



Application for Admission

For Grade	In School Year	Date
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Applicant

Last Name	First Name	Middle Name
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Nickname	Sex	Date of Birth	Date of Adoption
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Home Address

City	State	ZIP
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Home Telephone	Social Security Number	School District
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Parent

Last Name	First Name	Middle Name
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Home Address (if different from applicant)

City	State	ZIP
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Home Telephone	Business Telephone	E-mail
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Parent

Last Name	First Name	Middle Name
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Home Address (if different from applicant)

City	State	ZIP
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Home Telephone	Business Telephone	E-mail
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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 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 (Weschler Intelligence Scale for Children) Date _____
- WPPSI-III (Weschler 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 _____

Is the applicant able to meet the essential performance requirements of the program, either with or without reasonable accomodations?

How did you first hear of Friends School Haverford?



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