



## **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	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 student (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 student's reading comprehension.	EXCEPTIONAL <input type="checkbox"/>	ABOVE AVERAGE <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	BELOW AVERAGE <input type="checkbox"/>
Rate your student's math proficiency.	EXCEPTIONAL <input type="checkbox"/>	ABOVE AVERAGE <input type="checkbox"/>	AVERAGE <input type="checkbox"/>	BELOW AVERAGE <input type="checkbox"/>
Rate your student'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 student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other languages spoken:	
Has your student 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 student last attend?

How did you hear about The Tenney School?

Does your student have any siblings? (List ages)

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

Describe your student's study habits.

How does your student perform on tests?

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

Has your student 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 student well whom we may contact? YES  NO

Name	Contact Info	Name	Contact Info
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**Please provide information you want your students teachers to know about your student.**

*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 student.

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

I authorize The Tenney School to use pictures of my student on the school webpage. YES  NO

Along with this completed application, please provide: a copy of the **students last 2 years of report cards**, an **unofficial transcript** from the students current/last school, and any **test results** for the student (PSAT, standardized tests, clinical, consultant, etc). On the first day, we will also need a current copy of the students **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 and one positive experience in school.

Do you have trouble paying attention 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