

Sibling Admissions Application

STUDENT INFORMATION

Applying for Academic Year: _____ Applying for Grade: _____

Student's Name: _____ Nickname: _____
Last First Middle

Male Female Date of Birth ___/___/___ Age: ___ Current Grade: _____

Parent's Names: _____

Address: _____

Parent Email Address: _____ Home Phone Number: _____

Cell Phones: _____

Names/Grades of Siblings: _____

PRIOR EDUCATION

Please submit copies of your child's last report card and applicable standardized test results.

Prior School	City/State	Grades Attended
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Have all financial responsibilities been met at prior school?	Yes	No
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Is applicant eligible to re-enroll at prior school?	Yes	No
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If no, please explain:

Has applicant ever been suspended or expelled?	Yes	No
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If yes, please explain:

May we contact your previous school for references?	Yes	No	After (date): _____
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HEALTH HISTORY

Does your child have any allergies or physical limitations? Please explain.

Please list any medication your child may be using during the school year:

Has your child had any traumatic experiences (physical or emotional) during the early years about which we should be made aware (i.e., head injuries, family deaths, surgeries, serious illness, sibling illness, unconsciousness, etc?):

PERSONALITY

Describe your child's interests. Which subjects tend to capture his/her interest? What does he/she enjoy doing most at home?

What are his/her strengths, both academically and socially?

What are his/her weaknesses, both academically and socially?

CHOOSING AMBLESIDE

Please state the three most significant reasons why would you like your child to attend Ambleside School.

How can Ambleside best nurture your child?

POLICY INFORMATION

Acceptance of any child at Ambleside School is a decision of the Ambleside trustees and faculty. Acceptance is based on the compatibility of the school, the parents, and the child. Ambleside reserves the right to determine proper grade placement.

Parents or guardians must furnish accurate and complete information regarding a student’s special learning issues, emotional stability, or physical limitations during the application process. With such accurate information our staff can carefully and prayerfully evaluate how effectively we can meet the needs of each student.

Currently we do not have a program dedicated to the needs of learning disabled or physically handicapped students. However, a student with these types of needs is not automatically denied admission.

Is there anything about your child – academically, physically, or emotionally – that we should be made aware of at this time? (Please mention all special evaluations or tests, recommendations or referrals, including WISC IV, Woodcock-Johnson, Section 504/Student Service Plan, IEP, ILP, qualification to a program designed to address learning disabilities, gifted and talented qualifications or other learning styles.)

NON-DISCRIMINATION POLICY: Ambleside School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Ambleside School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs, and athletic and other school-administered programs.

I have completed this application to the best of my knowledge. I fully understand and support the mission of Ambleside School , and release the leadership of Ambleside to review and process information about my student, including confidential information such as medical information, transcripts, etc., after which time such information will be kept on file with Ambleside School.

Signature of Parent or Guardian Date

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