



# STUDENT ADMISSION APPLICATION

<b>DATE:</b> / /		<b>STUDENT NAME (Last, First, Middle)</b>			
<b>DATE OF BIRTH (Month/Day/Year)</b>		<b>SOCIAL SECURITY #</b>		<input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	
<b>NAME STUDENT PREFERS TO GO BY</b>			<b>HAS STUDENT ATTENDED PREVIOUSLY?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		
<b>ENTERING GRADE LEVEL</b>		<b>ENROLLMENT DATE</b> / /		<b>DO YOU WISH AFTER CARE (Until 6:00 pm)</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>TUITION BILLING PLAN</b> <input type="checkbox"/> <b>MONTHLY</b> <input type="checkbox"/> <b>QUARTERLY</b> <input type="checkbox"/> <b>FULL PAYMENT BY 9/10</b>					
<b>BILLING PARENT (Last, First, Middle) <u>RECEIVES ALL MAIL</u></b>					
<b>STREET ADDRESS</b>				<b>APT #</b>	
<b>CITY</b>			<b>STATE</b>		<b>ZIP CODE</b>
<b>OCCUPATION</b>		<b>BUSINESS NAME</b>			
<b>HOME TEL #</b>		<b>WORK TEL #</b>		<b>CELL #</b>	
<b>E-MAIL ADDRESS</b>		<b>RELATIONSHIP TO STUDENT</b>		<b>IS THIS STUDENT'S PRIMARY RESIDENCE:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>MARITAL STATUS</b> <input type="checkbox"/> <b>MARRIED</b> <input type="checkbox"/> <b>SEPARATED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/> <b>REMARIED</b> <input type="checkbox"/> <b>WIDOWER</b> <input type="checkbox"/> <b>STEP PARENT</b> <input type="checkbox"/> <b>GUARDIAN</b>					
<b>SECOND PARENT CONTACT (Last Name, First, Middle)</b>					
<b>STREET ADDRESS</b>				<b>APT #</b>	
<b>CITY</b>			<b>STATE</b>		<b>ZIP CODE</b>
<b>OCCUPATION</b>		<b>BUSINESS NAME</b>			
<b>HOME TEL #</b>		<b>WORK TEL #</b>		<b>CELL #</b>	
<b>E-MAIL ADDRESS</b>		<b>RELATIONSHIP TO STUDENT</b>		<b>IS THIS STUDENT'S PRIMARY RESIDENCE:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>MARITAL STATUS</b> <input type="checkbox"/> <b>MARRIED</b> <input type="checkbox"/> <b>SEPARATED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/> <b>REMARIED</b> <input type="checkbox"/> <b>WIDOWER</b> <input type="checkbox"/> <b>STEP PARENT</b> <input type="checkbox"/> <b>GUARDIAN</b>					
<b>ADDITIONAL PARENT CONTACT (Last, First, Middle)</b>					
<b>STREET ADDRESS</b>				<b>APT #</b>	
<b>CITY</b>			<b>STATE</b>		<b>ZIP CODE</b>
<b>OCCUPATION</b>		<b>BUSINESS NAME</b>			
<b>HOME TEL #</b>		<b>WORK TEL #</b>		<b>CELL #</b>	
<b>E-MAIL ADDRESS</b>		<b>RELATIONSHIP TO STUDENT</b>		<b>DOES STUDENT LIVE HERE:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>MARITAL STATUS</b> <input type="checkbox"/> <b>MARRIED</b> <input type="checkbox"/> <b>SEPARATED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/> <b>REMARIED</b> <input type="checkbox"/> <b>WIDOWER</b> <input type="checkbox"/> <b>STEP PARENT</b> <input type="checkbox"/> <b>GUARDIAN</b>					

<b>ADDITIONAL EMERGENCY CONTACTS</b> 1)			
<b>RELATIONSHIP TO STUDENT</b>	<b>PHONE # 1</b>	<b>PHONE # 2</b>	<b>PHONE # 3</b>
<b>ADDITIONAL EMERGENCY CONTACTS</b> 2)			
<b>RELATIONSHIP TO STUDENT</b>	<b>PHONE # 1</b>	<b>PHONE # 2</b>	<b>PHONE # 3</b>
<b>PERSONS AUTHORIZED TO PICKUP STUDENT</b> 1)		2)	
3)		4)	
5)		6)	
7)		8)	
<b>STUDENT'S COUNTRY OF ORIGIN</b>		<b>STUDENT'S COUNTRY OF CITIZENSHIP</b>	
<b>STUDENT'S RELIGION</b>		<b>WILL STUDENT BE DOING COMMUNION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>CONFIRMATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>STUDENT PREVIOUS SCHOOL(S)</b> 1)		<b>GRADE(S) ATTENDED</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP CODE</b>
2)		<b>GRADE(S) ATTENDED</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP CODE</b>
<b>HAS STUDENT FAILED A GRADE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, Which Grade?</i>		<b>HAS STUDENT FAILED A SUBJECT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, Which Subject?</i>	
<b>HAS STUDENT BEEN DISCIPLINED IN SCHOOL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, What Disciplinary Action Was Taken?</i>			
<b>DOCTOR'S NAME</b>		<b>DOCTOR'S PHONE #</b>	
<b>PHYSICAL DISABILITIES (ALLERGIES, ASTHMA, ETC.)</b>			
<b>BROTHERS / SISTERS ATTENDING Edison Private School (Names &amp; Ages)</b>			
<b>BROTHERS / SISTERS NOT ATTENDING Edison Private School N (Names &amp; Ages)</b>			
<b>REASON STUDENT WISHES TO ATTEND Edison Private School</b>			
<b>HOW DID YOU HEAR ABOUT Edison Private School?</b>		<b>IF RECOMMENDED, BY WHOM?</b>	
<b>EDISON PRIVATE SCHOOL RESERVES THE RIGHT TO ADMIT STUDENTS IN THE SCHOOL. IF A STUDENT DOES NOT ADAPT TO THE SCHOOL'S DISCIPLINE POLICY, HE /SHE WILL BE EXPELLED. THE FIRST FEW WEEKS OF SCHOOL WILL BE A TRIAL PERIOD FOR BEGINNING STUDENTS AT EDISON PRIVATE SCHOOL.</b>			
<b>I HAVE READ THE POLICIES OF THE SCHOOL, THE RULES OF CONDUCT, THE DRESS CODE, AND AGREE WITH THEM AND WANT MY CHILD TO ABIDE BY THEM AND PERMIT THE SCHOOL TO DISCIPLINE MY CHILD FOR NON-CONFORMANCE IF NECESSARY.</b> <b>I GRANT PERMISSION FOR MY CHILD TO GO ON TRIPS WITH HIS/HER CLASS-MATES TO LOCAL POINTS OF INTEREST AND TO PARTICIPATE IN SCHOOL ACTIVITIES. I WILL COOPERATE WITH EDISON PRIVATE SCHOOL TO THE EXTENT OF MY ABILITY AND SUPPORT ITS AIMS, IDEALS, AND PROGRAMS.</b>			
<b>PARENT/LEGAL GUARDIAN SIGNATURE</b>		<b>PARENT/LEGAL GUARDIAN SIGNATURE</b>	