP code:
Citizenship:					
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

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?

Is there anything else you feel we should know about your child?

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