

# Application for Admission



# STRATFORD FRIENDS SCHOOL

— guiding unique learners —

*since 1976*

*2 Bishop Hollow Road, Newtown Square, Pa 19073*

*610.355.9580*

*[www.stratfordfriends.org](http://www.stratfordfriends.org)*



# STRATFORD

FRIENDS SCHOOL *since 1976*

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## Application for Admissions

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle Initial Nickname

Applying for Grade \_\_\_\_\_ In School Year \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_

Home Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

School District Student Resides in \_\_\_\_\_

## Education and School Information

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Previous Schools Attended \_\_\_\_\_  
Name Grade

\_\_\_\_\_  
Name Grade

\_\_\_\_\_  
Name Grad

**Parent / Guardian Information**

**Parent #1** \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Telephone \_\_\_\_\_  
Home Cell Business

Email \_\_\_\_\_

Employer \_\_\_\_\_  
Name Position or Title

**Parent #2** \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Telephone \_\_\_\_\_  
Home Cell Business

Email \_\_\_\_\_

Employer \_\_\_\_\_  
Name Position or Title

Parents /

Parents / Guardians (please check the appropriate box)

Married\_\_ Domestic Partners\_\_ Single\_\_ Divorced\_\_ Mother Deceased\_\_ Father Deceased\_\_

Child resides with (please check the appropriate box)

\_\_ Both Parents \_\_ Mother \_\_ Father \_\_ Other

**Supporting Documents**

- a non-refundable application fee of \$75
- a copy of your child's most recent comprehensive psychoeducational or neuropsychological testing
- a copy of your child's most recent school report or teacher evaluation

Please mail all documents to Stratford Friends School: Attn: Admissions  
2 Bishop Hollow Rd, Newtown Square, PA 19073