

2019  
.....  
2020

# Application Form

for Students Applying for Admission for Academic Year 2019-2020



APPLICATION FOR ADMISSION FOR ACADEMIC YEAR 2019-2020

## Applicant Information

|                         |               |                            |                               |                                 |                                |
|-------------------------|---------------|----------------------------|-------------------------------|---------------------------------|--------------------------------|
| legal name of applicant |               | preferred name or nickname |                               |                                 |                                |
| current age             | date of birth | email (if applicable)      | <input type="checkbox"/> male | <input type="checkbox"/> female | <input type="checkbox"/> other |
| home address            |               | home phone number          |                               |                                 |                                |
| city                    | state         | zip                        |                               |                                 |                                |

## School Information

|                              |       |                     |                    |
|------------------------------|-------|---------------------|--------------------|
| current school               |       | school phone number |                    |
| main homeroom teacher's name |       | current grade       | applying for grade |
| school address               |       | school fax number   |                    |
| city                         | state | zip                 |                    |

## Family and Household Information

|  |                              |                              |                                    |                              |                             |            |
|--|------------------------------|------------------------------|------------------------------------|------------------------------|-----------------------------|------------|
| <input type="checkbox"/> dr              | <input type="checkbox"/> mr  | <input type="checkbox"/> mrs | <input type="checkbox"/> ms        | parent/guardian full name    | email                       |            |
| home address (if different from above)   |                              | home phone                   |                                    |                              |                             |            |
| city                                     | state                        | zip                          |                                    |                              |                             |            |
| Send correspondence to this address?     | yes <input type="checkbox"/> | no <input type="checkbox"/>  | Send correspondence to this email? | yes <input type="checkbox"/> | no <input type="checkbox"/> |            |
| occupation                               | title                        | employer                     |                                    |                              |                             |            |
| work address                             |                              | work phone                   |                                    |                              |                             | cell phone |
| degree(s) earned and college(s) attended |                              |                              |                                    |                              |                             |            |

|  |                              |                              |                                    |                              |                             |            |
|--|------------------------------|------------------------------|------------------------------------|------------------------------|-----------------------------|------------|
| <input type="checkbox"/> dr              | <input type="checkbox"/> mr  | <input type="checkbox"/> mrs | <input type="checkbox"/> ms        | parent/guardian full name    | email                       |            |
| home address (if different from above)   |                              | home phone                   |                                    |                              |                             |            |
| city                                     | state                        | zip                          |                                    |                              |                             |            |
| Send correspondence to this address?     | yes <input type="checkbox"/> | no <input type="checkbox"/>  | Send correspondence to this email? | yes <input type="checkbox"/> | no <input type="checkbox"/> |            |
| occupation                               | title                        | employer                     |                                    |                              |                             |            |
| work address                             |                              | work phone                   |                                    |                              |                             | cell phone |
| degree(s) earned and college(s) attended |                              |                              |                                    |                              |                             |            |

Parent(s) is/are  single  married  divorced  separated  other

Please list all previous schools attended within the last five years (if any).

school name/year attended school name/year attended school name/year attended

Please list adults who live with the applicant and describe their relationship to the applicant.

name/relationship name/relationship  
name/relationship name/relationship

*Siblings of Applicant*

name age school and grade or graduation date  
name age school and grade or graduation date

Are any other children in your family applying to Park? yes  no  Name(s): \_\_\_\_\_

*Relatives who have attended Park*

name/relationship name/relationship  
name/relationship name/relationship

How did you learn about Park?

Has your child applied to Park before? yes  no  Year: \_\_\_\_\_

Does your child have specific needs that require additional support?  
Please explain.

Has your child had a speech/language, occupational, educational, or other evaluation? yes  no   
If yes, please specify.

**REQUIRED Parent Statement**

**An application is incomplete without the Parent Statement. Please include as part of the application.**

**Parents' insights and perspectives on their children are very helpful to us. Write a brief description of your child, including such information as the significant events and influences in his/her life, any special interests and talents, particular weaknesses, or educational needs. What aspects of his/her development do you think are the most successful? Which are the least? Are there any special circumstances about your child, or about your aspirations for your child, which contribute to your wish for him/her to become a student at Park School? Photograph (optional): Please include a recent photograph with applicant's name and grade applying to on the back.**

*It is the policy of The Park School of Baltimore to admit students, to carry out its admission and educational policies, scholarship and loan programs, academic, athletic and other school-administered programs, and to offer all the rights, privileges, program, and activities generally accorded or made available to students at the school without regard to race, color, national or ethnic origin, religion, ancestry, gender, gender identity and expression, or sexual orientation.*