



## **APPLICATION FOR ADMISSION**

# APPLICATION FOR ADMISSION

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## APPLICANT INFORMATION

Last Name		First	M.I.
Nickname			Date of Application
Street Address			Apartment/Unit #
City		State	ZIP
Home Phone ( )	Cell Phone ( )	E-mail Address	
Date of Birth	2015-2016 Grade Level	Social Security Number	
Billing Address (if different from above)			
City		State	ZIP

## PARENT / GUARDIAN INFORMATION

*Please indicate if contact is a guardian.*

Father's Name			
Father's Occupation	Daytime Phone ( )	Cell Phone ( )	Fax ( )
Father's Email Address			
Mother's Name			
Mother's Occupation	Daytime Phone ( )	Cell Phone ( )	Fax ( )
Mother's Email Address			

You will receive periodic correspondence from the school regarding your child (absences, illness, incomplete homework, rules infractions, etc.). Correspondence will be sent via email, telephone, and/or fax. Please designate who should receive this correspondence:

FATHER  MOTHER  BOTH  OTHER  \_\_\_\_\_

## EMERGENCY CONTACT

*Please provide contact information for an alternate contact (co-worker, neighbor, extended family member) to be used in the case of an emergency.*

Name	Daytime Phone ( )	Cell Phone ( )
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## PARENT QUESTIONNAIRE

Rate your child's reading comprehension.	EXCEPTIONAL <input type="checkbox"/>	ABOVE AVERAGE <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	BELOW AVERAGE <input type="checkbox"/>
Rate your child's math proficiency.	EXCEPTIONAL <input type="checkbox"/>	ABOVE AVERAGE <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	BELOW AVERAGE <input type="checkbox"/>
Rate your child's writing ability.	EXCEPTIONAL <input type="checkbox"/>	ABOVE AVERAGE <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	BELOW AVERAGE <input type="checkbox"/>
Is English a second language for your child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other languages spoken:	
Has your child ever been diagnosed with a learning difference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please describe.	
List any medications your child is currently taking:				

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## PARENT QUESTIONNAIRE (CONTINUED)

What school did your child last attend?

How did you hear about The Tenney School?

Does your child have any siblings? (List ages)

For what reason(s) are you seeking a new school?

Describe your child's study habits.

How does your child perform on tests?

Has your child ever been expelled and/or suspended from school? If so, describe.

Has your child had attendance and/or punctuality problems at school? If so, describe.

Are there any significant health or physical limitations? If so, please describe.

Is there an educator/teacher who knows your child well whom we may contact? YES  NO

Name	Contact Info	Name	Contact Info
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**Please provide information you want your child's teachers to know about your child.**

*Use additional paper as needed to fully complete the questionnaire.*

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in the expulsion of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize The Tenney School to use pictures of my child on school publications and webpage(s). YES  NO

Along with this completed application, please provide: a copy of the **child's last two years of report cards**, an **unofficial transcript** (for students who have already earned high school credit), and any **test results** for the child (Stanford, Iowa, ISEE, PSAT, clinical, consultant, etc). On the first day, we will also need a current copy of the child's **shot records**.

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## STUDENT QUESTIONNAIRE

What are your best and worst academic subjects? Why?

Describe your work habits.

In your opinion, do you learn best by reading, listening, writing, doing, or a combination of methods?

How do you spend your time when you are not in school?

Briefly discuss your short term and long term goals, and tell how you think that The Tenney School can help

Discuss one negative experience you had in school.

Discuss one positive experience you had in school.

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my expulsion.

Student Name

Student Signature

Date