

KINDERGARTEN APPLICANT ADMISSION FORM



Today's Date _____

Applicant's Full Name _____ Nickname _____

Date of Birth _____ Age _____ Gender: Male Female

Address _____ City _____ Zip _____

Parent/Guardian Name _____

Address (if different from child's) _____

Occupation/Job Title _____

Employer: Name & Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-mail Address _____

Parent/Guardian Name

Address (if different from child's) _____

Occupation/Job Title _____

Employer: Name & Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-mail Address _____

Applicant lives with: Mother & Father Mother Only Father Only Other Please specify: _____

Siblings: Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

Child's Educational Background

School and Address _____

Dates of attendance _____ School Phone _____

School and Address

Dates of attendance _____ School Phone _____

May we call these schools? Yes No (Please initial) _____

How did you learn of Ventana School? _____

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Parent-School Evaluative Information

What are your expectations for your child in the coming year? _____

Do you have special concerns regarding your child's education? _____

Use five adjectives that best describe your child: _____

Describe child's special talents and/or interests: _____

Are there any medical, physical, emotional, or educational factors that should be taken into account in planning your child's school program? Yes No If yes, please describe: _____

Child's primary language: _____ Other languages spoken: _____

Is there anything else you would like us to know about your child? _____

(I/We) hereby authorize Ventana School to contact the schools listed above to obtain information to support this application. (I/We) will not seek access to confidential recommendations and evaluation materials.

(I/We) understand that the submission of this form is an indication of (my/our) interest in applying for admission to the school. This does not commit the school to accept (my/our) child. (I/We) understand that this document is an application for admission, and does not extend or imply an offer of enrollment.

Printed Name of Parent/Guardian Date

Printed Name of Parent/Guardian Date

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

FOR OFFICE USE ONLY

Date Application Recd: _____ **Date Application Fee Recd:** _____ **Check #:** _____

Waitlist Date: _____ **Enrollment Date:** _____