



### Application for Admission

Name of Applicant \_\_\_\_\_  
   First  Last  Nickname  
 Gender \_\_\_\_\_ DOB \_\_\_\_\_ Birthplace \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
 Preferred phone contact \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_

#### Parent/Guardian Information (resides with child)

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Best ways to contact**  
 Daytime phone \_\_\_\_\_  
 Evening phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Occupation/job title \_\_\_\_\_  
 Employer \_\_\_\_\_

Educational Background  
 High school \_\_\_\_\_ Yr./Graduation \_\_\_\_\_  
 College \_\_\_\_\_ Major \_\_\_\_\_  
 Graduate school \_\_\_\_\_ Major \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_  
 \_\_\_\_\_

#### Parent/Guardian 2

Same address as applicant? Y / N

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_

Address (if different from child) \_\_\_\_\_  
 \_\_\_\_\_

**Best ways to contact**  
 Daytime phone \_\_\_\_\_  
 Evening phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Occupation/job title \_\_\_\_\_  
 Employer \_\_\_\_\_

Educational Background  
 High school \_\_\_\_\_ Yr./Graduation \_\_\_\_\_  
 College \_\_\_\_\_ Major \_\_\_\_\_  
 Graduate school \_\_\_\_\_ Major \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_  
 \_\_\_\_\_

Other caregivers in applicant's life \_\_\_\_\_

#### **Siblings**

<u>Name</u>	<u>Age</u>	<u>School/Grade</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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## Background Information

Current school \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Dates attended \_\_\_\_\_ to \_\_\_\_\_ Prior schools within the last 2 years \_\_\_\_\_

**Many applicants choose to answer the following questions on a separate sheet**

*Has applicant had a psychological or educational evaluation? Y / N If Y, for what reason and by whom?*

*Has applicant ever received academic support or tutoring or skipped a grade? Y / N . If Y, please give details.*

*Why are you seeking a new school for your child?*

*Does applicant have any physical impairments or allergies that could affect participation in the full range of school activities? Y / N . If Y, please give details.*

*What interests/appeals to you about Gantry View?*

*Please describe your child's current hobbies, interests, and activities.*

*Describe your child's relationship with family, friends, and community.*

*In what areas does your child feel most confident? Least confident?*

*Describe ways you are involved with your child's educational growth in and out of the school setting.*

*What activities does your family enjoy doing together?*

**Please email this application to: [admin@gantryviewschool.com](mailto:admin@gantryviewschool.com). There is a \$75 application fee for which we will send electronic payment information upon receipt of application.**