



Application for Admission

For Grade	In School Year	Date
-----------	----------------	------

Applicant

Last Name	First Name	Middle Name
-----------	------------	-------------

Nickname	Sex	Date of Birth	Date of Adoption
----------	-----	---------------	------------------

Home Address

City	State	Zip
------	-------	-----

Home Telephone	Social Security Number	School District
----------------	------------------------	-----------------

Parent

Last Name	First Name	Middle Name
-----------	------------	-------------

Home address (if different from applicant)

City	State	Zip
------	-------	-----

Home Telephone	Business Telephone	Email
----------------	--------------------	-------

Employer

Business or Profession	Position or Title
------------------------	-------------------

Business Address

City	State	Zip
------	-------	-----

Parent

Last Name	First Name	Middle Name
-----------	------------	-------------

Home address (if different from applicant)

City	State	Zip
------	-------	-----

Home Telephone	Business Telephone	Email
----------------	--------------------	-------

Employer

Business or Profession	Position or Title
------------------------	-------------------

Business Address

City	State	Zip
------	-------	-----

Parents (please check appropriate items)

- Married Single Partners
- Separated Divorced Father Deceased Mother Deceased

Please print your name as you would like to receive mailings.

Student Resides With (please check appropriate items)

- Mother Father Both Parents
- Stepmother Stepfather Other (specify)

Other Children In Family:

Name	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Adults in the Home:

Name	Relationship
_____	_____
_____	_____

Family Members Who Have Attended Friends School Haverford:

Full Name	Relationship	Years Attended
_____	_____	_____
_____	_____	_____

Are You a Member or Attender of the Society of Friends?

Please specify Monthly Meeting

Grandparents (use additional sheet if necessary)

Grandparents _____

Address _____

City _____	State _____	Zip _____	Telephone _____
------------	-------------	-----------	-----------------

Grandparents _____

Address _____

City _____	State _____	Zip _____	Telephone _____
------------	-------------	-----------	-----------------

Do You Know Any Current Students or Alumni? If so, whom?

Who is Responsible for Financing the Child's Education?

We/I would like to receive information on Financial Aid and/or payment plans.

Current School

Name

Dates Attended

Address

City

State

Zip

Telephone

Name of Principal or Head

Testing (Please indicate tests that have been administered to your child.)

WISC-IV (Wechsler Intelligence Scale for Children) Date _____

WPPSI-III (Wechsler Preschool and Primary Scale of Intelligence) Date _____

Stanford-Binet 5 Date _____

Full Scale Psychoeducational Evaluation Date _____

Audio/Visual or Occupational Therapy Evaluations Date _____

Other (Please specify) Date _____

Health: Has the applicant had an mental or physical conditions which required long-term care or extended use of medication, including chronic ear infections, allergies, asthma, etc. Please include the name of medication prescribed.

How did you first hear of Friends School Haverford?

A Current Photo
Would be
Helpful to Us

Please answer the following questions thoughtfully and frankly. Your responses will help us to know and understand your child more completely. If more space is needed, please attach an additional sheet.

What are your child's strengths?

What are area(s) of difficulty?

Comment on your child's home life, including relationships with parents, siblings, and other household members.

Why would you like your child to attend Friends School Haverford?

This application is to be accompanied by a \$60.00 non-refundable fee. Please make your check out to: **Friends School Haverford** and mail to: **Director of Admission, Friends School Haverford, 851 Buck Lane, Haverford, PA 19041-1228**

Signature of Parent or Guardian

Date