



- New Applicant
 Returning Student

Year: _____

BLOSSOM WOOD DAY SCHOOL

APPLICATION FOR ADMISSION

STUDENT INFORMATION

- Male
 Female

Student's Name: _____

Address: _____ Zip Code: _____

Home Telephone: (____) _____ - _____ Date of Birth: ____/____/____

Child's Current Age: _____

Student's most recent educational experience was provided at:

Home

Home Day Care/ Child Care Center

Private School

Public School

YES NO

Has your child attended any other private school? (*independent or parochial*)

Other schools previously attended (list most current school first):

School Name: _____

Address: _____ Zip Code: _____

Telephone: (____) _____ - _____ Date of Attendance: ____/____/____

School Name: _____

Address: _____ Zip Code: _____

Telephone: (____) _____ - _____ Date of Attendance: ____/____/____

YES NO

Has student received any special educational services?

If yes, please explain and give dates of service: _____

Has student been tested for developmental delays or special educational needs, including visual, auditory, learning or behavioral? YES NO

If yes, please explain and give dates of service: _____

FAMILY INFORMATION

Mother's Name: _____ SSN: _____ - _____ - _____
Address: _____ Zip Code: _____
Home Telephone: (____) _____ - _____ Work Telephone: (____) _____ - _____
Cell: (____) _____ - _____ E-mail: _____
Employer: _____ Occupation: _____
Work Address: _____ Zip Code: _____

Father's Name: _____ SSN: _____ - _____ - _____
Address: _____ Zip Code: _____
Home Telephone: (____) _____ - _____ Work Telephone: (____) _____ - _____
Cell: (____) _____ - _____
Employer: _____ Occupation: _____
Work Address: _____ Zip Code: _____

Are parents: Single Married
 Separated Divorced

If remarried, please list stepparent's Name(s): _____

Sibling Name: _____ Age: _____
Present School: _____ Grade: _____
Sibling Name: _____ Age: _____
Present School: _____ Grade: _____

Please list other persons whom the student lives with and their relationship: _____

Please list other relatives that currently or in the past have attended Blossom Wood _____

STUDENT'S PERSONAL HISTORY

Please list a few words that describe your child:

Please comment on your child's previous school experience and setting:

What skills/talents could you contribute as a parent to our school?

What type of fundraising activities would interest you most?

STUDENT'S PERSONAL HISTORY (CONTINUED)

If there are any circumstances that have affected your child's school performance, please explain below:
(Ex. first school setting, specific learning style, frequent changes of schools, loss of a significant person through death or divorce, adopted child, serious illness in the family, reconfiguration of the family unit, premature birth, etc.)

Religious Preference:

- Christian /Non Denomination Presbyterian Methodist Other: _____
 Baptist Catholic Lutheran

Does your family attend church or other place of worship? YES NO

If yes, where: _____

MEDICAL INFORMATION

Please list any health concerns (including allergies, special medical conditions, specific fears, and food restrictions)

Physician: _____ Office Telephone: (____) _____ - _____

Address: _____ Zip Code: _____

Preferred hospital (in case of emergency): _____

Does your child currently take any prescribed medication on a daily basis? YES NO

If so, give name of medication(s):

EMERGENCY CONTACT / AUTHORIZED PICK-UP

The following persons are authorized for pick-up due to illness, weather, or other emergency if the school is unable to reach the parent(s):

Name: _____ Relationship: _____

Address: _____ Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____ Cell: (____) _____ - _____

Name: _____ Relationship: _____

Address: _____ Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____ Cell: (____) _____ - _____

Name: _____ Relationship: _____

Address: _____ Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____ Cell: (____) _____ - _____