



# APPLICATION FOR ADMISSION

## Student Information

		Applying for School Year	Entering Grade
First Name	Middle Name	Last Name	Nickname
Date of Birth <i>(month/date/year)</i>	Age	Social Security	Gender
Address		City/State/Zip	
Telephone		Student E-mail	

## Current School Information

Name of School	Telephone
Person to Whom Teacher Evaluation Form was Given	Title or Position
Person to Whom Teacher Evaluation Form was Given <i>(second reference is required for middle school)</i>	Title or Position

## Family Information

Parent/Guardian (A)	Relationship to Student	
Address <i>(if different from applicant)</i>	City/State/Zip	
Home Telephone	Cell Phone	E-mail
Business Telephone	Occupation	Employer
Parent/Guardian (B)	Relationship to Student	
Address <i>(if different from applicant)</i>	City/State/Zip	
Home Telephone	Cell Phone	E-mail
Business Telephone	Occupation	Employer
Address(es) to Which Reports and Correspondence Should Be Sent		



**Family Information** *(continued)*

**Parents(s)/Guardian(s) is/are:**

- Married       Never been married       Separated       Divorced       Widowed  
 Domestic Partners       Grandparent(s)       Foster Parent(s)       Legal Guardian(s)       Other

Please explain if the applicant does not live with both biological parents in one household. With whom does the child live and who has primary legal custody?

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**Children in the Family** *(other than student applying)*

Name	Date of Birth	Current School	Grade	Relationship to Student

**Student's Grandparent(s)**

\_\_\_\_\_  
Name(s)  Maternal     Paternal

\_\_\_\_\_  
Address *(street/city/state/zip/country)*

\_\_\_\_\_  
Name(s)  Maternal     Paternal

\_\_\_\_\_  
Address *(street/city/state/zip/country)*

**Racial/Ethnic Identity** *(optional)*

- African-American     Asian-American     Caucasian     Hispanic/Latino     Native American  
 Other or multi-ethnic, please specify:

How did you learn of Connecticut Friends School?

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### Supplemental Information

1. Are there any health-related issues such as allergies or other health problems that we should be aware of? Is your child presently under medical treatment? *If yes, please explain:*

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2. Has your child ever had a psychological or psychiatric evaluation or received treatment? *If yes, please explain:*

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3. Has he or she ever been tested or evaluated for suspected learning differences/disabilities? *If yes, please explain:*

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4. Do you know of any reason why your child might not be able to fully participate in all school activities? *If yes, please explain:*

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5. Although we do not require standardized testing as part of our admissions process, we do require examples of recent student work. Please include with your application as many of the following materials as is appropriate for the age of your child:

- one piece of creative writing (a short story, poem, play, etc.)
- one piece of expository writing (an essay, research paper, journal entry, etc.)
- one math worksheet showing student's problem solving process
- one math test or quiz

If you feel additional student work would be helpful for the admissions committee to review, by all means include that as well.



## Financial Information

Person Responsible for All Fees	Relationship to Student
Address	City/State/Zip
Telephone	E-mail

Check if interested in receiving Financial Aid application materials.

## Photograph of Student

Although not mandatory, a small, passport-size photo of your child would be appreciated. Please attach here with tape or paper clip.



## Application Fee

Please enclose a non-refundable \$75 application fee payable to: **Connecticut Friends School**. Refer to the *How to Apply to CFS* page for additional required forms and deadlines.

Signature of Parent / Guardian	Date
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*Connecticut Friends School welcomes all applications and does not discriminate on the basis of race, color, family structure, national or ethnic origin, or religion.*