

APPLICATION FOR PRESCHOOL ADMISSION

The Philadelphia School 2501 Lombard Street Philadelphia PA 19146 215.545.5323

*This form must be submitted with a nonrefundable application fee of \$60.
Please answer all questions as fully as possible.*

Application for Admission to Preschool for the academic year 20_____ - _____.

Applicant's name _____ Sex _____
first middle last

Preferred Name _____ Date of birth _____

Street Address _____ Telephone _____

City/State _____ Zip Code _____

Schools most recently attended:

Year(s) _____ - _____ School _____

Grade(s) _____ - _____ Address _____

Parent/Guardian _____ Occupation _____

Name of Employer _____ Position/Title _____

Business address _____ Home address _____

City/State/Zip _____ if different from child's

Work phone _____ Home phone _____

Parent/Guardian _____ Occupation _____

Name of Employer _____ Position/Title _____

Business address _____ Home address _____

City/State/Zip _____ if different from child's

Work phone _____ Home phone _____

Are the parents separated? divorced? custody? _____

Other children in the family:

Name _____ Birth date _____ School _____

Name _____ Birth date _____ School _____

Name _____ Birth date _____ School _____

Please indicate your likely schedule preference:

one o'clock dismissal three o'clock dismissal extended day (available until 6 p.m.)

If your child has attended a preschool, please tell us what you have especially liked about the program and what, if anything, has made you unhappy. *(Please feel to respond to any or all questions on a separate sheet of paper).*

Please tell us about your child (his/her talents, interests, skills, personality traits, etc.).

Please tell us how you learned about The Philadelphia School. Please be as specific as possible.

Does your child have any unusual medical condition of which the school should be aware?

Name(s) of person(s) financially responsible for the child:

Please be sure to enclose the nonrefundable \$60 application fee.

I understand that a school visit is a part of the application process. Should my child require emergency medical treatment during the visit and I cannot be contacted, I authorize The Philadelphia School to act on my behalf and designate a doctor or hospital to initiate any appropriate medical service.

I also understand that all information gathered during the admission process will be treated as confidential and agree that the Admission Office may disclose this information for official purposes if necessary.

Signature _____ Date _____
parent or guardian

Please check here if you would like financial aid forms sent to you.

The Philadelphia School does not discriminate on the basis of race, color, gender, religion, or national or ethnic origin in administration of its admissions policies, educational policies, and financial aid, athletic, and other school-administered policies.